

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

Printed: 06/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495416	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2017
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NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147
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(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: 35700 Type of Structure: Four story non-combustible construction. Building Type II (222). Residents are located on floor 1. The building was provided with a full NFPA 13 (wet) sprinkler system. An unannounced Life Safety Code recertification survey was conducted on 05/30/2017 in accordance with 42 Code of Federal Regulations, Part 483. 150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code Existing Regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.	K 000		
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.	K 321	K 321 1) All three observations were corrected on 6/13/2017.) Removed different colored fire caulking and replaced with one manufacture type. 2) Mechanical rooms will be inspected for different types of fire caulking. Deficiencies found will be scheduled for correction. 3) Sr. Facilities Manager or designee will educate maintenance staff on inspection process for approved application of fire caulking. 4) Mechanical rooms will be randomly inspected quarterly to insure any penetration has been proper sealed and there is no mixing of manufacture fire caulking.	7/12/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE _____ (X6) DATE **6/16/17**

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

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K 321	Continued From page 2 penetrations appeared to be of two different manufactures product's and per the listing of individual manufacturers should not be mixed with a different manufacturers product.	K 321		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its fire sprinkler system was properly maintained. The Findings include: On 5/30/2017 at approximately 12:55 PM it was observed that in patient room 101 it appears that the concealed sprinkler heads escutcheon plates had dry wall mud on plates that would prevent operation of sprinkler heads.	K 353	K 353 1) All three observations were corrected on 6/13/2017. Replaced two escutcheon plates, and two sprinkler heads. 2) Sprinkler heads and escutcheon plates will be inspected to insure they are free of paint, lint and debris. Deficiencies found will be scheduled for correction. 3) Sr. Facilities Manager or designee will educate maintenance staff on inspection process to identify dirty or obstructed sprinkler heads. 4) Room and common areas will be randomly inspected quarterly to insure that sprinkler heads and escutcheon plates are free from debris.	7/12/17

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K 353	Continued From page 3 On 5/30/2017 at approximately 1:44 PM it was observed that the sprinkler head in alcove between 129 and 130 was painted. On 5/30/2017 at approximately 1:50 PM it was observed that in the residents laundry room the sprinkler head was loaded with dust and lint.	K 353			
K 374 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to maintain its Smoke barriers. The Findings Include: On 5/30/2017 at approximately 1:16 PM it was observed Above ceiling at soiled linens room in corridor 2 that there was unsealed penetrations around sprinkler piping. On 5/30/2017 at approximately 1:29 PM it was observed above ceiling outside soiled linens room	K 374 K 374	1) All three observations were corrected on 6/13/2017. Open penetrations around piping and data wire were sealed. 2) Rated fire assemblies will be inspected for deficiencies. Deficiencies found will be scheduled for correction. 3) Sr. Facilities Manager or designee will educate maintenance staff on inspection process to identify open or unsealed penetrations. 4) Above drop ceilings and common area room where penetrations occur will be randomly inspected quarterly to insure that the penetrations are sealed.	7/12/17	

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K 374	Continued From page 4 on corridor 4 there was unsealed penetrations around duct work. On 5/30/2017 at approximately 1:41 PM it was observed above ceiling above smoke doors to hall way 4 there was unsealed penetration around data pipe	K 374		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its electrical system's fully maintained in a manner that reduces the risk of injury of fire. The Finding Includes: On 5/30/2017 at approximately 12:45 PM it was observed in Mechanical room for furnace 5 a knock out was missing in a junction box mounted on rite side.	K 511	K 511 1) The observations were corrected on 6/13/2017. A single knockout cover was installed in void. 2) Mechanical rooms will be inspected for complete electrical system installation. Deficiencies found will be scheduled for correction. 3) Sr. Facilities Manager or designee will educate maintenance staff on inspection process to identify open electrical boxes. 4) Mechanical room's room will be randomly inspected quarterly to insure that electrical boxes are sealed.	7/12/17
K 901 SS=D	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and	K 901		

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K 901	Continued From page 5 documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 35700 Based on Document review and interview the facility failed to conduct the required risk assessment per NFPA 99. The Finding Includes: On 5/19/2017 at approximately 11:45 AM it was observed during document review and interview that the NFPA 99 risk assessment was not documented.	K 901	K 901 1) Sr. Facility Manager will Schedule a review of the risk assessment to be completed by listed parties, Maintenance Director, Administrator, and Director of Nursing. 2) The different departments will review and complete the risk assessment. 3) Sr. Facilities Manager and Administrator will facilitate review of the risk assessment. 4) Schedule completion of the risk assessment.	7/12/17	
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure.	K 920	K 920 1) The observations were corrected on 6/13/2017. Extension cord was removed. 2) Rooms will be inspected for unauthorized use of electrical extension cords. Deficiencies found will be scheduled for correction and removed. 3) Sr. Facilities Manager or designee will educate maintenance staff on inspection process to identify inappropriate use of extension cords. 4) Apartment rooms will be randomly inspected quarterly to insure that the penetrations are sealed.	7/12/17	

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K 920	<p>Continued From page 6</p> <p>Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This Standard is not met as evidenced by: Surveyor: 35700</p> <p>Based on Document review and interview the facility failed to conduct the required risk assessment per NFPA 99.</p> <p>The Finding Includes:</p> <p>On 5/19/2017 at approximately 11:45 AM it was observed during document review and interview that the NFPA 99 risk assessment was not documented.</p>	K 920			

N-0224-003

**FIRE SAFETY SURVEY REPORT 2012 CODE – HEALTH CARE
Medicare – Medicaid**

1. (A) PROVIDER NUMBER
49-5416
K1

1. (B) MEDICAID I.D. NO.
K2

PART I — Life Safety Code, New and Existing
PART II — Health Care Facilities Code, New and Existing
PART III — Recommendation for Waiver
PART IV — Crucial Data Extract

OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY Ashby Ponds (Maple Grove)	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING _____ B. WING _____ C. FLOOR <u>1</u>	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) 21160 Maple Branch terrace Ashburn, Virginia 20147	A. <input checked="" type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K0160
	4. DATE OF SURVEY 5/30/2017 K3	DATE OF PLAN APPROVAL 11/09/2012 K6	SURVEY UNDER 5. <input checked="" type="checkbox"/> 2012 EXISTING 6. <input type="checkbox"/> 2012 NEW K7

3. SURVEY FOR MEDICARE MEDICAID

5. SURVEY FOR CERTIFICATION OF
1. HOSPITAL 2. SKILLED/NURSING FACILITY 4. ICF/IID UNDER HEALTH CARE 5. HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW
1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) 1st Floor
3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY <u>44</u>	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE _____	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE <u>44</u>	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID _____
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7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)
1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. FSES 5. PERFORMANCE BASED DESIGN
B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <i>James W. Raymondo</i>	TITLE Fire Marshal	OFFICE SFMO/Northern	DATE 6/27/2017
SURVEYOR ID 35700 K10			
FIRE AUTHORITY OFFICIAL (Signature) <i>J. M. D.</i>	TITLE Fire Marshal - Manager	OFFICE SFMO/Northern	DATE 07/09/17

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

**PART IV - FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS 2786 FORMS)**

Provider Number 49-5416 <small>*K1</small>	Facility Name Ashby ponds (Maple Grove)	Survey Date 5-30-2017 <small>*K4</small>
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<small>K6</small> DATE OF PLAN APPROVAL 11-09-2012	<small>K3</small> MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>1</u> NUMBER OF THIS BUILDING <u>1</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR

HEALTH CARE FORM		
12	2786R	2012 EXISTING
13	2786R	2012 NEW

AHCO FORM		
14	2786U	2012 EXISTING
15	2786U	2012 NEW

ICF/ID FORM		
16	2786V, W, X	2012 EXISTING
17	2786V, W, X	2012 NEW

*K7 12 SELECT NUMBER OF FORM USED FROM ABOVE

COMPLETE IF ICF/ID IS SURVEYED UNDER CHAPTER 33, EXISTING

SMALL (16 BEDS OR LESS)

K8 1. PROMPT
2. SLOW
3. IMPRACTICAL

LARGE

K8 4. PROMPT
5. SLOW
6. IMPRACTICAL

APARTMENT HOUSE

K8 7. PROMPT
8. SLOW
9. IMPRACTICAL

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)

K321: K351:

COMPLETE IF ICF/ID IS SURVEYED UNDER CHAPTER 33, EXISTING

ENTER E - SCORE

K5: e.g. 2.5

*K9 FACILITY MEETS LSC BASED ON *(Check all that Apply)*

A1. (COMP. WITH ALL PROVISIONS) A2. (ACCEPTABLE POC) A3. (WAIVERS) A4. (FSSES) A5. (PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC

B.

KD180

A. FULLY SPRINKLERED
(All required areas are sprinklered)

B. PARTIALLY SPRINKLERED
(Not all required areas are sprinklered)

C. NONE
(No sprinkler system)

*MANDATORY