DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	495258		12/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SUFFOLK	2580 PRUDEN BOULEVARD SUFFOLK, VA 23434

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K 000	INITIAL COMMENTS K000 Description of structure: One Story with a construction type of type II(000) Sprinkler status: Fully sprinklered in accordance with NFPA-13 An unannounced Recertification Life Safety Code survey was conducted 12/12/16 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000		
K 211 SS=D	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This Standard is not met as evidenced by: Around 11:05 AM on 12-12-16 it is observed that the push bar on the door by Laundry Services is sticking and requires more force than should be necessary to exit the doorway. Around 11:08 AM on 12-12-16 it is observed that	K 211	K 211 1. Push bar on door by laundry Services repaired-slide bolt on exit door in kitchen removed 2. all means of Egress are at risk 100 % inspection of all means of Egress has been done 3. The maintenance director or designee will inspect all means of egress daily during rounds 4. Maintenance director will report findings to the Safety and QA committee 5. Completion date 1-24-17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: William G Belmonte
TITLE: Administrator
(X6) DATE: 12-26-16

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 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.

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K 211	Continued From page 1 a slide bolt is installed on an exit door in the kitchen.	K 211		
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This Standard is not met as evidenced by: Around 1:10 PM on 12-12-16 it is observed that the kitchen fire suppression system nozzle spray pattern is partially blocked by the fixed metal shelving. Combustible styrofoam boxes were found under the hood and removed at the time of the survey. Around 1:12 PM on 12-12-16 it is observed that the kitchen fire suppression hydrotest date for the	K 324	K 324 1 Fixed metal has been removed , kitchen fire suppression system nozzle spray pattern is now not blocked Date of last suppression hydrotest is 5-19-16 2 Maintenance director will keep hydrotest report and date readily available 3 Maintenance director will provide administrator with report of hydrotest 4 Administrator will monitor compliance with hydrotest and report to Safety and QA Committee 5 Completion date 1-24-17	

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K 324	Continued From page 2 suppression cylinder documentation was not available.	K 324	K 353	
K 353 SS=C	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Around 10:40 AM on 12-12-16 it is observed there is a lint buildup on the sprinkler heads in the Laundry Room. Around 10:43 AM on 12-12-16 it is observed that the storage in the maintenance shop is too high, and could interfere with the sprinkler operation in a fire situation.	K 353	1. Lint removed from sprinkler head in laundry room 2 All sprinkler heads are at risk for this issue 3 Sprinkler heads will be inspected on daily rounds by maintenance director or designee 4 Results of daily inspections will be with Safety and QA committee 5 Completion date 1-24-17 K 353 continued 1- Items removed from top shelf in maintenance storage area 2- All storage areas are at risk of this issue 3- Monthly inspections of all storage areas will be conducted by maintenance director or designee 4- inspection results will be reported to the Safety and QA Committee 5- Completion date 1-24-17	
K 363 SS=C	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such	K 363		

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K 363	Continued From page 3 as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. 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: Around 11:40 AM on 12/12/16 it is observed that the door to the sprinkler valves and associated equipment does not latch. Around 11:50 AM on 12/12/16 it is observed that the cross corridor door by room 402 is not closing completely. Around 11:55 AM on 12/12/16 it is observed that the door to room 301 is dragging on the floor,	K 363	**K 363** **Request Time Limited Waiver to allow contractor to inspect, evaluate and repair automatic fire shutter separating the kitchen and dining room** **Date requested 3-13-17** K 363 1- Door latch to sprinkler valves repaired & now latches Cross corridor door by room 402 is being repaired Door to room 301 has been repaired and is not dragging 2- All doors are at risk of these issues 3- All doors and latches will be inspected during daily rounds by maintenance director or or designee 4- Inspections results will be reported to Safety and QA Committee 5- Completion date 1-24-17	

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K 363	Continued From page 4 impeding closure. Around 11:58 AM on 12/12/16 it is observed that there is an automatic fire shutter separating the kitchen and dining area that has not received an annual test, and no records for testing were available.	K 363		
K 372 SS=F	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This Standard is not met as evidenced by: Based upon observations the fire rated smoke barrier walls have penetrations, joints and openings that are not fire stopped or improperly fire stopped and could allow smoke to pass from one side of the smoke barrier to the other side. Findings include Around 11:00 AM on 12/12/16 it is observed there are wiring penetrations and holes in the ceiling in the maintenance staff office area and electrical room. Around 11:15 AM on 12/12/16 it is observed that there are wiring penetrations in the attic above the cross corridor doors that are not sealed properly.	K 372	K 372 **Request Time Limited Waiver to allow contractor time to repair the wire penetrations in maintenance office, elect rical room, properly seal wire penetrations in attic above cross corridors, ceil ing in hskg closet on West Wing, unsealed hole by sprinkler pipe WW nurses station, pipes penetrating laundry room ceiling and review all ceiling penetrations** **Date requested 3-13-17**	

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K 372	Continued From page 5 Around 11:35 AM on 12-12-16 it is observed tthat there are unsealed penetrations in the fire rated ceiling in the Housekeeping closet on the West Wing. Around 11:20 AM on 12/12/16 it is observed there is a unsealed hole by the sprinkler pipe in the West Wing Nurses station. Around 11:25 AM on 12/12/16 it is observed there are pipes penetrating the Laundry room ceiling that are not properly fire stopped.	K 372		
K 711 SS=F	NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This Standard is not met as evidenced by: Around 12:05 PM on 12-12-16 It is observed that the fire and evacuation plan is not complete, and needs to more details for all the fire safety components per 19.2.2. Training records and fire drill information is not adequate or complete.	K 711	K 711 1. Fire and evacuation plan will be updated with more specific details for duties for each department to include all fire safety components. Training records and fire drill information will be more complete 2. No other fire/evacuation type plan are at risk 3. Administrator or designee will review these plans on a quarterly basis for compliance 4. Administrator or designee will report findings to the Safety and QA committee 5. Completion date 1-24-17	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure	K 901		

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K 901	Continued From page 6 performed by qualified personnel. Chapter 4 (NFPA 99) This Standard is not met as evidenced by: Based upon observation of the risk assessment plan, the plan was deficient. Findings include: At approximately 11:30 am on 12/12/16 during the reveiw of the records, it was determined tht the Risk Assessment plans needed further development, and Catagory and risks established.	K 901	F 901 **Request Time Limited Waiver to allow for the development of Risk Assessment Plan , Category and risks established in accordance to Chapter 4 (NFPA 99)** **Date requested 3-13 -17**	
K 918 SS=C	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in	K 918	K 918 1. Monthly testing records for the emergency generator have been completed 2. No other generator monthly testing records are at risk 3. The maintenance director or designee will keep log on monthly testing of emergency generator, will be review by Administrator for completion 4. Maintenance director will report completed log to Safety and QA committee 5. Completion date 1-24-17	

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K 918	Continued From page 7 accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This Standard is not met as evidenced by: Around 12:35 PM on 12-12-16 it is observed that the monthly testing records for the emergency generator are not complete.	K 918		
K 919 SS=C	NFPA 101 Electrical Equipment - Other Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This Standard is not met as evidenced by: Around 10:35 AM on 12-12-16 is is observed in the maintenace shop that an electrical box is not properly secured. Around 10:38 AM on 12-12-16 it is observed from the review of records that emergency light battery testing is not be recorded monthly for 30 seconds, and annually for 90 minutes. Around 1:00 PM on 12-12-16 it is observed that the electrical panel circuitsin the West Wing Nurses station are not completely labeled.	K 919	K 919 1. The electrical box in Maintenance shop has been properly secured. -90 second battery testing is being conducted on all emergency lighting and will be done monthly for 30 seconds and recorded . then annually for 90 seconds -Complete labeling of electrical panel circuits on West Wing Nurses Station is being conducted -exterior holiday lights on front porch have been unplugged	

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K 919	Continued From page 8 Around 1:14 PM on 12-12-16 it is observed that the exterior holiday lights on the front porch are served by a non-grounded extension cord, and more that three strands are plugged together. Around 10:45 am on 12-12-16 it is observed that several battery chargers are being used in the open hallways in the West end and East end. Around 11:10 AM on 12-12-16 it is observed that an electrical cover is missing in the electrical room.	K 919	-battery chargers on West and East wing will be relocated away form open hallway -electrical cover missing in the electrical room will be replaced 2. Maintenance director, administrator and licensed electrician will make inspection of facility to identify possible similar occurrences 3. The maintenance director will inspector facility on daily basis and quarterly with licensed electrician 4. Inspection results will be reported Safety and QA committee 5. Completion date 1-24-17	