VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

September 10, 2026

Ms. Deana Mattison, Administrator
The Villa Rehab
7 Forest Hill Drive
St. Albans, VT 05478

Provider ID #: 475055

Dear Ms. Mattison:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **August 18, 2026**. Please post this document in a prominent place in your facility.

Your waiver request has been sent to CMS for review with the State's recommendation for approval. CMS may reach out with questions before they make their decision.

We will follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

tammy wehmeyer

Tammy Wehmeyer
Administrative Services Manager

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475055	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villa Rehab	7 Forest Hill Drive , St. Albans, Vermont, 05478

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000 Bldg. 01	INITIAL COMMENTS The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 8/18/2026. Entry and exit interviews were conducted with the Maintenance Director. The following violations were identified.	K0000	**K0161 – Building Construction Type and Height**	
K0161 SS = F Bldg. 01	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered	K0161	**1. Corrective action for residents affected by the deficient practice:** The facility acknowledges that its existing three-story Type V (000) construction does not meet the applicable Life Safety Code requirement. FSES previous completed 10/5/22, however did not achieve a passing score. The facility plans to work with CMS on the best path forward to address this deficiency on a longer term basis. The facility is therefore requesting a new time-limited waiver for a period of one (1) year to allow sufficient time to evaluate, develop, and implement an alternative permanent corrective-action plan.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Deana Mather	NHA	9/4/26

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K0161 SS = F Bldg. 01	Continued from page 1 Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This STANDARD is NOT MET as evidenced by: Per observation on 8/18/2026, accompanied by the Maintenance Director, the facility was a three story, construction type V 000 building. According to regulation, buildings with construction type V 000 with full automatic sprinkler systems would only be permitted to be one story. Findings include the following: Per observation on 8/18/2026, inspection of the facility revealed it was a construction type V 000 building that was a three-story building with a basement. The exits discharged on to the first floor, the basement was observed to be used for mechanical and storage space. The first and second floors were observed to be used for client rooms. The third floor was observed to be used for administrative offices.	K0161	**2. Identification of other residents having the potential to be affected:** All residents, staff, and visitors within the facility have the potential to be affected by the building construction deficiency. The facility's fire protection and emergency preparedness measures apply facility wide. **3. Measures/systemic changes implemented to protect residents and prevent adverse outcomes:** The facility recognizes that a Fire Safety Evaluation System (FSES) evaluation of the existing building configuration will not achieve a passing score. Therefore, the facility is proceeding with a new time limited waiver request while an acceptable long term corrective solution is evaluated and developed. During the waiver period, the facility will maintain all required fire protection and life safety systems and will implement enhanced Interim Life Safety Measures to provide additional protection to residents, staff, and visitors.	
K0363 SS = F Bldg. 01	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed	K0363		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villa Rehab	**7 Forest Hill Drive , St. Albans, Vermont, 05478**

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K0363 SS = F Bldg. 01	Continued from page 2 when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is NOT MET as evidenced by: Per observation on 8/18/2026, accompanied by the Maintenance Director, the facility failed to ensure that doors protecting corridor openings resist the passage of smoke as required by regulation. Findings include the following: Per observation on 8/18/2026, inspection of the corridor door to the kitchen on the first floor revealed that it would allow smoke to pass into the corridor when in the closed position.	K0363	As an additional protective measure, the facility will arrange specialized fire safety training conducted by our Fire Lieutenant once per quarter. Quarterly training will include facility specific fire response and evacuation training, including staff responsibilities during a fire emergency and procedures for the safe evacuation of residents. The facility will continue to conduct required fire drills and maintain staff education regarding fire response and evacuation procedures throughout the waiver period. **4. Monitoring to ensure continued resident safety:** The Administrator and Maintenance Director will monitor compliance with the facility's Interim Life Safety Measures and fire safety procedures throughout the waiver period. Completion of quarterly specialized fire safety/evacuation training will be documented and maintained for review.	

Fire safety activities, identified concerns, and corrective actions will be reviewed through the facility's Quality Assurance/Performance Improvement (QAPI) process until substantial compliance is achieved. Any identified life safety concern will be addressed promptly.

5. Completion date/waiver request:
The Villa Rehab, **CCN 475055**, respectfully requests a **one year time limited waiver** of the applicable K0161 requirement to provide the facility sufficient time to develop and implement an acceptable permanent corrective-action plan.

During the requested waiver period, the facility will maintain the additional safety measures to protect residents, staff, and visitors.

The requested waiver will not adversely affect the health and safety of the residents.

Completion Date: Upon CMS approval of the requested one year time limited waiver.

Tag K0161 POC accepted on 9/10/26 by P. Cerutti/T. Wehmeyer

K0363 – Corridor Doors

1. Corrective action for those affected by the deficient practice:
The Maintenance Director immediately inspected and adjusted the first floor kitchen corridor door cited during the Life Safety Code survey. Following the adjustment, the door was tested to verify that it closes properly and resists the passage of smoke. The door is now functioning as required.

2. Identification of others having the potential to be affected and corrective action taken:
The Maintenance Director will complete a facility wide audit of corridor doors to verify that doors close properly, latch as applicable, and resist the passage of smoke. Any deficiencies identified during the inspection will be corrected immediately or otherwise addressed to maintain resident safety until permanent correction is completed.

3. Measures/systemic changes implemented to prevent recurrence:
The facility will incorporate inspection of corridor doors into the facility's preventative maintenance program. Corridor doors will be routinely inspected to

ensure proper closure, appropriate latching where required, and that there are no conditions that would prevent the doors from resisting the passage of smoke. Any identified concerns will be documented and corrected promptly. The Maintenance Director was educated regarding Life Safety Code requirements for corridor doors, including the requirement that corridor doors resist the passage of smoke, close properly without impediment, and have appropriate positive-latching hardware where required. Education included the importance of routinely inspecting corridor doors for proper operation and promptly correcting any identified deficiencies.

4. Monitoring to ensure the deficient practice does not recur:
The Maintenance Director or designee will audit corridor doors facility wide weekly for four (4) weeks and monthly for three (3) months to verify continued compliance. Audit findings and any corrective actions taken will be reviewed through the facility's Quality Assurance/Performance Improvement (QAPI) process. The Administrator will oversee compliance and determine whether additional monitoring or corrective action is necessary based upon audit findings.

5. Date of completion:
September 11, 2026.

Tag K0363 POC accepted on 9/10/26 by P. Cerutti/T. Wehmeyer

The Villa
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September 4, 2026

Division of Licensing and Protection
280 State Drive, HC 2 South
Waterbury, Vermont 05671-2060

RE: Request for One-Year Time-Limited Life Safety Code Waiver - K0161

CCN: 475055
Life Safety Code Survey Date: August 18, 2026

To Whom It May Concern:

The Villa Rehab, CCN 475055, respectfully requests a new one-year time-limited waiver for K0161 - Building Construction Type and Height, as cited during the Life Safety Code survey completed on August 18, 2026.

The facility is an existing three-story Type V (000) building with a basement. Resident rooms are located on the first and second floors, the third floor is utilized for administrative offices, and the basement is utilized for mechanical and storage purposes.

Reason for Request

The Villa Rehab has previously addressed this longstanding building construction condition through the waiver process. The facility previously completed a Fire Safety Evaluation System (FSES) analysis, which did not achieve a passing score, and subsequently evaluated alternative means of addressing the construction deficiency.

The corrective action approach associated with the facility's previous waiver is no longer viable due to the sale of the previous company upon which that plan was dependent. Therefore, a new waiver request is necessary.

The facility is aware that repeating an FSES under the existing building conditions will not result in a passing score. The Villa Rehab is requesting a one year time limited waiver to allow the facility to pursue a continuing waiver based upon unreasonable hardship associated with achieving structural compliance with K0161.

During this period, the facility will obtain and compile the professional evaluations, cost information, financial information, and other supporting documentation necessary to demonstrate the unreasonable hardship associated with permanently correcting the existing building construction condition and to support a request for a continuing waiver.

Requested Time

The Villa Rehab respectfully requests a period of one year for this time limited waiver. During this period, the facility will work toward establishing and supporting its request for a continuing waiver based upon unreasonable hardship.

Supporting Documentation

The facility will maintain and provide available supporting documentation related to the existing building condition and prior evaluations. Additional professional evaluations, cost estimates, financial information, and other supporting documentation will be obtained as necessary to substantiate the facility's request for a continuing hardship waiver.

The Villa

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Additional Safety Measures

During the waiver period, The Villa Rehab will continue to maintain its existing fire protection and life safety systems and appropriate Interim Life Safety Measures.

As an additional safety measure, the facility will provide specialized fire safety training conducted by our Fire Lieutenant once per quarter. This training will include facility specific fire response and evacuation training, staff responsibilities during a fire emergency, and procedures for the safe evacuation of residents.

The facility will also continue required fire drills and ongoing staff education regarding fire response and evacuation procedures. The Administrator and Maintenance Director will monitor these measures, and documentation of training and fire safety activities will be maintained.

The facility will report to Tammy Wehmeyer monthly to document drills, trainings, cost estimates, and timelines received.

Resident Health and Safety

The facility believes that the existing fire protection systems, Interim Life Safety Measures, required fire drills, ongoing staff education, and enhanced quarterly training with our Fire Lieutenant provide appropriate safeguards for residents while the facility pursues a continuing waiver.

The granting of this time limited waiver will not adversely affect the health and safety of the residents of The Villa Rehab.

The Villa Rehab respectfully requests approval of this one year time limited waiver for K0161 to allow the facility to pursue a continuing waiver based upon unreasonable hardship.

Please contact me should additional information or supporting documentation be required.

Sincerely,

Deana Mattison

Deana Mattison, Administrator
The Villa Rehab
CCN: 475055

Date: 9/4/26