

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

W-0198-001

Printed: 03/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495386	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/20/2018
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMM		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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
{K 000}	<p>INITIAL COMMENTS</p> <p>Surveyor: 21761 Description of Structure: The structure is a 1-story protected wood frame building on a slab. The attic space is separated from the living area by a 2-hour rated horizontal assembly. The building is separated into three smoke zones.</p> <p>Construction Type: III(211)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 wet and dry pipe systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC revisit to the standard survey conducted on 02/07/18 was conducted on 03/20/18 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> <p>Corrected deficiencies are noted on the 2567B form.</p>	{K 000}	<p>This plan of correction constitutes our Credible Allegation of Compliance. Preparation and/or execution of this plan of correction does not constitutes admission or agreement by the provider of the conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the vision of federal and state law.</p>	
{K 321} SS=F	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing</p>	{K 321}	<p>Nurse's station door at mechanical room will be replaced by outside vendor.</p> <p>A subsequent random check of all fire rated doors was completed to insure all labels are legible.</p> <p>Monthly inspections of all fire rated doors will be done monthly for three (3) months, then randomly thereafter.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Michael P. [Signature]* TITLE: **Executive Director** (X5) DATE: **3/23/18**

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 321}	Continued From page 2 evidence through observation and interview.	{K 321}		
{K 363} SS=F	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 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.	{K 363}	Occupational Therapy door will be replaced by outside vendor. A subsequent random check of all fire rated doors was completed to insure proper closure. Monthly inspections of all fire rated doors will be done monthly for three (3) months, then randomly thereafter. Reports on the facilities fire rated door inspections will be reviewed by the QA committee. The QA committee will determine need and duration of future audits. (Reference time waiver request dated 2/14/2018.)	5/18/2018

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{K 363}	<p>Continued From page 3</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21761</p> <p>Based on observation and interview made on 03/20/18, it was revealed the facility failed to maintain corridor doors. This violation potentially affects 1 of 3 smoke compartments, evidenced as follows;</p> <p>Findings include:</p> <p>On 03/20/18 at approximately 1:38 P.M., it was observed during inspection that the Occupational Therapy double doors to the corridor do not properly close due to a faulty coordinator, which prevents proper sequencing, and prevents the closing of the doors against the passage of smoke. These doors also appear to be damaged.</p> <p>The Maintenance Director witnessed this evidence through observation and interview.</p> <p>A Time Limited Waiver has been requested for May 18, 2018.</p>	{K 363}		