COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY
SOUTHWEST REGIONAL OFFICE
355-A Deadmore Street, Abingdon, Virginia 24210
Phone (276) 676-4800 Fax (276) 676-4899
www.deq.virginia.gov

Molly Joseph Ward
Secretary of Natural Resources

David K. Paylor
Director

Allen J. Newman, P.E.
Regional Director

JUNE 30 2014

Mr. Eddie Thomas
Wellmont Health Systems
Lonesome Pine Hospital
Post Office Drawer 1
Big Stone Gap, Virginia 24219

RE: Registration Number 11252

Dear Mr. Thomas:

Enclosed is a copy of the report generated as a result of the inspection by the Department of Environmental Quality on June 13, 2014.

The inspection report is based on observations made during the inspection and information reviewed in support of report generation. The existence of an inspection report indicating compliance with the applicable requirements listed in the report is not verification that your operation is in compliance with all applicable provisions of the Regulations for the Control and Abatement of Air Pollution. Regional staff evaluates all sources for compliance with the regulations on a continuous basis.

Please contact me at (276) 676-4829 should you have any questions regarding the content of this report.

Sincerely,

Crystal C. Bazyk
Air Compliance Manager

CCB/cb

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No: 11252

Plant Name: Wellmont Health System/Lonesome Pine Hospital

Address: Holton Ave

AFS Plant ID: 195-00181

Classification: Synthetic Minor

Region: SWRO

Report No: 297415

AIR INSPECTION REPORT

Inspection Date: 06/13/14

Type: FCE With Site Visit

Inspector: Clayton S Wiles

Inspection Result: In Compliance

Contact Name: Ben Spivey

Contact Phone No: (276)523-8665

Air Program	Subpart
FESOP	
SIP	

Reason:
Complete FCE (Full Compliance Evaluation)

Inspector Comments:
Compliance Assistance Provided: Yes

Arrived: 11:30 am Departed: 12:00 pm

Weather Conditions: The temperature was 76 F with partly cloudy skies.

Facility contact: Eddie Thomas, Maintenance Supervisor.

Purpose:
Required CMS plan inspection.

Facility & Process Description:
Wellmont Health Systems operates the Lonesome Pine Hospital located at 1990 Holston Avenue in East Big Stone Gap, Virginia. The mailing address for this facility is Post Office Drawer 1, Big Stone Gap, Virginia 24219. The hospital operates (1) 150 hp Kewanee model L35-150-0 boiler as its primary heat source and (1) 125 hp Kewanee model L35-125-0 as its secondary heat source. The primary unit is operated during the colder months and the secondary unit is operated during the warmer months to conserve fuel. Additionally the facility operates (2) Cummins emergency electric generators.

Permitting & Regulatory Standards:
This facility operates under a July 7, 2011 FESOP permit and SIP regulations.

Compliance History:
The facility has had no compliance issues initiated since the last FCE dated 06/01/2010 and there are currently no unresolved compliance issues noted with this inspection.

Inspection notes:
The inspector conducted a Full Compliance Evaluation (FCE) on 06/13/2014 by reviewing permit conditions as listed and observing permitted equipment operate. The inspection started by discussing the previous site visit on 11/18/2013 and discussing what items need to be

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
Plant Name:	Wellmont Health System/Lonesome Pine Hospital	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	Holton Ave	**Report No:**	297415

AIR INSPECTION REPORT

Inspector Comments:

addressed to complete the inspection process. The Kewanee, model L35-150-0 boiler was observed operating at 8 psi steam pressure and 0 percent opacity during the 11/18/2013 inspection and was not operating during this visit. The Kewanee L35-125-0 was operating during this inspection at a steam pressure of 12 psi and opacity of 0 percent. The L35-150 is operated in the winter months while the L35-125 is operated in the summer months. All other records were reviewed during the previous inspection. There was no enforcement issues discovered with this inspection and none are pending with this facility. This completes a Full Compliance Evaluation of this facility.

Recommendations: None.

Attachments: None

Clayton S. Wiles

Inspector's Electronic Signature
Approval Date: Jun 27, 2014

Manager's ~~Electronic~~ Signature
Approval Date: 6/27/14

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No: 11252

Plant Name: Wellmont Health System/Lonesome Pine Hospital

Address: Holton Ave

AFS Plant ID: 195-00181

Classification: Synthetic Minor

Region: SWRO

Report No: 297415

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
07-07-11	SOP 8	Visible emissions from the two Kewanee oil-fired boilers and the two emergency backup generators shall not exceed 20 percent opacity as determined by EPA Method 9 (reference 40 CFR 60, Appendix A), except during one six-minute period in any one hour in which visible emissions shall not exceed 30 percent opacity. This condition applies at all times except during startup, shutdown, or malfunction. (9 VAC 5-80-850)	The Kewanee, model L35-150-0, oil fired boiler was not operating during this inspection. The Kewanee, model L35-125-0, oil fired boiler was operating during this inspection at 12 psi stream pressure and opacity of 0 percent.	In Compliance
07-07-11	SOP 2	Equipment to be operated at this facility consists of: - one Kewanee, model L35-150-0, distillate oil-fired boiler, rated at 6.278 MMBtu/hr; - one Kewanee, model L35-125-0, distillate oil-fired boiler, rated at 4.860 MMBtu/hr; and - one Detroit diesel emergency generator (Ref. No. G2), model 275-JL6DT3, No. 2 fuel oil-fired, rated at 275 kW, manufactured in January 2008. The significant amendment to this permit adds the following equipment: - one Cummins emergency generator (Ref. No. G3), model QSX15-G9 NR2, rated at 3.15 MMBtu/hr and 755 hp	The Kewanee L35-125-0 was operating during this inspection at a steam pressure of 12 psi and opacity of 0 percent.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
Plant Name:	Wellmont Health System/Lonesome Pine Hospital	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	Holton Ave	**Report No:**	297415

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		output, manufactured on 1/31/2011, and No. 2 fuel oil-fired. Equipment to be removed consists of: - one Cummins emergency backup generator (Ref. No. G1), using distillate oil, rated at 470 brake horsepower. (9 VAC 5-80-850)		

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Douglas W. Domenech
Secretary of Natural Resources

David K. Paylor
Director

Allen J. Newman, P.E.
Regional Director

DECEMBER 11 2013

Mr. Eddie Thomas
Wellmont Health Systems
Lonesome Pine Hospital
Post Office Drawer 1
Big Stone Gap, Virginia 24219

RE: Registration Number 11252

Dear Mr. Thomas:

Enclosed is a copy of the report generated as a result of the inspection by the Department of Environmental Quality on November 18, 2013.

The inspection report is based on observations made during the inspection and information reviewed in support of report generation. The existence of an inspection report indicating compliance with the applicable requirements listed in the report is not verification that your operation is in compliance with all applicable provisions of the Regulations for the Control and Abatement of Air Pollution. Regional staff evaluates all sources for compliance with the regulations on a continuous basis.

Please contact me at (276) 676-4829 should you have any questions regarding the content of this report.

Sincerely,

Crystal C. Bazyk
Air Compliance Manager

CCB/cb

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No: 11252

Plant Name: Wellmont Health System/Lonesome Pine Hospital

Address: Holton Ave

AFS Plant ID: 195-00181

Classification: Synthetic Minor

Region: SWRO

Report No: 292966

AIR INSPECTION REPORT

Inspection Date: 11/18/13

Type: PCE With Site Visit

Inspector: Clayton S Wiles

Inspection Result: In Compliance

Contact Name: Eddie Thomas

Contact Phone No: (276)546-6969

Air Program	Subpart
FESOP	
SIP	

Reason:
Conduct On-Site Inspection

****Additional Information is Attached****

Inspector Comments:
Arrived: 12:30 pm Departed: 2:30 pm

Weather Conditions: The temperature was in the 50?s with sunny skies.

Facility contact: Eddie Thomas, Maintenance Supervisor.

Purpose:
Required CMS plan inspection.

Facility & Process Description:
Wellmont Health Systems operates the Lonesome Pine Hospital located at 1990 Holston Avenue in East Big Stone Gap, Virginia. The mailing address for this facility is Post Office Drawer 1, Big Stone Gap, Virginia 24219. The hospital operates (1) 150 hp Kewanee model L35-150-0 boiler as its primary heat source and (1) 125 hp Kewanee model L35-125-0 as its secondary heat source. The primary unit is operated during the colder months and the secondary unit is operated during the warmer months to conserve fuel. Additionally the facility operates (2) Cummins emergency electric generators.

Permitting & Regulatory Standards:
This facility operates under a July 7, 2011 FESOP permit and SIP regulations.

Compliance History:
The facility has had no compliance issues initiated since the last FCE dated 06/01/2010 and there are currently no unresolved compliance issues noted with this inspection.

Inspection notes:
The inspector conducted a Partial Compliance Evaluation (PCE) on 11/18/2013 by reviewing permit conditions as listed and observing permitted equipment operate. The inspection started by discussing with Eddie Thomas, Maintenance Supervisor what equipment needed to be observed. The Kewanee, model L35-150-0 boiler was operating at 8 psi steam pressure and 0 percent opacity. The Kewanee L35-125-0 boiler will be operated in the summer and will be

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
Plant Name:	Wellmont Health System/Lonesome Pine Hospital	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

AIR INSPECTION REPORT

Inspector Comments:
inspected at that time. Both emergency generators where operated for 15 minutes each during this inspection. The Detroit and Cummins generators had opacities of 0 percent during this inspection. There was no enforcement issues discovered with this inspection and none are pending with this facility.

Recommendations: None.

Attachments: Fuel consumption record, fuel certifications and operating hours for emergency generators.

Clayton S. Wiles

Inspector's Electronic Signature
Approval Date: Dec 9, 2013

Manager's Electronic Signature
Approval Date: 12/10/13

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
Plant Name:	Wellmont Health System/Lonesome Pine Hospital	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
07-07-11	SOP 2	Equipment to be operated at this facility consists of: - one Kewanee, model L35-150-0, distillate oil-fired boiler, rated at 6.278 MMBtu/hr; - one Kewanee, model L35-125-0, distillate oil-fired boiler, rated at 4.860 MMBtu/hr; and - one Detroit diesel emergency generator (Ref. No. G2), model 275-JL6DT3, No. 2 fuel oil-fired, rated at 275 kW, manufactured in January 2008. The significant amendment to this permit adds the following equipment: - one Cummins emergency generator (Ref. No. G3), model QSX15-G9 NR2, rated at 3.15 MMBtu/hr and 755 hp output, manufactured on 1/31/2011, and No. 2 fuel oil-fired. Equipment to be removed consists of: - one Cummins emergency backup generator (Ref. No. G1), using distillate oil, rated at 470 brake horsepower. (9 VAC 5-80-850)	The Kewanee, model L35-150-0, oil fired boiler was operating during this inspection. The Kewanee, model L35-125-0, oil fired boiler will be operated during the summer months. Both the Cummins and Detroit emergency generators were observed in operation during this inspection.	In Compliance
07-07-11	SOP 3	The approved fuel for the two Kewanee boilers and the emergency	Number 2 distillate oil is the fuel used to fire the Kewanee	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
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		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		backup generators is distillate oil. A change in the fuel may require a permit to modify and operate. (9 VAC 5-80-850)	boilers.	
07-07-11	SOP 4	The distillate oil shall meet the specifications below: Distillate oil, which meets ASTM D396-78 specifications for numbers 1 or 2 fuel oil: Maximum sulfur content of distillate oil per shipment: 0.5 weight % (9 VAC 5-80-850)	The distillate oil meets the required specifications.	In Compliance
07-07-11	SOP 5	The permittee shall obtain a certification from the fuel supplier with each shipment of distillate oil. Each fuel supplier certification shall include the following: a. The name of the fuel supplier; b. The date on which the distillate oil was received; c. A statement that the distillate oil complies with the American Society for Testing and Materials specifications D396-78 for numbers 1 or 2 fuel oil; and d. The sulfur content of the distillate oil. (9 VAC 5-80-850)	See the attached invoice and certification from the supplier which contains the required information to satisfy this condition.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No: 11252

AFS Plant ID: 195-00181

Plant Name: Wellmont Health System/Lonesome Pine Hospital

Classification: Synthetic Minor

Region: SWRO

Address: Holton Ave

Report No: 292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
07-07-11	SOP 6	The total consumption of distillate oil by the two Kewanee boilers and the two emergency backup generators shall not exceed 723,700 gallons per year, calculated monthly as the sum of each consecutive 12 month period. (9 VAC 5-80-850)	Total consumption of distillate oil by the two Kewanee boilers and the two emergency backup generators for the period of November 2012 through October 2013 was 121,183 gallons.	In Compliance
07-07-11	SOP 7	Emissions from the operation of the two Kewanee boilers and the two emergency backup generators shall not exceed the limits specified below: lb/hr T/yr SO2 6.97 25.32 NOx 11.03 9.36 CO 1.65 2.12 These emissions are derived from the estimated overall emission contribution from operating limits. Exceedance of the operating limits shall be considered credible evidence of the exceedance of emission limits. Compliance with these emission limits may be	The facility is in compliance with conditions 4 and 6; therefore it should be in compliance with this condition.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
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		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		determined as stated in Condition numbers 4 and 6. (9 VAC 5-80-850)		
07-07-11	SOP 8	Visible emissions from the two Kewanee oil-fired boilers and the two emergency backup generators shall not exceed 20 percent opacity as determined by EPA Method 9 (reference 40 CFR 60, Appendix A), except during one six-minute period in any one hour in which visible emissions shall not exceed 30 percent opacity. This condition applies at all times except during startup, shutdown, or malfunction. (9 VAC 5-80-850)	The Kewanee, model L35-150-0, oil fired boiler was operating during this inspection with an opacity of 0 percent. The Kewanee, model L35-125-0, oil fired boiler will be operated during the summer months and will be inspected later. The Detroit and Cummins emergency generators were operated with opacity of 0 percent.	In Compliance
07-07-11	SOP 9	The permittee shall maintain records of emission data and operating parameters as necessary to demonstrate compliance with this permit. The content and format of such records shall be arranged with the Director, Southwest Regional Office. These records shall include, but are not limited to: a. Total annual consumption of distillate oil, calculated monthly as the sum of each consecutive 12 month period. b. Distillate oil shipments purchased, indicating sulfur content by weight. These records shall be available for inspection by the DEQ and shall	The permittee is maintaining records of emission data and operating parameters necessary to demonstrate compliance with this permit. See the attached documents for fuel consumption and sulfur content.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
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		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		be current for the most recent five years. (9 VAC 5-80-900)		
07-07-11	SOP 10	The permittee shall allow authorized local, state, and federal representatives, upon the presentation of credentials: a. To enter upon the permittee's premises on which the facility is located or in which any records are required to be kept under the terms and conditions of this permit; b. To have access to and copy at reasonable times any records required to be kept under the terms and conditions of this permit or the State Air Pollution Control Board Regulations; c. To inspect at reasonable times any facility, equipment, or process subject to the terms and conditions of this permit or the State Air Pollution Control Board Regulations; and d. To sample or test at reasonable times. For purposes of this condition, the time for inspection shall be deemed reasonable during regular business hours or whenever the facility is in operation. Nothing contained herein	Right of entry was granted by the permittee.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
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		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		shall make an inspection time unreasonable during an emergency. (9 VAC 5-170-130)		
07-07-11	SOP 11	The permittee shall furnish notification to the Director, Southwest Regional Office, of malfunctions of the affected facility or related air pollution control equipment that may cause excess emissions for more than one hour, by facsimile transmission, telephone or telegraph. Such notification shall be made as soon as practicable but not later than four daytime business hours of the malfunction. The permittee shall provide a written statement giving all pertinent facts, including the estimated duration of the breakdown, within 14 days of the occurrence. When the condition causing the failure or malfunction has been corrected and the equipment is again in operation, the permittee shall notify the Director, Southwest Regional Office, in writing. (9 VAC 5-20-180 C)	The permittee has not experienced a reportable malfunction since the last FCE completed on 06/01/2010.	In Compliance
07-07-11	SOP 12	The permittee shall, upon request of the DEQ, reduce the level of operation or shut down a facility, as necessary to avoid violating any primary ambient air quality standard and shall not return to normal operation until such time as the ambient air quality standard will not be violated.	This condition was discussed with the operator.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
Plant Name:	Wellmont Health System/Lonesome Pine Hospital	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	Holton Ave	**Report No:**	292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		(9 VAC 5-20-180 I)		
07-07-11	SOP 13	This permit may be suspended or revoked if the permittee: a. Knowingly makes material misstatements in the application for this permit or any amendments to it; b. Fails to comply with the terms or conditions of this permit; c. Fails to comply with any emission standards applicable to the equipment listed in Condition 2; d. Causes emissions from this facility which result in violations of, or interferes with the attainment and maintenance of, any ambient air quality standard; e. Fails to operate this facility in conformance with any applicable control strategy, including any emission standards or emission limitations, in the State Implementation Plan in effect on the date that the application for this permit is submitted; and f. Fails to comply with the applicable provisions of 9 VAC 5-80-10 and Articles 8 and 9 of 9 VAC 5 Chapter 80.	The permittee is in compliance with this permit condition.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	11252	**AFS Plant ID:**	195-00181
Plant Name:	Wellmont Health System/Lonesome Pine Hospital	**Classification:**	Synthetic Minor
		Region:	SWRO
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INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		(9 VAC 5-80-1010)		
07-07-11	SOP 14	In the case of a transfer of ownership of a stationary source, the new owner shall abide by any current permit issued to the previous owner. The new owner shall notify the Director, Southwest Regional Office of the change of ownership within 30 days of the transfer. (9 VAC 5-80-940)	There has been no transfer of ownership.	In Compliance
07-07-11	SOP 15	Annual requirements to fulfill legal obligations to maintain current stationary source emissions data will necessitate a prompt response by the permittee to requests by the DEQ or the Board for information to include, as appropriate: process and production data; changes in control equipment; and operating schedules. Such requests for information from the DEQ will either be in writing or by personal contact. The availability of information submitted to the DEQ or the Board will be governed by applicable provisions of the Freedom of Information Act, Sections 2.1-340 through 2.1-348 of the Code of Virginia, Section 10.1-1314 (addressing information provided to the Board) of the Code of Virginia, and 9 VAC 5-170-60 of the State Air Pollution Control Board Regulations. Information	The last annual update was received on 02/08/2013 and approved on 02/12/2013.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No: 11252

AFS Plant ID: 195-00181

Plant Name: Wellmont Health System/Lonesome Pine Hospital

Classification: Synthetic Minor

Region: SWRO

Address: Holton Ave

Report No: 292966

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
		provided to federal officials is subject to appropriate federal law and regulations governing confidentiality of such information. (9 VAC 5-80-900)		
07-07-11	SOP 16	The permittee shall keep a copy of this permit on the premises of the facility to which it applies. (9 VAC 5-80-860 D)	A copy of the permit is maintained onsite.	In Compliance

The Joint Commission

Lonesome Pine Hospital
1990 Holton Avenue, East
Big Stone Gap, VA 24219-0230

Organization Identification Number: 6325

Program(s)
Hospital Accreditation

Survey Date(s)
04/18/2013-04/18/2013

Executive Summary

As a result of the survey conducted on the above date(s), the following survey findings have been identified. Your official report will be posted to your organization's confidential extranet site. It will contain specific follow-up instructions regarding your survey findings.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

DIRECT Impact Standards:

Program:	Hospital Accreditation Program	
Standards:	EC.02.04.03	EP2
	EC.02.05.01	EP6,EP8
	LS.01.01.01	EP2

45 days

INDIRECT Impact Standards:

Program:	Hospital Accreditation Program	
Standards:	IC.02.02.01	EP4
	LS.02.01.35	EP4

60 days

The Joint Commission
Summary of CMS Findings

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.04.03/EP2	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.01.01.01/EP2, LS.02.01.35/EP4	Standard

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CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP6

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

The Joint Commission
Findings

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.04.03

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

2. The hospital inspects, tests, and maintains all life-support equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)

Corrected on site

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
During a tour of the Emergency Department and review of the Pediatric Code Cart, it was noted that the cart did not contain a Braselow tape. Staff stated that the tape should have been in the cart. After staff opened several drawers of the cart, there was no evidence that the Braselow Tape was stored per the organizations policy. Absence of the tape during an emergency is an unsafe issue.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01

Standard Text: The hospital manages risks associated with its utility systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring
Category : A
Score : Insufficient Compliance

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s): Corrected Day of Survey 4-18-13 BS

EP 6
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:
Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
The airflow in both the OR Sterile Supply room and the Endoscopy procedure room respectively was negative to the OR corridor. A few hours later facilities personnel reported the issue was corrected by increasing the airflow to said locations. A retest was conducted validating the airflow in both locations was positive to the OR corridor. All airflow test were conducted utilizing a tissue.

Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
The airflow in the OR cleaning/soiled room was positive to the OR corridor. A few hours later facilities personnel reported the issue was corrected by decreasing the airflow to said location. A retest was conducted validating the airflow in the cleaning/soiled room was negative to the OR corridor. All airflow test were conducted utilizing a tissue.

EP 8 WO # 28-285855
Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
The circuit breakers (17 & 12) located in electrical panel boxes 28 XEP-3-01 and 28 XEP-3-02 respectively were labeled as spares in the ON position. Facility personnel were unable to validate if said breakers were spares during the building tour.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation

The Joint Commission
Findings

Standard: IC.02.02.01

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring
Category : C
Score : Partial Compliance

corrected 4-18-13 BS

Observation(s):

EP 4
Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site. During the tour of the Endoscopy room, a flexible endoscope was noted to be stored in a cabinet with the tip of the scope touching the floor of the cabinet which was covered with a terry cloth towel. The tip of the scope should not be touching the floor of the cabinet.

Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site. Two additional flexible endoscopes were observed stored in the cabinet with the tips of the scopes touching the floor of the cabinet. Scopes should not be stored touching the floor of the cabinet.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.01.01.01

Standard Text: The hospital designs and manages the physical environment to comply with the Life Safety Code.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The hospital maintains a current electronic Statement of Conditions (E-SOC).
Note: The E-SOC is available to each hospital through The Joint Commission Connect™ extranet site.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
The organization's Life Safety Drawing didn't depict the smoke compartment square footages or the hazardous areas.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 4 WO# 28-285858

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
There were communication cables draped over the sprinkler pipe located above the ceiling outside of the entrance to the same day surgery waiting room.

Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
There was a metal brace resting on the sprinkler pipe located above the ceiling outside of room 308.

The Joint Commission

Official Accreditation Report

Lonesome Pine Hospital
1990 Holton Avenue, East
Big Stone Gap, VA 24219-0230

Organization Identification Number: 6325

Unannounced Full Event: 8/26/2014 - 8/28/2014

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Equivalencies/Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)
Hospital Accreditation
Nursing Care Center Accreditation

Survey Date(s)
08/26/2014-08/28/2014

Hospital Accreditation :

As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Nursing Care Center Accreditation :

As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.02.02.01	EP2
	MM.03.01.01	EP6,EP7
	PC.03.05.07	EP1
Program:	Nursing Care Center Accreditation Program	
Standards:	PC.01.02.03	EP3
	PC.01.02.07	EP3

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.06.01	EP1
	HR.01.02.05	EP1
	IC.01.05.01	EP1
	LD.04.03.09	EP2,EP4
	LS.02.01.20	EP30
	LS.02.01.30	EP11
	MS.08.01.01	EP1
	MS.08.01.03	EP1
	PC.03.05.03	EP2
Program:	Nursing Care Center Accreditation Program	
Standards:	EC.02.01.01	EP1
	PC.01.03.01	EP3
	RC.02.01.21	EP1

CoP: §482.11 **Tag:** A-0020 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.11 Condition of Participation: Compliance with Federal, State and Local Laws

CoP Standard	Tag	Corresponds to	Deficiency
§482.11(c)	A-0023	HAP - HR.01.02.05/EP1	Standard

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(4)(i)	A-0166	HAP - PC.03.05.03/EP2	Standard
§482.13(e)(10)	A-0175	HAP - PC.03.05.07/EP1	Standard

CoP: §482.25 **Tag:** A-0490 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

CoP Standard	Tag	Corresponds to	Deficiency
§482.25(b)(2)(iii)	A-0504	HAP - MM.03.01.01/EP6	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP30	Standard

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2	Standard

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

CoP Standard	Tag	Corresponds to	Deficiency
§482.12(e)	A-0083	HAP - LD.04.03.09/EP2, EP4	Standard

CoP: §482.22 **Tag:** A-0338 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.22(a)(1)	A-0340	HAP - MS.08.01.03/EP1	Standard

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.06.01 ESC 60 days

Standard Text: The hospital establishes and maintains a safe, functional environment.
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. 4

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site. In the OR tank storage room there were two racks of tanks. The racks did not identify whether the tanks were full or empty.

Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site. There were two unsecured CO2 tanks in the kitchen dry storage room. This was observed and then corrected at the time of survey.

Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site. There were several unsecured H size tanks in the outside storage area. The chain was loose and the tanks were at risk of being knocked over. This was observed and then corrected at the time of survey.

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.02.05 ESC 60 days

Standard Text: The hospital verifies staff qualifications.

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.11(c) - (A-0023) - (c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.
This Standard is NOT MET as evidenced by:
Observed in HR File Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site for the Hospital deemed service.
No primary source verification was able to be provided for a Licensed Social Worker providing care through a contract with Frontier Health Services.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.05.01

ESC 60 days

Standard Text: The hospital has an infection prevention and control plan.

Element(s) of Performance:

1. When developing infection prevention and control activities, the hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
The decontamination of endoscopes, including washing, leak testing, and the brushing of channels, was being done in a sink within the procedure room itself. This is not consistent with FGI or AAMI standards.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
Surgical instruments had been double wrapped in peel pouches for steam sterilization. The inner pouches had been folded. This is not consistent with AAMI standards.

Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
A sterilizer used for immediate-use sterilization was found in a substerile area of the operating room. The was no record of any biological indicator or spore test being done in this sterilizer within the last three weeks even though the sterilizer had been used during that time.

Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
The control used for the biological indicators being incubated in the central sterile processing department for the steam sterilizers there was found to be from a different lot than the samples themselves. This is not consistent with the manufacturer's recommendations or with AAMI standards.

Chapter:	Leadership
Program:	Hospital Accreditation
Standard:	LD.04.03.09 (ESC 60 days)
Standard Text:	Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Element(s) of Performance:

2. The hospital describes, in writing, the nature and scope of services provided through contractual agreements.

Scoring Category : A
Score : Insufficient Compliance

4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services.
Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the 'Medical Staff' (MS) chapter.
Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:
- Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.
Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.12(e) - (A-0083) - §482.12(e) Standard: Contracted Services

The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site for the Hospital deemed service.
The organization provided the surveyor with a contract for Frontier Health regarding crisis intervention services. The contract does not identify the nature and scope of services provided through this contractual agreement that is consistent with staff description of the services provided. The contract outlines the hospital's obligations, but not those of the contracted service.

EP 4
§482.12(e) - (A-0083) - §482.12(e) Standard: Contracted Services

The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site for the Hospital deemed service.
Written documentation provided for surveyor review did not support that performance expectations for Frontier Health's provision of crisis services had been established for this contracted service. The Service Agreement Contract provided was titled, "Frontier Health Mobile Crisis Services."

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

30. Signs reading 'No Exit' are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101 -2000: 7.10.8.1)

4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 30
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site for the Hospital deemed service.
In the third floor mechanical room the double doors leading to the roof could have been mistaken for an exit. There were no "No Exit" signs on or near the doors.
This was observed and then corrected at the time of survey.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30 ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Element(s) of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.
Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door.
(For full text and any exceptions, refer to NFPA 101 -2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

4

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 11
Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site. In the ER the room identified as Acute Care room 1 was in an area not identified as a suite. The door was not fitted with positive latching hardware.

Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site. In the ER the room identified as Acute Care room 2 was in an area not identified as a suite. The door was not fitted with positive latching hardware

Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site. In the ER the room identified as Acute Care room 3 was in an area not identified as a suite. The door was not fitted with positive latching hardware

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Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.01 ESC 60 days

Standard Text: The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

Element(s) of Performance:

1. A period of focused professional practice evaluation is implemented for all initially requested privileges.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Document Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site.
A hospitalist was initially granted privileges less than two years ago. There was no documentation that any focused professional practice evaluation had been implemented for this practitioner.

Observed in Document Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site.
A nurse practitioner was initially granted privileges within the last year. No focused professional practice evaluation was implemented for this practitioner.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.03 ESC 60 days

Standard Text: Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

Element(s) of Performance:

1. The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.22(a)(1) - (A-0340) - (1) The medical staff must periodically conduct appraisals of its members.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site for the Hospital deemed service.
The process for ongoing professional practice evaluation did not require periodic review by the medical staff of the data collected. For some practitioners the periods between review were longer than two years.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.03.01.01

ESC 45 days

Standard Text: The hospital safely stores medications.

Element(s) of Performance:

6. The hospital prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.
Note: This element of performance is also applicable to sample medications.

Scoring Category : A
Score : Insufficient Compliance

7. All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.
Note: This element of performance is also applicable to sample medications.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 6
§482.25(b)(2)(iii) - (A-0504) - (iii) Only authorized personnel may have access to locked areas.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Wellmont Rehabilitation Services (295 Wharton Lane, Norton, VA) site for the Hospital deemed service.
The key to the cabinet where dexamethasone is stored at this ambulatory physical therapy location was observed to be stored in an unlocked drawer immediately below the locked cabinet. This allowed for unauthorized access of the medication.

EP 7
Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
An opened vial of insulin was found in the medication room of the emergency department. The vial had not been labeled with an expiration date. This medication expires 28 days after opening.

Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
In a second instance, an opened vial of insulin was found in a medication room with no expiration date. This medication was to expire 28 days after the vial was opened.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.03 ESC 60 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion safely.

Element(s) of Performance:

2. For hospitals that use Joint Commission accreditation for deemed status purposes: The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 2
§482.13(e)(4)(i) - (A-0166) - (i) in accordance with a written modification to the patient's plan of care.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
No written modification to the patient's plan of care was located in the medical record of a patient who had been restrained for violent behavior while receiving care in the ICU.

Observed in Record Review at Lonesome Pine Hospital (1990 Holton Avenue, East, Big Stone Gap, VA) site for the Hospital deemed service.
No written update to the patient's plan of care was found in the medical record of a patient who had been restrained while mechanically ventilated in the ICU.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.07 ESC 45 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital monitors patients who are restrained or secluded.

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians, clinical psychologists, or other licensed independent practitioners or staff who have been trained in accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or seclusion. (See also PC.03.05.17, EP 3) Note: The definition of 'physician' is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.13(e)(10) - (A-0175) - (10) The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site for the Hospital deemed service.
A patient's closed record was reviewed for documentation related to a restraint episode for violent behavior lasting approximately 4 hours. The organization's restraint and seclusion policy requires monitoring every 15 minutes for this type of restraint. There were no 15 minute assessments documented in this record between the hours of 00:50 and 02:40 on 08/08/2014 as required.

Chapter: Environment of Care

Program: Nursing Care Center Accreditation

Standard: EC.02.01.01 ESC 60 days

Standard Text: The organization manages safety and security risks.

Element(s) of Performance:

1. The organization identifies safety and security risks associated with the environment of care that could affect patients, residents, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site. During a tour of the Skilled Nursing/Long Term Unit, the surveyor observed a large bottle of Gen-Kleen disinfectant, two large bottles of Gen-Care body wash and two opened bottles of Eco Lab body wash in an unlocked shower room. This area was accessible to residents with dementia.

Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site. During a tour of the Skilled Nursing/Long Term Unit, the surveyor noted that the keys to a sharps container were left in the locking device of the container in an unlocked shower room

Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site. During a visit to the Rehabilitation department for the nursing facility, the surveyor noted that there was no documented evidence that the hot water temperature for the hydrocollator had been checked on June 20,27,30 and on July 14,15,21and 31.The organization's policy requires daily checks

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Chapter: Provision of Care, Treatment, and Services

Program: Nursing Care Center Accreditation

Standard: PC.01.02.03 ESC 45 days

Standard Text: The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.

Element(s) of Performance:

3. Each patient or resident is reassessed based on his or her plan of care or changes in his or her condition.
Note: Reassessments may also be based on the patient's or resident's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or his or her setting requirements, patient or resident acuity and needs.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
A long term resident of the nursing facility has experienced a significant decline in her weight since January 2014 when her weight was documented as 100 pounds. By 5/2014 she weighed 83.4 pounds and in July there was an increase to 89.9 pounds.The weight recorded for 8/2014 was 76 pounds. The most recent nutritional progress note was dated 7/18/2013 (over 12 months) and stated that at that time the resident had lost 6% of her body weight and weighed 110.6 pounds. The physician's progress notes dated April and June 2014 indicated that there was a weight loss but did not include an assessment /reassessment of her condition to determine the need for further evaluation/treatment,

Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
A resident of the Skilled Nursing/Long Term Unit was placed on Seroquel 25 mgs 3x/day on 4/29/2014 for agitation. Ativan 0.25 mgs every 6 hours prn on 6/24/2014. There was no documented evidence in the resident's clinical record that an assessment had been performed by the clinical team to detemine the cause of the behavior and the need for psychotropic medications. The response to the medications was also not documented.

Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
A resident of the Skilled Nursing/Long Term Unit was placed on Seroquel 25 mgs 3x/day on 4/29/2014 for agitation. On 6/24/2014, Ativan 0.25 mgs every 6 hours prn was added to the drug regimen. There was no no documented evidence that the clinical team had performed an assessment to determine the cause of the agitation and the need for psychotropic medications. The response to the medications was also not documented.

Chapter: Provision of Care, Treatment, and Services

Program: Nursing Care Center Accreditation

Standard: PC.01.02.07 ESC 45 days

Standard Text: The organization assesses and manages the patient's or resident's pain.

Element(s) of Performance:

3. The organization reassesses the patient's or resident's pain, based on its reassessment criteria.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 3
Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
A patient received Tramadol 50 mgs po for leg pain on 7/27/2014 at 4:30 pm.There was no documented evidence that the intensity of the pain had been assessed by utilizing a pain scale, before and after administation of the medication.

Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
Tramadol 50 mgs po was administered to a patient on 7/28/2014 at 5 pm for pain management. There was no documented evidence that the intensity of the pain had been assessed before and after administration of the medication by utilizing a pain scale.

Chapter: Provision of Care, Treatment, and Services

Program: Nursing Care Center Accreditation

Standard: PC.01.03.01

ESC 60 days

Standard Text: The organization plans the patient's or resident's care.

Element(s) of Performance:

3. An interim plan for care, treatment, and services is developed and documented for each patient or resident immediately after the patient or resident is admitted.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 3
Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
The initial physician's orders for a patient admitted to the Skilled Nursing Unit on 8/22/2014 included intravenous Vancomycin therapy, bronchodilator treatments via nebulizer and oxygen via nasal cannula. As of 8/26/20, these important aspects of his care, treatment and services had not been addressed in the interim plan of care.

Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
A patient was admitted to the Skilled Nursing Unit on 8/25/2014 for treatment of a urinary tract infection. During individual tracer activity on 8/26/2014, the surveyor noted than an interim plan of care addressing the care and treatment of the infection had not been developed and documented.

The Joint Commission
Findings

Chapter: Record of Care, Treatment, and Services

Program: Nursing Care Center Accreditation

Standard: RC.02.01.21 ESC 60 days

Standard Text: Clinical record documentation includes patient and resident education.

Element(s) of Performance:

1. The provision of patient and resident education is documented in the clinical record.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 1
Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
There was no documented evidence in a patient's clinical record that he was provided education regarding his care, treatment and services including antibiotic therapy, anticoagulation therapy, wound care and oxygen therapy.

Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE, Norton, VA) site.
There was no documented evidence in a patient's clinical record, that he was provided education regarding treatment of his urinary tract infection and safety precautions to prevent falls.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.01	EP1
	HR.01.02.05	EP3,EP4,EP5
	HR.01.04.01	EP2
	HR.01.06.01	EP5
	IC.02.02.01	EP4
	LS.02.01.35	EP4,EP6
	NPSG.15.01.01	EP2
	PC.01.02.07	EP3

Opportunities for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.01

Standard Text: The hospital manages fire risks.

Element(s) of Performance:

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. There was an open junction box with exposed wires above the ceiling next to room 207. This was observed and then corrected at the time of survey.

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.02.05

Standard Text: The hospital verifies staff qualifications.

Element(s) of Performance:

4. The hospital obtains a criminal background check on the applicant as required by law and regulation or hospital policy. Criminal background checks are documented.

Scoring Category : C
Score : Satisfactory Compliance

5. Staff comply with applicable health screening as required by law and regulation or hospital policy. Health screening compliance is documented.

Scoring Category : C
Score : Satisfactory Compliance

3. The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in HR File Review at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. There was no evidence that a criminal background check had been conducted within the file of a contracted employee who performs crisis intervention for patients.
EP5
Observed in HR File Review at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. There was no evidence of any required health screening within the file of a contracted employee who performs crisis intervention for patients.
EP3
Observed in HR File Review at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. There was no evidence that applicable education and experience was verified within the file of a contracted employee who performs crisis intervention for patients.

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.04.01

Standard Text: The hospital provides orientation to staff.

Element(s) of Performance:

2. The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in HR File Review at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. There was no evidence of orientation to key safety content within the file of a contracted employee who performs crisis intervention for patients.

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.06.01

Standard Text: Staff are competent to perform their responsibilities.

Element(s) of Performance:

5. Staff competence is initially assessed and documented as part of orientation.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP5
Observed in HR File Review at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. There was no evidence of validation of competence within the file of a contracted employee who performs crisis intervention for patients.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Tracer Activities at Mountain View Regional Medical Center (310 Third Street NE,Norton,VA) site. Several pediatric laryngoscope blades were observed to be stored uncovered in a drawer of the Broselow cart on the medical/surgical unit. This practice allows for potential recontamination of the blades after processing.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

Scoring Category : C
Score : Satisfactory Compliance

6. There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Building Tour at Mountain View Regional Medical Center (310 Third Street NE,Norton,VA) site. Above the ceiling by room 330 there was a large bundle of wires around the pipe. This was observed and then corrected at the time of survey.
EP6
Observed in Building Tour at Lonesome Pine Hospital (1990 Holton Avenue, East,Big Stone Gap,VA) site. In the linen collection room there was evidence of the blue plastic bag used to hold the dirty linen on the sprinkler head. This was observed and then corrected at the time of survey.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.15.01.01

Standard Text: Identify patients at risk for suicide.
Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

Element(s) of Performance:

2. Address the patient's immediate safety needs and most appropriate setting for treatment.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Record Review at Mountain View Regional Medical Center (310 Third Street NE,Norton,VA) site. A suicide risk assessment documented in a closed medical record stated that the patient was not at risk for suicide. Further review of documentation identified that the patient was admitted with a chief complaint of suicidal ideation, showed symptoms of major depression and stated that he "wanted to die and join his mother". The patient's mother had died earlier that day. The organization's risk assessment is a one question tool that states, "Is the patient at risk for suicide?" If "yes" is selected, the assessor is prompted to ask more in depth questions. By selecting "no" for this patient, those questions were not asked. It was suggested that the initial suicide risk assessment include more detail than is currently required.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07

Standard Text: The hospital assesses and manages the patient's pain.

Element(s) of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP3
Observed in Individual Tracer at Mountain View Regional Medical Center (310 Third Street NE,Norton,VA) site.
The medical record of a surgical patient on the medical/surgical unit was reviewed on their first post-op day. The patient's pain was assessed as a level of "10" at 08:26 AM on 08/26/14. The reassessment of the patient's pain was conducted at 12:13. This is not consistent with the organization's criteria and timeframe for reassessment.

Equivalencies/Plan for Improvement - Summary

Equivalencies are only granted if the identified Life Safety Code deficiency is off-set by alternative "systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety" over those prescribed by Life Safety Code (LSC). If an equivalency has been granted, the surveyor will incorporate a review of the equivalency conditions into the building tour.

During survey your existing, approved Equivalencies were evaluated and affirmed consistent with what was submitted previously. It was confirmed that corrective actions may present an ongoing hardship but conditions remain safe for patients, staff and visitors.

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

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

Printed: 05/24/2016
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
	495374		**05/24/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE NORTON, VA 24273**

(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	INITIAL COMMENTS Description of structure: 4 Story block and brick, Type I (222). 1979, non-combustible construction with a total of two smoke compartments. Long term care is located on the 4th floor. Sprinkler status: Fully sprinklered An unannounced routine Life Safety Code survey was conducted May 24, 2016 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 2000 Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid. No violations were observed at this time.	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

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
	495374		R **07/01/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE** **NORTON, VA 24273**

(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}	INITIAL COMMENTS Surveyor: 12299 Description of Structure: 4 Story Block and Brick, Type I (222), 1979, noncombustible construction with a total of two smoke compartments. Long Term Care is located on the 4th floor. Sprinkler Status: Fully Sprinklered An unannounced Life Safety Code Re-visit Survey, to the routine Life Safety Code Survey conducted on June 11, 2015, was conducted on July 1, 2015 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2000 Life Safety Code Existing Health Care Occupancies regulations. All deficiencies were corrected in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ner 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

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
495374	A. Building **01 - MAIN BUILDING 01** B. Wing	07/01/2015

Name of Facility	Street Address, City, State, Zip Code
MOUNTAIN VIEW REGIONAL MEDICAL CENTER	310 THIRD STREET, NE NORTON, VA 24273

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # **NFPA 101** LSC **K0018**	Correction Completed **07/01/2015**	ID Prefix Reg. # **NFPA 101** LSC **K0076**	Correction Completed **07/01/2015**	ID Prefix Reg. # **NFPA 101** LSC **K0211**	Correction Completed **07/01/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
			John J. McCamick	07/01/2015
Reviewed By RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: 06/11/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES (NO)

COMMONWEALTH of VIRGINIA

Virginia Department of Fire Programs

Melvin D. Carter
EXECUTIVE DIRECTOR

State Fire Marshal's Office
Southwestern **Region**
1169 East Lee Highway
Chilhowie, VA 24319
Phone: 276/ 646-0266
Fax: 276/ 646-0269

June 11, 2015

Mr. Dale Clark, Administrator
Mountain View Regional Medical Center
310 Third Street, NE
Norton, Virginia 24273

Dear Mr. Clark

This concerns the unannounced routine Life Safety Code survey of the referenced facility conducted on June 11, 2015 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2000 Existing regulation.

All institutional buildings must meet all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care (LTC) certification requirements issued by the Centers for Medicare and Medicaid Services (CMS), in order to participate in the Medicare/Medicaid programs. The findings listed on the attached form, CMS 2567, "Statement of Deficiencies and Plan of Correction", demonstrate non-compliance with Title 42 Code of Federal Regulations, 483.70(a) et seq Life Safety from Fire.

Prior to making expenditures to correct the noted deficiencies, you should have an approved plan of correction. It is strongly recommended that you check with local officials, since compliance with this report does not excuse you from complying with local codes and ordinances.

The federal LTC Enforcement Regulations remedies may be imposed by the Centers for Medicare and Medicaid Services (CMS) and/or the Virginia Department of Medical Assistance Services (DMAS) for any failure or continued failure to demonstrate compliance with both the Health and Life Safety Code requirements (Title 42, Code of Federal Regulations). For example, a Denial of Payment for New Admissions at the 90th day after a survey, or the Termination of the Provider Agreement at the 180th day after a survey, could be a result of uncorrected Life Safety Code citations as well as Health citations.

If any deficient practice is identified within either the Health or Life Safety Code requirements, a Plan of Correction (POC) developed by the provider must be returned to the surveying entity by June 22, 2015. **IF YOUR POC IS NOT RECEIVED BY THIS DATE, YOUR SURVEY WILL BE SENT IN AS "NOT MET".** To be considered acceptable, the POC must include five (5) components:

1. Address the corrective action taken for the identified problem
2. Address how the facility will identify similar occurrences of the problem
3. Identify measures/systemic changes to ensure deficient practice will not recur
4. Indicate how the facility will monitor its performance
5. Date of correction, not to exceed 45 days after the survey.

NOTE: If correction/compliance by the 45th day after the survey is not possible, the facility's POC must be accompanied by a Time-Limited Waiver request with appropriate justification. The waiver request and supporting documentation will be reviewed by the State Fire Marshal's Office and the Virginia Department of Health for a final recommendation to CMS. Please be aware, the timeline involved in the Time Limited Waiver request and final approval process does not delay the potential imposition of enforcement actions.

If concerns regarding a citation are not resolved, in accordance with §488.331, the facility has one (1) opportunity to question cited deficiencies through the current Virginia Department of Health's informal dispute resolution (IDR) process . To be considered, the IDR request must be received by the State Fire Marshal's Office within 10 calendar days of your receipt of the enclosed survey findings. An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions taken by CMS or DMAS.

Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS 2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

If you have any questions or if we may be of assistance to you, please call (276) 646-0266.

Sincerely,
STATE FIRE MARSHAL'S OFFICE

John F. McCormick

John F. McCormick, CBO - CFO
Fire Marshal

Attachment

cc: File

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
	495374		**06/11/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTI	**310 THIRD STREET. NE NORTON, VA 24273**

(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	INITIAL COMMENTS	K 000		
	Surveyor: 12299 Type of Structure: 4 Story Block and Brick, Type I (222), 1979, noncombustible construction with a total of two smoke compartments. Long Term Care is located on the 4th floor. Sprinkler Status: Fully Sprinklered An unannounced routine Life Safety Code Survey was conducted on June 11, 2015 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code Existing Health Care Occupancies 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 018 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ner 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.

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
	495374		**06/11/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE NORTON, VA 24273**

(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 018	Continued From page 1	K 018		
	This Standard is not met as evidenced by: Surveyor: 12299 Based on observation, the facility failed to insure doors protecting corridor openings provide a means suitable for keeping the doors closed. Findings Include: Observation on June 11, 2015 at 10:23 AM revealed the door from the corridor to Resident Room 429 is not latching.			
K 076 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076		
	This Standard is not met as evidenced by: Surveyor: 12299 Based on observation, the facility failed to insure			

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
	495374		**06/11/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE NORTON, VA 24273**

(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 076	Continued From page 2 oxygen cylinders are secured to prevent falling. Findings Include: Observation on June 11, 2015 at 10:38 AM revealed an unsecured oxygen cylinder located to the right of the copier in the Break Room.	K 076		
K 211 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This Standard is not met as evidenced by: Surveyor: 12299 Based on observation, the facility failed to insure the installation, of Alcohol Based Hand Rub dispensers is not over or adjacent to an ignition source. Findings Include: Observation on June 11, 2015 at 10:03 AM revealed that an Alcohol Based Hand Rub	K 211		

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
	495374		**06/11/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE** **NORTON, VA 24273**

(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 211	Continued From page 3 dispenser was installed above an electrical light switch in Anti-room 410.	K 211		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 495374	DATE SURVEY COMPLETE: 06/11/2015
NAME OF PROVIDER OR SUPPLIER IOUNTAIN VIEW REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 310 THIRD STREET, NE NORTON, VA. 24273	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This Standard is not met as evidenced by: Surveyor: 12299 Based on observation, the facility failed to insure portable fire extinguishers, that pass the 6-year maintenance requirement, have the maintenance information recorded on a durable weatherproof label that is a minimum size of 2 inches X 3 1/2 inches, is affixed to the shell by a heatless process and is self-destructive when removal is attempted. Findings Include: Observation on June 11, 2015 at 10:07 AM revealed the portable fire extinguisher in the corridor between Resident Rooms 417 and 418 does not have a 6-year maintenance label affixed to the shell.
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Surveyor: 12299 Based on observation, the facility failed to maintain electrical equipment in accordance with NFPA 70, National Electrical Code. Findings Include: Observation on June 11, 2015 at 10:33 AM revealed an unused opening, in the side of a ceiling light electrical junction box on the back side of the Mechanical Room across from Resident Room 431, is not closed with material equivalent to the construction of the box.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined at 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.

The above isolated deficiencies pose no actual harm to the residents

COMMONWEALTH of VIRGINIA

Department of Health

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

Office of Licensure and Certification

TYY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

September 26, 2014

Mr. Fred Pelle, Administrator
Mountain View Regional Medical Center
310 Third Street, N.E.
Norton, VA 24273

Dear Mr. Pelle:

RE: Mountain View Regional Medical Center
Provider Number 495374

Based on deficiencies cited during the survey ending July 31, 2014, your facility was found not to be in substantial compliance with the Federal participation requirements for the long term care Medicare/Medicaid program. The deficiencies cited during the most recent onsite survey did not result in a Scope and Severity grid placement of "G" through "L" or a finding of Substandard Quality of Care (grid placements of "F" and "H" through "L").

By copy of this letter, we are notifying the Centers for Medicare and Medicaid Services (CMS) and/or the state Medicaid agency (Virginia Department of Medical Assistance Services DMAS) that based on our acceptance of the previously received Plan of Correction (PoC), your Allegation of Compliance (AoC) of August 18, 2014, we will presume substantial compliance with CFR Part 483, Subpart B, at this time. **Please be advised that compliance with the above listed Health requirements does not necessarily end the Federal enforcement track. You must also achieve compliance with the Life Safety Code in order to end any enforcement action that may be in effect.** Failure to maintain substantial compliance may result in denial of Medicare and/or Medicaid payments for new admissions, the imposition of other Federal or State remedies, or termination of the provider agreement.

If you have any questions concerning the content of this letter, please contact me at (804) 367-2100.

Sincerely,

Supervisor Name LTC Supervisor
Division of Long Term Care Services

cc: Dale Van Wieren, Manager, Certification & Enforcement, CMS RO III (Electronically)
Cynthia Jones, Director, DMAS (Sent electronically)

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

Printed: 08/13/2014
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
	495374		**08/13/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE** **NORTON, VA 24273**

(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	INITIAL COMMENTS Surveyor: 12299 Description of Structure: 4 Story Block and Brick, Type I (222), 1979, noncombustible construction with a total of two smoke compartments. Long Term Care is located on the 4th floor. Sprinkler Status: Fully Sprinklered An unannounced routine Life Safety Code Short Form survey was conducted on August 13, 2014 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2000 Existing Health Care Occupancies regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.	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

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
	495374		**09/04/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTE	**310 THIRD STREET. NE** **NORTON, VA 24273**

(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	INITIAL COMMENTS Surveyor: 12299 Type of Structure: 4 Story Block and Brick, Type I (222), 1979, noncombustible construction with a total of two smoke compartments. Long Term Care is located on the 4th floor. Sprinkler Status: Fully Sprinklered An unannounced Life Safety Code routine survey was conducted on September 4, 2013 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2000 Life Safety Code Existing Health Care Occupancies regulations. During this routine survey Mountain View Regional Medical Center was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

COMMONWEALTH of VIRGINIA

W. G. Shelton, Jr., CEM
EXECUTIVE DIRECTOR

Virginia Department of Fire Programs

State Fire Marshal's Office
Southwestern Region
1165 East Lee Highway
Chilhowie, VA 24319
Phone: 276-646-0266
Fax: 276-646-0269

November 27, 2012

Mountain View Regional Medical Center
Attention: Mr. David Brash, Administrator
310 Third Street, NE
Norton, Virginia 24273

Re: Mountain View Regional Medical Center

Dear Mr. Brash:

This concerns the unannounced Life Safety Code re-visit survey at the referenced facility on November 27, 2012 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2000 – Existing Health Care Occupancies regulations.

All institutional buildings must meet all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care certification requirements issued by the Centers for Medicare and Medicaid Services (CMS), in order to participate in the Medicare/Medicaid programs. The findings listed on the attached form, CMS 2567, "Statement of Deficiencies and Plan of Correction", demonstrate non-compliance with Title 42 Code Federal of Regulations, 483.70(a) et seq Life Safety from Fire.

Prior to making expenditures to correct the noted deficiencies, you should have an approved plan of correction. It is strongly recommended that you check with local officials, since compliance with this report does not excuse you from complying with local codes and ordinances.

The federal LTC Enforcement Regulations remedies may be imposed by the Centers for Medicare and Medicaid Services (CMS) and/or the Virginia Department of Medical Assistance Services (DMAS) for any failure or continued failure to demonstrate compliance with both the Health and Life Safety Code requirements (Title 42, Code of Federal Regulations). For example, a Denial of Payment for New Admissions at the 90th day after a survey, or the Termination of the Provider Agreement at the 180th day after a survey, could be a result of uncorrected Life Safety Code citations as well as Health citations.

If any deficient practice is identified within either the Health or Life Safety Code requirements, a Plan of Correction (POC) developed by the provider must be returned to the surveying entity by December 7, 2012. To be considered acceptable, the POC must include five (5) components:

1. Address the corrective action taken for the identified problem
2. Address how the facility will identify similar occurrences of the problem

3. Identify measures/systemic changes to ensure deficient practice will not recur
4 Indicate how the facility will monitor its performance
5. Date of correction, not to exceed the 45th day after the survey.
   NOTE: If correction/compliance by the 45th day after the survey is not possible, the facility's POC must be accompanied by a Time-Limited Waiver request with appropriate justification. The waiver request and supporting documentation will be reviewed by the State Fire Marshal's Office and the Virginia Department of Health for a final recommendation to CMS. Please be aware, the timeline involved in the Time Limited Waiver request and final approval process does not delay the potential imposition of enforcement actions.

If concerns regarding a citation are not resolved, in accordance with §488.331, the facility has one (1) opportunity to question cited deficiencies through the current Virginia Department of Health's informal dispute resolution (IDR) process . To be considered, the IDR request must be received by the State Fire Marshal's Office within 10 calendar days of your receipt of the enclosed survey findings. An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions taken by CMS or DMAS.

Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS 2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

If you have any questions or if we may be of assistance to you, please call.

Sincerely,
STATE FIRE MARSHAL'S OFFICE

John F. McCormick

John F. McCormick, CBO – CFO
Fire Marshal

Attachment

cc: File

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

Printed: 11/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495374	A. BUILDING 01 - MAIN BUILDING 01 B. WING	R 11/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTI	310 THIRD STREET. NE NORTON, VA 24273

(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}	INITIAL COMMENTS	{K 000}		
	Surveyor: 12299 Description of Structure: 4 Stories Type I (222) Construction with Long Term Care located on the 4th floor. Sprinkler Status: Fully Sprinklered An unannounced Life Safety Code re-vist to the routine survey conducted on October 17, 2012, was conducted on November 27, 2012 in accordance with Title 42 Code of Federal Regulations, Part 483: Requirements for long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2000 Existing Health Care Occupancies regulations. Deficiencies noted on the CMS-2567 dated November 27, 2017 were corrected in compliance with the Requirements for Participation Medicare and Medicaid. The corrected deficiencies are identified on the CMS-2567B. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)			
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that r 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495374	A. BUILDING 01 - MAIN BUILDING 01 B. WING	R 11/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTI	310 THIRD STREET. NE NORTON, VA 24273

(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 038	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 12299 Based on observation exit doors are not readily accessible at all times due to the door locking arrangements. The findings were: On November 27, 2012 at 10:15 AM, accompanied by maintenance personnel, the stairway exit doors were found to be secured with access-controlled devices that do not fully comply with Section 7.2.1.6.2 as allowed by exception number 3 of Section 19.2.2.2.4 of NFPA 101, 2000 Life Safety Code which requires the following criteria to be met: (a) A sensor shall be provided on the egress side and arranged to detect an occupant approaching the doors, and the doors shall be arranged to unlock in the direction of egress upon detection of an approaching occupant or loss of power to the sensor. (b) Loss of power to the part of the access control system that locks the doors shall automatically unlock the doors in the direction of egress. (c) The doors shall be arranged to unlock in the direction of egress from a manual release device located 40 inches to 48 inches vertically above the floor and within 5 feet of the secured doors. The manual release device shall be readily accessible and clearly identified by a sign that reads as follows: PUSH TO EXIT When operated, the manual release device shall result in direct interruption of power to the lock - independent of the access control system electronics - and the doors shall remain unlocked for not less than 30 seconds. (d) Activation of the building fire-portective signaling system, if provided, shall automatically	K 038		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495374	A. BUILDING 01 - MAIN BUILDING 01 B. WING	R 11/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW REGIONAL MEDICAL CENTI	310 THIRD STREET. NE NORTON, VA 24273

(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 038	Continued From page 2 unlock the doors in the direction of egress, and the doors shall remain unlocked until the fire-protective signaling system has been manually reset. (e) Activation of the building automatic sprinkler or fire detection system, if provided, shall automatically unlock the doors in the direction of egress and the doors shall remain unlocked until the fire-protective signaling system has been manually reset.	K 038		

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
495374	A. Building **01 - MAIN BUILDING 01** B. Wing	11/27/2012

Name of Facility	Street Address, City, State, Zip Code
MOUNTAIN VIEW REGIONAL MEDICAL CENTER	310 THIRD STREET, NE NORTON, VA 24273

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # **NFPA 101** LSC **K0025**	Correction Completed **11/27/2012**	ID Prefix Reg. # **NFPA 101** LSC **K0130**	Correction Completed **11/27/2012**	ID Prefix Reg. # **NFPA 101** LSC **K0147**	Correction Completed **11/27/2012**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By **State Agency**	**Reviewed By**	**Date:**	**Signature of Surveyor:** John J. McCormick	**Date:** 11/27/2012
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: 10/17/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Jop

BRISTOL FIRE DEPARTMENT

Main Station: 211 Lee Street, 276-645-7304, fax 276-645-7302
Station 2: 1601 Euclid Avenue, 276-645-7307
Station 3: 105 Suncrest Drive, 276-645-7310
Bristol, Virginia 24201

EMERGENCY: DIAL 911

Date 2/12/13

Business Ridgeview & Healthsouth Address Worth St

Certificate of Occupancy Posted ✓ yes ___ no

Storage 2' or 15" below ceiling ___ yes ___ no

Emergency lights ✓ yes ___ no

Exit Lights ✓ yes ___ no

Exits

Blocked or locked ___ yes ✓ no

Exit Obstructions ___ yes ✓ no

Systems

Hood

Cleaning (6 months) ——

Extinguishing (6 months) ——

Class K extinguisher(yearly) ——

Alarm System 2012

Sprinklers 2012

Extinguishers 2A-10B:C 10 lb (yearly) 1-10-13 and Monthly

Pump - 6/22/12 Elev. April 2013

Electrical Hazards

Extension cords ___ yes ✓ no

Panel Box OK

Storage

Combustibles OK

Liquids OK

Gases OK

Trash/Rubbish OK outside OK inside

No violations found at this time

Inspected by _____ date 2-12-13

Reinspect on or about 30 days ____ yes ✓ no

Actions taken _____

Business Representative X _____

BRISTOL FIRE DEPARTMENT

Main Station: 211 Lee Street, 276-645-7304, fax 276-645-7302
Station 2: 1601 Euclid Avenue, 276-645-7307
Station 3: 105 Suncrest Drive, 276-645-7310
Bristol, Virginia 24201

EMERGENCY: DIAL 911

Date 1/28/14

Business Ridgeview/Healthsouth Address

Certificate of Occupancy Posted ____ yes ____ no
Storage 2' or (15") below ceiling ____ yes ____ no
Emergency lights ____ yes ____ no Connected
Exit Lights ____ yes ____ no Generator
Ladies Lockerroom

Exits
Blocked or locked ____ yes ✓ no
Exit Obstructions ____ yes ✓ no

Systems
Hood
Cleaning (6 months) ____
Extinguishing (6 months) ____
Class K extinguisher(yearly) ____
Alarm System Normal Mode Simplex
Sprinklers OK 12/13 Simplex
Extinguishers 2A-10B:C 10 lb (yearly) Staff trained personnel tagged
April 2013 - Elevator
Electrical Hazards June 6/25/13 Simplex
Extension cords ____ yes ✓ no
Panel Box ok

Storage
Combustibles ok
Liquids oil
Gases ok

Trash/Rubbish ____ outside ____ inside

Fire Doors Propped open
Laundry chute door - failing to close completely
No Issues in Health Southwest

Inspected by [illegible] date 1/28/17
Reinspect on or about 30 days ____ yes ✓ no
Actions taken _____
Business Representative _____

BRISTOL FIRE DEPARTMENT

Main Station: 211 Lee Street, 276-645-7304, fax 276-645-7302
Station 2: 1601 Euclid Avenue, 276-645-7307
Station 3: 105 Suncrest Drive, 276-645-7310
Bristol, Virginia 24201

EMERGENCY: DIAL 911

Date 7-23-15

Business WellMont/Pavilion HealthSouth Address North St

Certificate of Occupancy Posted ____ yes ____ no ok

Storage 2' or 15" below ceiling ____ yes ____ no

Emergency lights ✓ yes ____ no

Exit Lights ✓ yes ____ no

Exits

Blocked or locked ____ yes ✓ no

Exit Obstructions ____ yes ✓ no

Systems

Hood

Cleaning (6 months) ——

Extinguishing (6 months) ——

Class K extinguisher(yearly) ——

Alarm System 2015

Sprinklers 9/8/2014

Extinguishers 2A-10B:C 10 lb (yearly) 2015 Inspe

Pump 6/22/15

Electrical Hazards

Extension cords ____ yes ✓ no

Panel Box ok

Storage

Combustibles ok

Liquids ok

Gases ok

Trash/Rubbish ok outside ok inside

michael.white@wellmont.org

stan.hunt@healthsouth.com

Continue Maintenance Program in place at this time to keep Life Safety at high level

Inspected by [illegible] date 7-23-15
Reinspect on or about 30 days ____ yes ____ no
Actions taken _____
Business Representative _____

BRISTOL FIRE DEPARTMENT

Main Station: 211 Lee Street, 276-645-7304, fax 276-645-7302
Station 2: 1603 Euclid Avenue, 276-645-7307
Station 3: 105 Suncrest Drive, 276-645-7310
Bristol, Virginia 24201
firemarshal@bristolva.org

EMERGENCY: DIAL 911

Date 5/17/16.

Business Wellmont/Rickman Health South Address North St.

Certificate of Occupancy Posted ____ yes ___ no ok

Code under VA Statewide F.P. Code

Storage- 2' below ceiling or ~~15"~~ 18" below sprinkler head -yes ____ no ____.

Emergency lights ✓ yes ___ no ____.

Exit Lights ✓ yes ___ no ____.

Exits

Blocked or locked ____ yes ✓ no

Exit Obstructions ___ yes ✓ no

Systems

Hood Cleaning (6 months) —.

Hood Extinguishing (6 months) —.

Class K extinguisher(yearly) —.

Alarm System 2016.

Sprinklers 9/2015.

Extinguishers(yearly) 2015 yearly/monthly staff

Fire pump(yearly) 6/27/15 Annual.

907.9.5 Maintenance, inspection and testing. The building *owner* shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements for maintaining, inspecting and testing such systems. A written record shall be maintained and shall be made available to the *fire code official*.

Electrical Hazards

Extension cords ___ yes ✓ no

Panel Box ok.

Storage

Combustibles ok.

Liquids ok.

Gases ok.

Trash/Rubbish ok outside ok inside

E B

Inspected by Eric Blevins 276-645-3742 date 5-17-16

Reinspect on or about _____ days

Actions taken _____

Business Representative _____

BRISTOL FIRE DEPARTMENT

Main Station: 211 Lee Street, 276-645-7304, fax 276-645-7302
Station 2: 1601 Euclid Avenue, 276-645-7307
Station 3: 105 Suncrest Drive, 276-645-7310
Bristol, Virginia 24201

EMERGENCY: DIAL 911

Date 7-23-15

Business WellMont/Pavilion HealthSouth Address North St

Certificate of Occupancy Posted ____ yes ____ no ok

Storage 2' or 15" below ceiling ____ yes ____ no

Emergency lights ✓ yes ____ no

Exit Lights ✓ yes ____ no

Exits

Blocked or locked ____ yes ✓ no

Exit Obstructions ____ yes ✓ no

Systems

Hood

Cleaning (6 months) ——

Extinguishing (6 months) ——

Class K extinguisher(yearly) ——

Alarm System 2015

Sprinklers 9/8/2014

Extinguishers 2A-10B:C 10 lb (yearly) 2015 Inspe

Pump 6/22/15

Electrical Hazards

Extension cords ____ yes ✓ no

Panel Box ok

Storage

Combustibles ok

Liquids ok

Gases ok

Trash/Rubbish ok outside ok inside

michael.white@wellmont.org

stan.hunt@healthsouth.com

Continue Maintenance Program in place at this time to keep Life Safety at high level

Inspected by [illegible] date 7-23-15
Reinspect on or about 30 days ____ yes ____ no
Actions taken _____
Business Representative _____

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/21/2016

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton, 24273	File Number: S-0040-002 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
901.6	Inspection, testing and maintenance. To the extent that equipment, systems devices, and safeguards, such as fire detection, alarm and extinguishing systems, which were provided and approved by the building official when constructed, shall be maintained in an operative condition at all times. And where such equipment, systems, devices, and safeguards are found not to be in an operative condition, the fire officials shall order all such equipment to be rendered safe in accordance with the USBC.[The sprinklers in the outpatient lobby on the second floor are less than 6 feet apart (NFPA 13 8.6.3.4.2)].	8/20/2016

WORK ORDER #
28-439401

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Randy Purvis**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 6/21/2016

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/16/2015

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton, 24273	File Number: S-0040-002 Occ/Use Code: PRHOSP Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By
1030.4	Exit signs. Exit signs shall be installed and maintained in accordance with Section 1011. Decorations, furnishings, equipment or adjacent signage that impairs the visibility of exit signs, creates confusion or prevents identification of the exit shall not be allowed. The exit sign, on the rear wall in Material Management, was not illuminated.	Immediately
605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. The electrical receptacle, on the rear outside wall in Environmental Services, was not covered.	Immediately
901.6.1	Standards. Fire protection systems shall be inspected, tested, and maintained in accordance with the referenced standards listed in Table 901.6.1. A ceiling tile was missing that may have delayed the fire sprinkler activation in the OR corridor outside of the Endo Room.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Randy Purvis**

Inspected By: **John McCormick, Fire Marshal**

Date: 6/16/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/16/2015

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton, 24273	File Number: S-0040-002 Occ/Use Code: PRHOSP Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

605.4	Multiplug adapters. Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. An unfused electrical power strip was being used in the ER Doctors Sleep Room.	Immediately
901.6.1	Standards. Fire protection systems shall be inspected, tested, and maintained in accordance with the referenced standards listed in Table 901.6.1. The covers, for the concealed fire sprinklers protecting the ambulance entrance canopy, were caulked to the ceiling finish.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

COMMONWEALTH of VIRGINIA

Ed Altizer, State Fire Marshal
Ron Reynolds, Deputy

Virginia Department of Fire Programs
State Fire Marshal's Office
Annual Operation Permit

1005 Technology Park Drive
Glen Allen, VA 23059-4500
Phone: 804/ 371-0220
Fax: 804/ 371-3367

Facility Name:
Mountain View Regional Medical Center
54 Beds

Issue Date:
6-30-2014

Expiration Date:
07-01-2015

For Fiscal Year:
2014

PO Box 238
Kingsport, TN. 37662

Occupancy Type: Hospital

Pursuant to section 108.3.5 of the Virginia Statewide Fire Prevention Code; this Annual Operation Permit shall be kept on the premises designated therein at all times and shall be readily available for inspection by the fire official.

Charles E Altizer
STATE FIRE MARSHAL

www.vafire.com

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/10/2014

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton , VA 24273	File Number: S-0040-002 Occ/ Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To:
Mr. Randy Purvis

Inspected By:
John McCormick, Fire Marshal

Date: 06/10/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/10/2014

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton , VA 24273	File Number: S-0040-002 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. [The exit access door, from the garage storage area at the loading dock to the vacuum pump room, was locked.]	06/10/2014 CORRECTED 6-10-14
605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. [An unused opening, in the side of the double ceiling junction box in the counselor office comms room, was not closed with material equivalent to the construction of the box.]	06/10/2014 CORRECTED 6-10-14
906.2	Portable fire extinguishers shall be selected, installed and maintained in accordance with this Section and NFPA 10. [The portable fire extinguisher, in the laboratory reception area, was not provided with a six-year maintenance label attached to the shell of the extinguisher.]	06/10/2014 CORRECTED 6-10-14
901.6.1	Standards. Fire protection systems shall be inspected, tested, and maintained in accordance with the referenced standards listed in Table 901.6.1. [The sprinkler escutcheon, on the rear corner sprinkler in nuclear medicine, was missing.]	06/10/2014 CORRECTED 6-10-14

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To:
Mr. Randy Purvis

Inspected By:
Jo... McCormick, Fire Marshal

Date: 06/10/2014

COMMONWEALTH of VIRGINIA

Ed Altizer, State Fire Marshal
Ron Reynolds, Deputy

Virginia Department of Fire Programs
State Fire Marshal's Office
Annual Operation Permit

1005 Technology Park Drive
Glen Allen, VA 23059-4500
Phone: 804/ 371-0220
Fax: 804/ 371-3367

Facility Name:
Mountain View Regional Medical Center

54 Beds

PO Box 238
Kingsport, TN. 37662

Issue Date:
06-25-2013

Expiration Date:
07-01-2014

For Fiscal Year:
2013

Occupancy Type: Hospital

Pursuant to section 108.3.5 of the Virginia Statewide Fire Prevention Code; this Annual Operation Permit shall be kept on the premises designated therein at all times and shall be readily available for inspection by the fire official.

Charles E Altizer
STATE FIRE MARSHAL

www.vafire.com

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
7/3/2013

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton , VA 24273	File Number: S-0040-002 Occ/ Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: _____ 7-3-2013

Inspected By: John McCormick, Fire Marshal

Date: 07/03/2013

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/17/2013

Owner/Occupant: Wellmont Health System Building Name: Mountain View Regional Medical Center Address: 1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton , VA 24273	File Number: S-0040-002 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
901.6	901.6 Inspection, testing and maintenance. To the extent that equipment, systems, devices, and safeguards, such as fire detection, alarm and extinguishing systems, which were provided and approved by the building official when constructed, shall be maintained in an operative condition at all times. Where such equipment, systems, devices, and safeguards are found not to be in an operative condition, the fire official shall order all such equipment to be rendered safe in accordance with the USBC. [The fire sprinkler operation may be delayed due to the suspended ceiling tiles missing in the laundry behind the dryers.]	08/16/2013 WO# 28-294491 Completed 6-20-13
906.2	906.2 General Requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. [The pressure indicating device on portable fire extinguisher #6 in the kitchen at the hand wash sink indicates the extinguisher is not charged.]	08/16/2013 WO# 28-294492 Complete 6-24-13
703.1.2	703.1.2 Smoke barriers and smoke partitions. Required smoke barriers and smoke partitions shall be maintained to prevent the passage of smoke. All openings protected with approved smoke barrier doors or smoke dampers shall be maintained in accordance with NFPA 105. [The gap between the 2nd floor corridor smoke barrier doors exceeds 1/8 inch.]	08/16/2013 WO# 28-294494 Complete 6-25-2013
1030.2	1030.2 Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. [The sensor for the corridor double exit access doors at bed 8 does not unlock on the egress side when occupants approach the doors.]	08/16/2013 WO# 28-294495 Completed 6-18-2013 By Telecopics
901.6	901.6 Inspection, testing and maintenance. To the extent that equipment, systems, devices, and safeguards, such as fire detection, alarm and	08/16/2013 WO# 28-294498 Completed 6-19-2013 By Moore Sprinkler

extinguishing systems, which were provided and approved by the building official when constructed, shall be maintained in an operative condition at all times. Where such equipment, systems, devices, and safeguards are found not to be in an operative condition, the fire official shall order all such equipment to be rendered safe in accordance with the USBC.

[The distance between the sidewall sprinklers in x-ray room 2 is closer than 6 feet.]

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: Randy R _____ 6-17-2013

Inspected By: John McCormick, Fire Marshal

Date: 06/17/2013

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276)646-0266
Fax: (276)646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant:	Wellmont Health System	Date of Inspection:	August 09, 2012
Building:	Mountain View Regional Medical Center	File Number:	S-0040-002
Address:	1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton, VA 24273	Occ / Use Group:	I-2
		Phone Number:	(276)679-9100
		Fax Number:	(276)679-7549

Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: Ralph R Date: 8-9-2012

Inspected By: John McCormick Fire Marshal

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276)646-0266
Fax: (276)646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant:	Wellmont Health System	Date of Inspection:	March 06, 2012
Building:	Mountain View Regional Medical Center	File Number:	S-0040-002
Address:	1st, 2nd and 3rd Floors 310 Third Street N E City of Norton Norton, VA 24273	Occ / Use Group:	I-2
		Phone Number:	(276)679-9100
		Fax Number:	(276)679-7549

Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
901.6	The installation of ceiling tiles are not being maintained in the following locations and the operation of the suppression equipment may be delayed: (1) In the Computer Equipment Closet in the Nurse Management Office across from Patient Room 331. (2) In the Laboratory. (3) In the Storage Room above the high temperature water tank.	05-May-2012 WO# 28-232675 Completed 3-7-12
703.2.3	The Corridor door to Patient Room 332 is not latching. WO# 28-232676	05-May-2012 Completed 3-7-12
906.2	The operation instructions on the following portable fire extinguishers are not facing outward in accordance with NFPA 10: (1) In the Corridor at Patient Room 333. (2) In the CT Scanner Room in Radiology. WO# 28-232678	05-May-2012 Completed 3-8-12
605.6	The receptacle between Rows 4 and 5 in the Film Storage Room in Radiology is not covered. WO# 28-222978	05-May-2012 Completed 3-6-12
703.2	The right side Corridor smoke barrier door at Radiology is not maintained in an operative condition due to the door being held open by the floor and not the magnetic hold open device. WO# 28-232679	05-May-2012 Completed 3-7-12
1030.2	The following required exit accesses are not being continuously maintained free from obstructions to full instant use in the case of fire or other emergency: (1) The exit access Corridor outside the PACU and the OR. (2) The exit access from the Storage Room to the Corridor leading to the exterior exit by the Vacuum Pump Room. (3) The exit access Corridor outside the Mechanical Room and the Phone Data Room.	06-Mar-2012 Completed 3-13-12
906.2	The wet chemical portable fire extinguisher in the Kitchen has not had the 6 year maintenance performed in accordance with NFPA 10. WO# 28-223097	05-May-2012 Completed 3-8-12
901.6.1	The sprinkler piping above the Vacuum Pumps appears to be supporting the copper piping to the pump by a piece of wire.	05-May-2012 Completed 3-6-12
906.9	The portable fire extinguisher in the Storage Room is not mounted a minimum of 4 inches above the floor.	05-May-2012 Completed 3-6-12

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: Jim Wright

Date: 03-06-2012

Inspected By: John McCormick Fire Marshal

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	10366	AFS Plant ID:	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	Classification:	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	Report No:	293526

AIR INSPECTION REPORT

Inspection Date:	01/29/14	Contact Name:	Randy Purvis
Type:	PCE Without Site Visit	Contact Phone No:	(276)679-9145
Inspector:	Clayton S Wiles	Air Program	Subpart
Inspection Result:	In Compliance	SIP	

Reason:
Review Annual Update

Additional Information is Attached

Inspector Comments:
Reviewed 2013 Annual Update

Report received on 01/14/14

Clayton S. Wiles

Inspector's Electronic Signature
Approval Date: Jan 29, 2014

Manager's Electronic Signature
Approval Date: 2/4/14

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	10366	**AFS Plant ID:**	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	**Report No:**	293526

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
07-19-77		6.277 x 106 Btu/hr Cleaver Brooks oil-fired boiler *boiler #1	The two Cleaver Brooks oil-fired boilers consumed a total of 32,140 gallons of fuel for 2013.	In Compliance
07-19-77		Reflected in memo dated 5-20-80 as change in equipment *275 kW, 460 volt, 3 phase emergency generator *serial 94705 Hz 60	The emergency generator consumed 305 gallons of fuel in 2013.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	10366	**AFS Plant ID:**	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	**Report No:**	287112

AIR INSPECTION REPORT

Inspection Date:	01/31/13	**Contact Name:**	Randy Purvis
Type:	PCE Without Site Visit	**Contact Phone No:**	(276)679-9145
Inspector:	Clayton S Wiles	**Air Program**	**Subpart**
Inspection Result:	In Compliance	SIP	

Reason:
Review Annual Update

****Additional Information is Attached****

Inspector Comments:
Reviewed 2012 Annual Update

Report received on 01/07/2013

Clayton S. Wiles

Inspector's Electronic Signature
Approval Date: Jan 31, 2013

Cyth C. Bazzle

Manager's Electronic Signature
Approval Date: Feb 5, 2013

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

Registration No:	10366	**AFS Plant ID:**	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	**Classification:**	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	**Report No:**	287112

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
07-19-77		Reflected in memo dated 5-20-80 as change in equipment *275 kW, 460 volt, 3 phase emergency generator *serial 94705 Hz 60	The emergency generator consumed 1,200 gallons of fuel in 2012.	In Compliance
07-19-77		6.277 x 106 Btu/hr Cleaver Brooks oil-fired boiler *boiler #1	The two Cleaver Brooks oil-fired boilers consumed a total of 25,500 gallons of fuel for 2012.	In Compliance

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

istration No:	10366	AFS Plant ID:	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	Classification:	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	Report No:	284029

AIR INSPECTION REPORT

Inspection Date:	06/01/12	Contact Name:	Randy Purvis
Type:	FCE With Site Visit	Contact Phone No:	(276)679-9145
Inspector:	Clayton S Wiles	Air Program	Subpart
Inspection Result:	In Compliance	SIP	

Reason:
Complete FCE (Full Compliance Evaluation)

Inspector Comments:
Were EPA Brochures Provided? Yes

Arrived: 11:00 am Departed: 12:00 noon

ther Conditions: The temperature was 70 F cloudy and a steady rain.

Facility contact: Randy Purvis, Maintenance Manager.

Purpose:
Required CMS plan inspection.

Facility & Process Description:
Mountain View Regional Medical Center - Wellmont is physically located at 310 Third Street, NE Norton, Wise County, Virginia. The mailing address for this facility is Post Office Box 440, Norton, Virginia 24273. Mountain View Regional Medical Center is a 118 bed, full service facility that has operated in the Norton area since 1948. The hospital operates (2) two permitted Cleaver Brooks No.2 distillate oil-fired boilers. The facility also operates (1) one 275 kw Detroit Diesel emergency electric generation unit.

Permitting & Regulatory Standards:
This facility operates under an approved DEQ-Air Permit date July 19, 1977 and is subject to SIP regulations.

Compliance History:
The facility has had no compliance issues initiated since the last FCE dated 06/16/2008 and there is currently no compliance issues noted with this inspection.

spection notes:
The inspector conducted a Full Compliance Evaluation (FCE) on 06/01/2012 by reviewing permit conditions as listed and observing permitted equipment operate. The inspection started by discussing with Randy Purvis, Maintenance Manager what equipment needed to be observed. Mr.

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

istration No:	10366	AFS Plant ID:	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	Classification:	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	Report No:	284029

AIR INSPECTION REPORT

Inspector Comments:

Purvis indicated that this facility only operates one boiler at a time by alternating months of operation. The Cleaver Brooks boiler number 2 was operating at 105 psi steam pressure and a stack temperature of 340 F. The boilers use a combined stack that had opacity of 0 percent during this inspection. The emergency generator and boiler number 1 were observed operating during a pervious inspection dated12/27/2011. With this inspection all equipment has been observed operating and all appropriate permit conditions have been reviewed. No problems were found during this inspection and the source has no pending enforcement actions. The facility is operating in compliance and a full compliance evaluation of this site has been completed.

Recommendations: None

Attachments: None

Clayton S. Wiles

Inspector's Electronic Signature
Approval Date: Jun 26, 2012

Manager's Electronic Signature
Approval Date: 6/26/12

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Commonwealth of Virginia

,istration No:	10366	AFS Plant ID:	720-00031
Plant Name:	Mountain View Regional Medical Center - Wellmont	Classification:	Synthetic Minor
		Region:	SWRO
Address:	310 3rd Str Ne	Report No:	284029

INSPECTION CHECKLIST

Permit Date or Basis	#	Requirement Narrative	Observation	Comp Status
07-19-77		6.277 x 106 Btu/hr Cleaver Brooks oil-fired boiler *boiler #2	The number 2 boiler was observed operating at 105 psi steam pressure and 0 percent opacity.	In Compliance

COMMONWEALTH of VIRGINIA

Department of Health

Marissa J Levine, MD, MPH, FAAFP
State Health Commissioner

Office of Licensure and Certification

TYY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX (804) 527-4502

October 1, 2015

Mr. Dale Clark, CEO
Wellmont Lonesome Pine Hospital
P O Drawer 1
1990 Holton Avenue East
Big Stone Gap, Virginia 24219

RE Wellmont Lonesome Pine Hospital
Hospital Biennial Licensure Survey

Dear Mr Clark

An unannounced, Biennial Hospital Licensure inspection of the above facility was conducted September 28, 2015 through September 30, 2015 by three (3) Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification

Enclosed is the provider copy of Licensure Inspection Report It indicates that no deficiencies were cited at the time of the inspection The facility is in compliance with The Rules and Regulations for Licensure of Hospitals in Virginia

If you have any questions or concerns, please contact me at 804-367-2156. Thank you for your cooperation during the licensure inspection

Sincerely,

Ruthanne Risser

Ruthanne Risser, Supervisor
Division of Acute Care Services

Enclosure

PRINTED 10/01/2015
FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED
	490114		09/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLMONT LONESOME PINE HOSPITAL	1990 HOLTON AVENUE EAST PO DRAWER 1 BIG STONE GAP, VA 24219

(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) COMPLETE DATE
E 000	12 VAC 5-410-0000 Initial Comments An unannounced Hospital Licensure Inspection was conducted 9/28/15 through 9/30/15 by a team of three Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health The facility was in compliance with 12 VAC 5-410, the Regulations for the Licensure of Hospitals in Virginia	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

Karen Remley, M.D., M.B.A., F.A.A.P.
State Health Commissioner

TYY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

May 10, 2012

Administrator
Wellmont Lonesome Pine Hospital
1990 Holton Avenue East, PO Drawer 1
Big Stone Gap, Virginia 24219

RE: Wellmont Lonesome Pine Hospital - Big Stone Gap - VA
Hospital Licensure Survey

Dear Administrator:

An unannounced, biennial hospital licensure survey of the above facility was conducted on May 2, 2012 through May 3, 2012.

Enclosed is the provider copy of the Licensure Inspection Report. It indicates that no deficiencies were cited at the time of the survey.

Thank you for your cooperation during the inspection.

Sincerely,

Frederick Kyle, Supervisor
Division of Acute Care Services

Enclosure

PRINTED: 05/10/2012
FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 490114	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 05/03/2012
NAME OF PROVIDER OR SUPPLIER WELLMONT LONESOME PINE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 HOLTON AVENUE EAST PO DRAWER 1 BIG STONE GAP, VA 24219		

(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) COMPLETE DATE
A 000	12 VAC 5-410-0000 Initial Comments An unannounced focused licensure inspection was conducted at the above named facility by two (2) Medical Facilities Inspectors from the Virginia Department of Health- Office of Licensure and Certification from 05/02/12 to 05/03/12. No deficiencies were identified. Wellmont Lonesome Pine Hospital is in compliance with the Rules and Regulations for the Licensure of Hospitals in Virginia-12 VAC 5-410 as amended November 1, 2011.	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE