

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/29/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF STAUNTON, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 HOUSTON STREET STAUNTON, VA 24402</b>		
(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>Construction type: II(222)</p> <p>Description of structure: The facility is three stories of noncombustible construction, built in 1967. The walls are metal studs with drywalls. The roof is a one hour fire rated roof/ceiling assembly with steel bar joists and a one hour lay in tile ceiling assembly, complete with tented lights, speakers and fire dampers. The floors are 2 hour fire rated ceiling/floor assembly with steel bar joists and a one hours lay in ceiling assembly.</p> <p>Sprinkler status: The building is fully protected by an NFPA 13 system supplied by municipal water.</p> <p>An unannounced LSC revisit to the standard survey conducted on 8/07/2017 was conducted on 8/29/2017 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 in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B. Construction type: II(222)</p> <p>Description of structure: The facility is a two story addition to the main building of noncombustible construction, built in 1993. The walls are metal studs with drywalls. The roof is a one hour fire rated roof/ceiling assembly with steel bar joists and a one hour lay in tile ceiling assembly, complete with tented lights, speakers and fire dampers. The floors are 2 hour fire rated ceiling/floor assembly with steel bar joists and a one hour lay in ceiling assembly.</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 05/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

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