Printed: 08/22/2017 FORM APPROVED OMB NO. 0938-0391

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION (DENTIFICATION NUMBER			1	LE CONSTRUCTION 23 - BUILDING 8 RENOVATED 2012	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER L VIRGINIA TRAINII	NG CENT	STREET ADDRE 521 COL MADISO	ONY RD	TS, VA 24572		
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and the second s	masonry structure.	ture: Building 8 is a a The building was orig and completely remo	ginatly			A MELTA A MARINE A MALTA A MARINA A MAR	·
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O Delite do Caso do Antido de Antido	Sprinkler status: Fr System with quick re	ully Sprinklered NFPA esponse heads.	13			ary have an arrest of the debt	
	survey was conduct 08/09/2017 in accor Regulation, Part 483 Care Facilities. The compliance using the regulations. This fact however chooses to requirements. The fact	certification Life Safet ed 08/04/2017 throug dance with 42 Code of the code o	h of Federal cong Term d for) sidents,				
York, Alvert die Erst zu selb Anna de Andre de A	The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)						
K 904	NFPA 101 Gas and Systems - Warning			K 904		:	
	Systems All master, area, and medical gas and vad appropriate Categor as applicable. 5.1.9, 5.2.9, 5.3.6.2. This Standard is no	ot met as evidenced b	used for with ulrements,		·		
LABORATOR	Y DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATI	VE'S SIGNATURE		TITLE		(XE) OATE

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

JYZY21

If continuation sheet Page 1 of 5

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 23 - BUILDING B RENOVATED 2012 COMPLETED 49G002 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET AUDRESS, CITY, STATE, ZIP CODE **CENTRAL VIRGINIA TRAINING CENT** 521 COLONY RD MADISON HEIGHTS, VA 24572 (X4) ID PREFIX TAG (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX EACH CORRECTIVE ACTION SHOULD BE LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG K 904 Continued From page 1 K 904 Surveyor: 25557 1a. A certified Vendor will re-locate the as-built oxygen pressure switch from the Based on observation and interview, the facility oxygen storage building, to downstream failed to maintain the medical gas warning system from the main oxygen supply valve, into requirements as required by the Life Safety Code. the 8 bldg. mezzanine. This has the ability to affect all occupants of the 1a. A certified technician will monitor the building. pressure switch re-location work and will perform a medical gas system The findings include: re-certification inspection. 2. The Compliance Safety Officer will On 08/09/2017 at approximately 3:00 PM it was inspect locations of oxygen pressure observed and noted during record review that the switches at all campus buildings with master alarm pressure switch for the medical gas medical oxygen to identify any other system is not located downstream of the main line locations with this issue and will initiate shut-off valve. [NFPA 99, 5.1.9.2.4 (7)] follow up piping repairs by certified vendor as needed The Facility Maintenance Director, Safety Officer, 3. The Compliance Safety Officer will and Administrator witnessed this evidence by review annual medical gas inspection interview and observation on 08/09/2017 at reports and the 2012 edition of NFPA 99 approximately 4:15 PM during the exit interview. to identify any similar code update issues and to initiate follow up corrections as K 914 NFPA 101 Electrical Systems - Maintenance and needed. K 914 Testing 4a. The Compliance Safety Officer will accompany the Medical Gas Technology Electrical Systems - Maintenance and Testing lechnician to complete the annual medical Hospitai-grade receptacles at patient bed locations gas inspections at each building with a and where deep sedalion or general anesthesia is medical gas system in December, 2017. administered, are tested after initial installation, 4b. The annual medical gas system replacement or servicing. Additional testing is reports for each building will be reviewed performed at intervals defined by documented by the facility Safety Committee. performance data. Receptacles not listed as 4c. The Compliance Safety Officer will hospital-grade at these locations are tested at initiate follow-up corrective actions to intervals not exceeding 12 months. Line isolation resolve any deficiencies noted during monitors (LIM), if installed, are tested at intervals of annual medical gas inspections. less than or equal to 1 month by actuating the LIM 4d. The Compliance Safety Officer and test switch per 6.3.2.6.3.6, which activates both Physical Plant Services Director will visual and audible alarm. For LIM circuits with complete an annual inspection of each automated self-testing, this manual test is residential building and initiate corrective 9-22-2017 performed at intervals less than or equal to 12 actions for any deficiencies noted. and ongoing months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER. AND PLAN OF CORRECTION A. BUILDING 23 - BUILDING 8 RENOVATED 2012 COMPLETEO 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CENTRAL VIRGINIA TRAINING CENT 521 COLONY RD** MADISON HEIGHTS, VA 24572 SUMMARY STATEMENT OF DEFICIENCIES (X4)10 PREFIX PROVIDER'S PLAN OF CORRECTION **fX53** COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG LSC IDENTIFYING INFORMATION) TAG K 914 Continued From page 2 K 914 The Physical Plant Services electric distribution system. Records are maintained electrician will complete inspection and of required tests and associated repairs or testing of all electrical receptacles in modifications, containing date, room or area tested. patient bedrooms. and results. 1b. Physical Plant Services will complete 6.3.4 (NFPA 99) documentation to meet requirements of This Standard is not met as evidenced by: 6.3.4 (NFPA 99), to include date, room Surveyor: 25557 numbers, tests of electrical receptacles. and data for associated repairs or Based on observation and interview, the facility modifications completed. falled to test and maintain the electrical receptacles 2. The Compliance Safety Officer and the at patient bed locations as required by the Life Physical Plant Services Director will Safety Code. This has the ability to affect all complete inspections of all bedrooms in occupants of the building. campus buildings to Identify any similar issues and will initiate follow-up corrective The findings include: actions as needed. 3. The Physical Plant Services Director On 08/04/2017 at approximately 11:50 AM it was will complete training of electrician staff observed and noted during record review that the on essential electrical system facility could not provide documentation that that maintenance and testing requirements for electrical receptacles are being tested and electrical receptacles. maintained in the facility. 4a. Annual testing and inspection of electrical receptacles in patient bedrooms The Facility Maintenance Director, Safety Officer. will be completed by qualified personnel, and Administrator witnessed this evidence by annually during each 3rd quarter, with Interview and observation on 08/09/2017 at documentation to verify dates, rooms, approximately 4:15 PM during the exit interview. receptacles tested, and any associated modifications or repairs. 4b. The schedule and status of 3rd quarter K 918 NFPA 101 Electrical Systems - Essential Electric K 918 annual inspection and testing of electrical System receptacles in patient bedrooms will be reviewed by the facility Safety Committee Electrical Systems - Essential Electric System in its monthly meetings. Maintenance and Testing 4c. The Compliance Safety Officer and The generator or other alternate power source and Physical Plant Services Director will associated equipment is capable of supplying complete an annual Inspection of each service within 10 seconds. If the 10-second criterion 9-22-2017 residential building and initiate corrective is not met during the monthly test, a process shall and ongoing actions for any deficiencies noted. be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI		1 ' '	LE CONSTRUCTION 23 - BUILDING 8 RENOVATED 2012	(X3) DATE SUR COMPLE	VEY .
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE	.!	
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(X4) ID	SHMMARYST	FATEMENT OF DEFICIENCIES		מו	PROVIDER'S PLAN OF CORRECT	(A)	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REG ITIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	LO BE	COMPLETION DATE
K 918	Continued From pa	qe 3		K 918			
_	,	o nspecied weekly, exe	rcised	,, , , ,	1a. Physical Plant Services purc	hased a	
		es 12 times a year in			conductivity meter and complete		
	intervals, and exercised once every 36 months for continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel.				of designated staff in August, 20		
					1b. Physical Plant Services review		
					manufacturers' emergency gene		
					operational manuals and verified		
					battery types in use are compati		
	Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFF 111. Main and feeder circuit breakers are inspected annually, and a program for periodically				manufacturer specifications and		
					for the emergency generators.	_	
			3		1c. Physical Plant Services will d		
		onents is established			monthly maintenance, testing, a		
		uirements. Written re			documentation of emergency ge		
	maintenance and te	sting are maintained a	and readily		batteries to meet the requirement	nts of Type	
		ctrical panels and circ			3 EES per NFPA 110.		
		identifiable. Minimizin			2a. The Physical Plant Services		
	possibility of damage	e of the emergency pa	ower	,	will review preventive maintenar	юе	
		onsideration for new			documentation and complete		
	installations.				walkthroughs of all emergency of		
	6.4.4, 6.5.4, 6.6.4 (N	IFPA 99), NFPA 110,	NFPA		locations on campus to identify		
	111, 700.10 (NFPA				issues and will initiate follow-up	corrective	
	This Standard is no	ot met as evidenced b	λ:		actions as needed.	t	
			AL MONTO		2b. The written monthly Prevent		
	Surveyor: 25557		Z.A.A.A.		Maintenance work orders for em generator maintenance will be re		
			***		include performance of monthly		
	Based on observation	on and interview, the f	acility		conductance testing,	Dattery	
		intain the essential el			3. The Physical Plant Services [Disector will	
		by the Life Safety Cod			complete training of electrician a		
	has the ability to affe	ect all occupants of th	e building.		designated staff on essential ele		
					system maintenance and testing	1	
	The findings include				requirements for emergency ger		
	Dn 09/04/2017	nenvimatal: 11:50 As	A it was		4a. Physical Plant Services w		
	observed and noted	proximately 11:50 AM during record review	/I IL Was		all reports and documentation, in		
					needed corrective actions, and		
	facility could not provide documentation that the generator battery electrolyte specific gravity level is				copies of reports to the Safety C	fficer.	
		monthly or battery co			4b. The PPS Director will forward		
		in lieu of specific grav			follow-up reports to the Safety C	ommittee	
	where applicable. (on a monthly basis. Any issues		09-22-2017
	• •				reviewed with Risk Managemen		and ongoing
			***		Executive Committee for actions	and trend	

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STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI	CLIA MBER:		LE CONSTRUCTION 23 - BUILDING 8 RENOVATED 2012	(X3) DATE SUR COMPLE	
		49G002		B. WING		08/09	/2017
MANE OF DE	OVIDER OR SUPPLIER		erncer anno	rest contest	ATE, ZIP CODE	00,00,201	
		1 m. m. m. 1 m. 1			RIE, ZIP CODE		
CENTRA	L VIRGINIA TRAINII	NG CENT		LONY RD ON HEIGH	TS, VA 24572		
(24) (7)	CIBHARDYCS	PATCHER OF DEFICIENCE					
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K 918	Continued From pa	ne 4	-	K 918			
	110.8.3.7.1)	5.		1, 5, 5			
	110.0.0.1.17						
	and Administrator w interview and observ	nance Director, Safety itnessed this evidence vation on 08/09/2017 PM during the exit into	e by at				
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION 77 - BUILDING 9	(X3) OATE SUR COMPLE		
	A9G002 NAME OF PROVIDER OR SUPPLIER STRE			B. WING	No. of the second secon	08/09	/2017	
	OVIDER OR SUPPLIER L VIRGINIA TRAINII	NG CENT	521 COL	DDRESS, CITY, STATE, ZIP CODE COLONY RD DISON HEIGHTS, VA 24572				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APPROPRI	OULD BE	(XS) COMPLETION DATE	
K 000	INITIAL COMMENT	S	THE NAME OF STREET	K 0 00				
	Surveyor: 25557		1					
	Description of Structure: Building 9 is a one story masonry structure with a partial basement. The building was originally constructed in 1951 and completely remodeled in 2013.							
	Construction Type: II (000)							
:	Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.							
	An unannounced recertification Life Safety Code survey was conducted 08/04/2017 through 08/09/2017 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 (Existing) regulations. This facility houses ICFID residents, however chooses to meet Health Care requirements. 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 914	NFPA 101 Electrica Testing	l Systems - Maintenar	nce and	K 914				
140000000	Hospital-grade rece and where deep set administered, are te replacement or serv performed at interval performance data. hospital-grade at the	Maintenance and Te ptacles at patient bed dation or general anesested after initial instalvicing. Additional testinals defined by docume Receptacles not liste ese locations are	locations sthesia is lation, ng is ented d as		TILE		(X6) OATE	

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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(X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER A BUILDING 77 - BUILDING 9 COMPLETED 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE **521 COLONY RD** CENTRAL VIRGINIA TRAINING CENT MADISON HEIGHTS, VA 24572 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX TAG LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 914 Continued From page 1 K 914 1a. The Physical Plant Services electrician tested at intervals not exceeding 12 months. Line will complete inspection and testing of all isolation monitors (LIM), if installed, are tested at electrical receptacles in patient bedrooms. intervals of less than or equal to 1 month by 1b. Physical Plant Services will complete actuating the LIM test switch per 6.3.2.6.3.6, which documentation to meet requirements of activates both visual and audible alarm. For LIM 6.3.4 (NFPA 99), to include date, room circuits with automated self-testing, this manual test numbers, tests of electrical receptacles, is performed at intervals less than or equal to 12 and data for associated repairs or months. LIM circuits are tested per 6.3.3.3.2 after modifications completed. any repair or renovation to the electric distribution 2. The Compliance Safety Officer and the system. Records are maintained of required tests Physical Plant Services Director will and associated repairs or modifications, containing complete walkthroughs of all bedrooms in date, room or area tested, and results. campus buildings to identify any similar 6.3.4 (NFPA 99) issues and will initiate follow-up corrective This Standard is not met as evidenced by: actions as needed. 3. The Physical Plant Services Director will complete training of electrician staff on Surveyor: 25557 essential electrical system maintenance and testing requirements for electrical Based on observation and interview, the facility receptacles. failed to test and maintain the electrical receptacles 4a. Annual testing and inspection of at patient bed locations as required by the Life electrical receptacles in patient bedrooms Safety Code. This has the ability to affect all will be completed by qualified personnel, occupants of the building. annually during each 3rd quarter, with documentation to verify dates, rooms, The findings include: receptacles tested, and any associated modifications or repairs. On 08/04/2017 at approximately 11:50 AM it was 4b. The schedule and status of 3rd quarter observed and noted during record review that the annual inspection and testing of electrical facility could not provide documentation that that receptacles in patient bedrooms will be electrical receptacles are being tested and reviewed by the facility Safety Committee in maintained in the facility. its monthly meetings. 4c. The Compliance Safety Officer and The Facility Maintenance Director, Safety Officer, Physical Plant Services Director will and Administrator witnessed this evidence by complete an annual walkthrough of each interview and observation on 08/09/2017 at 9-22-2017 residential building and initiate corrective approximately 4:15 PM during the exit interview. and ongoing actions for any deficiencies noted. K 918 NFPA 101 Electrical Systems - Essential Electric K 918 Syste Electrical Systems - Essential Electric System Maintenance and Testing

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION 77 - BUILDING 9	(X3) DATE SUR COMPLE		
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	ITE, ZIP CODE			
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K 918	Continued From page	ge 2		K 918				
a three and the second	The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance				 Physical Plant Services purch conductivity meter and complete of designated staff in August, 20 Physical Plant Services revie manufacturers' emergency gene 	d training 17. wed rator		
					operational manuals and verified			
A C A C A C A C A C A C A C A C A C A C		enerator and transfer s			battery types in use are compatit			
		cordance with NFPA 1 nspected weekly, exe			manufacturer specifications and for the emergency generators.	guidelines		
100		es 12 times a year in			1c. Physical Plant Services will c	omplete		
		sed once every 36 m	- (monthly maintenance, testing, ar			
		cheduled test under le			documentation of emergency ge			
		complete simulated o		batteries to meet the requirements of Type				
		anual transfer of all El By competent personn			3 EES per NFPA 110.			
		sting of stored energy			2a. The Physical Plant Services	Director		
1		S) are in accordance			will review preventive maintenan documentation and complete	ce		
0.000		ler circuit breakers ar			walkthroughs of all emergency g	anarator		
		and a program for pe			locations on campus to identify a			
A. A. A.		onents is established			issues and will initiate follow-up			
Abril 1		uirements. Written re sting are maintained a			actions as needed.	,		
		ctrical panels and circ			2b. The written monthly Preventi	ve		
		identifiable. Minimizin			Maintenance work orders for em			
	possibility of damage	e of the emergency po			generator maintenance will be re			
		onsideration for new			include performance of monthly	battery		
	installations.	IEDA OOL LIEDA 440	. IPPLA		conductance testing.	التاري سميم سال		
	111, 700.10 (NFPA	IFPA 99), NFPA 110, 70)	NFPA		The Physical Plant Services Decomplete training of electrician a			
200		ot met as evidenced b	ıv:		designated staff on essential ele			
1					system maintenance and testing			
000					requirements for emergency gen			
10 AC					4a. Physical Plant Services wi	I review		
A Abduse	Surveyor: 25557				all reports and documentation, ir			
Addition with					needed corrective actions, and v			
Andrew Advanced	Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This				copies of reports to the Safety O			
Addata					4b. The PPS Director will forwa			
Avadan		oy the Life Safety Coo ect all occupants of th			follow-up reports to the Safety C			
To MACA	that the ability to all	or an doddparks of th	o ponding.		on a monthly basis. Any issues reviewed with Risk Management		09-22-2-17	
mer a va anovovednich deb in			The state of the s		Executive Committee for actions analysis.		and ongoing	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION 177 - BUILDING 9	(X3) DATE SURVEY COMPLETED
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K 918	observed and noted facility could not progenerator battery eletested and recorded testing is performed where applicable. (The Facility Mainten and Administrator winterview and observed.)	proximately 11:50 AN during record review vide documentation the ectrolyte specific grav monthly or battery co in lieu of specific grav	that the nat the ity level is inductance vity testing Officer, a by at	K 918		
2					YAZI SHIRA	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION 40 - BUILDING 10	(X3) DATE SUR COMPLE			
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	OVIDER OR SUPPLIER			DORESS, CITY, STATE, ZIP CODE					
CENTRA	L VIRGINIA TRAINII	NG CENT		COLONY RD DISON HEIGHTS, VA 24572					
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K 000	INITIAL COMMENT	S	N° 10° AVA J PRophysica es	K 000					
	Surveyor: 25557		na von von side vide de e distribu						
	story masonry struc	icture: Building 10 is ture. The building wa ad in 1951 and comple	3S						
	Construction Type:	II (000)	the factor was the stage the						
	Sprinkler status: F System with quick re	ully Sprinklered NFPA esponse heads.	. 13						
	survey was conduct 08/09/2017 in accor Regulation, Part 483 Care Facilities. The compliance using the regulations. This fact however chooses to requirements. The fire	certification Life Safet ed 08/04/2017 throug dance with 42 Code of the code o	h f Federal ong Term d for) idents,						
		low demonstrate n Title 42 Code of Reg fe Safety from Fire.)	pulations,	•					
K 211	NFPA 101 Means o	f Egress - General	: :	K 211					
	locations, and access Chapter 7, and the remaintained free of a of emergency, unless 18/19.2.11. 18.2.1, 19.2.1, 7.1.1	s, corridors, exit discheses are in accordance means of egress is could obstructions to full use modified by 18/19.2	e with Intinuously Ise in case I.2 through						
LABORATOR	V 01950109/2 00 000/405	R/SLIPPI IED DEPOESENTATI	CO CIONATION		·				

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION 46 - BUILDING 16	(X3) DATE SURY COMPLE		
		49G002		B. WING	nonnonnonnonnonnon di minima di dalla di St.	08/09	/2017	
NAME OF PR	OVIDER OR SUPPLIER	·	STREET ADDRE	DRESS, CITY, STATE, ZIP CODE				
CENTRA	L VIRGINIA TRAINII	NG CENT		ONY RD	rs, va 24572			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ratement of deficiencies Be preceded by full reg VTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	OBE	(X5) COMPLETION DATE	
K 211	Surveyor: 25557 Based upon observed falled to maintain the continuously maintain full use in case of ending to affect all occupant building. The findings include On 08/08/2017 at an observed that the doobstructed by a boo The Facility Mainten and Administrator will interview and observed approximately 4:15	ations and interviews at means of egress is ined free of all obstrumergency. This has als in the effected roor at the proximately 2:11 PM por to patient room 11	ctions to the ability n of the it was 2 was Officer, e by at ervlew.	K 211	1. The bookcase obstructing the ent patient room B112 was re-located ar for the individual's personal belongin organized and consolidated 2. The facility Safety Officer and Pt Services Director will conduct audits residential buildings to identify where conditions apply and will initiate step any problems of this type that may be across campus. 3a. The Safety Officer will provide training to Housekeeping Department and supervisors, all safety rep's, and Residential Managers and Resider staff to ensure their understanding of Safety code standards for bedroom bedroom doors in a healthcare facility. 3b. The Physical Plant Services Distribution understanding of the Life Safety standards for bedroom access in a facility. 4a. The weekly focus survey form to stress requirements for proper op maintenance of bedroom doors and	nd storage ngs was nysical Plant of all esimilar us to correct se found specific nt manager of the Life access and ty. Ector will to ensure y code nealthcare was revised eration and		
	Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are		locations othesia is lation, og is rited d as ed at solation otervals of g the LiM s both with co 12 3.2 after		bedroom aisles. 4b. The residential manager and relead staff will conduct weekly focus: each suite, each shift, to monitor for at bedroom doors. The facility Safe will compile this data and will provide reports monthly to the Safety Community. 4c. The Safety Representative for a building will audit each room of the building. 4c. The Compliance Safety Officer Physical Plant Services Manager will residential building at least annually compliance. 4e. The Compliance Safety Officer Committee will identify repeat offence recommend for follow- up training or disciplinary action.	esidential surveys in any issues ety Officer e follow up littee. each ouilding the Safety Committee and it audit each to ensure and Safety ders and will	9-22-2017 and ongoing	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI		1	LE CONSTRUCTION 40 - BUILDING 10	(X3) DATE SUR COMPLE		
		49G002	!	B. WING	and the state of t	08/09	/2017	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	DRESS, CITY, STATE, ZIP CODE				
CENTRA	L VIRGINIA TRAINII	NG CENT	521 COL	OLONY RD				
			MADISO	DISON HEIGHTS, VA 24572				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	IXSI COMPLETION DATE	
K 914	maintained of requir or modifications, cor lested, and results. 6.3.4 (NFPA 99) This Standard is not Surveyor: 25557 Based on observation failed to test and mater at patient bed location Safety Code. This occupants of the but the findings include On 08/04/2017 at apobserved and noted facility could not proper electrical receptacle maintained in the father than Administrator interview and observed and observed and observed and Administrator interview and observed and observed and observed and observed and Administrator interview and observed and observ	on and interview, the faintain the electrical reons as required by the has the ability to affect during record review vide documentation Its are being tested and	facility facility facility faceptacles facility faceptacles facility faceptacles faceptacl	K 914	1a. The Physical Plant Services exili complete inspection and testine electrical receptacles in patient be 1b. Physical Plant Services will condocumentation to meet requirements. At (NFPA 99), to include date, numbers, tests of electrical receptant data for associated repairs of modifications completed. 2. The Compliance Safely Officer Physical Plant Services Director of complete walkthroughs of all bedicampus buildings to identify any sissues and will initiate follow-up of cactions as needed. 3. The Physical Plant Services Director is essential electrical system mainter and testing requirements for electrical receptacles. 4a. Annual testing and inspection electrical receptacles in patient be will be completed by qualified per annually during each 3rd quarter, documentation to verify dates, ror receptacles tested, and any assomodifications or repairs. 4b. The schedule and status of 3rd annual inspection and testing of exceptacles in patient bedrooms of the receptacles in patient bedrooms of the services of the complete and annual walkthrough residential building and initiate conscious for any deficiencies noted.	ng of all edrooms. complete ents of room tacles, reand the will rooms in similar corrective director will eff on enance trical of edrooms rooms, ciated of quarter electrical will be committee in er and will of each orrective	09-22-2017 and ongolng	

Printed: 08/22/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICE AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION S A1 - BUILDING ELEVEN	(X3) DATE SUR' COMPLE	
	,	49G002		B. WING		08/09	/2017
NAME OF PROVIDER OF	R SUPPLIER		STREET ADDRI	ESS, CITY. STA	ATE, ZIP CODE	1	
CENTRAL VIRGI		NG CENT		ONY RD			
			MADISC	N HEIGH	TS, VA 24572		
(X4) IO		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTI		(X5) COMPLETION
PREFIX (EACH DE TAG		BE PRECEDED BY FULL REG NTIFYING INFORMATION)	ULATORY OR	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	LD BE E DEFIC ENCY)	DATE
			į		To Addition to the Contract of		
K 000 INITIAL	COMMENT	S		K 000			
17 JAP AR MILANA					may in the state of the state o		
Survey	or: 25557				A reference to the second seco		
Donado	don of Char	deren - Marifellan 44 in a					
		ture: Building 11.is a The building was cor			TOTAL AND THE STATE OF THE STAT		
		eled in 2008.			1. Improper privacy screen storage		
0	alian Tomes	!! (000)			and Rm. 120 immediately were com the survey.	eciea aunng	
Consin	action Type:	11 (000)			2. The facility Safety Officer and Pl		
Sprinkl	er status: F	ully Sprinklered.			Services Director will conduct audits		
NA AT ATOM					residential buildings to identify when conditions apply and will initiate step		
		certification Life Safet			any problems of this type that may b	e found	
		ted 08/04/2017 throug rdance with 42 Code o			across campus. 3. The Safety Officer will provide s	! 6	
		3: Requirements for L			training to Housekeeping Departmen		
		e facility was surveyed			and supervisors; ICF Nursing mana	gers and	
		ne LSC 2012 (Existing cility houses ICFID res			supervisors; all safety rep's, and the Managers and Residential Lead sta		
		o meet Health Care	nauria,		their understanding of the Life Safet		
require	ments. The f	acility was not in comp			standards for bedroom access in a l		
	•	nts for Participation M	edicare		facility. 4a. The weekly focus survey form:	uge revised	
and Me	oicaid.				to stress requirements for proper op		
The fin	dings that fol	llow demonstrate	4 994 0 0 0 0 0		bedroom doors.		
		h Title 42 Code of Rec	gulations,		4b. The residential manager and re lead staff will conduct weekly focus	esidential	
483.70	(a) et seq (Li	fe Safety from Fire.)	2		each suite, each shift, to monitor for		
444			*		at bedroom doors. The facility Safe		
K 211 NEDA	ini Maane o	of Egress - General	a menana	K 211	will compile this data and will provid reports monthly to the Safety Comm		
NZII NEFA	ivi isicalio (r Egress - Otheral		N & 1	4c. The Safety Representative for	each	
	of Egress - (***		building will audit each room of the l		
		s, corridors, exit disch			monthly, sending documentation to Officer, and will report to the Safety		
		sses are in accordanc means of egress is co			monthly.		
		all obstructions to full L			4d. The Compliance Safety Officer		
of eme	rgency, unle:	ss modified by 18/19.2			Physical Plant Services Manager wi residential building at least annually		
18/19.2		10.4			compliance.		•
	19.2.1, 7.1.1 andard is o	iv.i ot met as evidenced b	ıv:		4e. The Compliance Safety Officer		9-22-2017
*		,	· J -		Committee will identify repeat offend recommend for follow- up training of the commend for follo		and
Survey	or: 25557				disciplinary action		ongoing
LABORATORY DIRECTO	R'S OR PROVIDE	RISUPPLIER REPRESENTATI	VE'S SIGNATURE		TITLE		IX6I DATE

Any deliciency 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 (ollowing 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.

		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM				(X3) DATE SURVEY COMPLETED	
		49G002	49G002 B. WING			08/09/2017	
NAME OF PR	OVIDER OR SUPPLIER		STREET AODE	RESS, CITY, STA	ATE, ZIP CODE		
CENTRA	L VIRGINIA TRAININ	IG CENT		LONY RD ON HEIGH	IS, VA 24572		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG ITIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	DBE	(X5) COMPLETION DATE
K 211	Continued From page	de 1	Ì	K 211			
	Based upon observations and interviews the facility falled to maintain the means of egress is continuously maintained free of all obstructions to full use in case of emergency. This has the ability to affect all occupants in the effected room of the building. The findings Include: On 08/08/2017 at approximately 03:23 PM it was observed that the door to patient room 119 was obstructed by a privacy screen. On 08/08/2017 at approximately 03:27 PM it was observed that the door to patient room 120 was obstructed by a privacy screen. The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview.					to department of the second se	
K 363	NFPA 101 Corridor -	- Doors	and a beautiful designed by the second by th	K 363			
	Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solld-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no Impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors						

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X3) DATE SURVEY ANO PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING A1 - BUILDING ELEVEN COMPLETED 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **521 COLONY RD CENTRAL VIRGINIA TRAINING CENT** MADISON HEIGHTS, VA 24572 (X4) ID PREFIX SUMMARY STATEMENT OF OFFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG LSC DENTIFYING INFORMATION) TAG CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 2 K 363 complying with 7.2.1.9 are permissible. Hold open 1. Improper storage of seasonal clothing, with devices that release when the door is pushed or sleeves caught in the door frames, immediately was corrected during the survey at both closets pulled are permitted. Nonrated protective plates of in the 11 A and 11 B entry vestibules. unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. The facility Safety Officer and Physical Plant Services Director will conduct audits of all Door frames shall be labeled and made of steel or residential buildings to identify where similar other materials in compliance with 8.3, unless the conditions apply and will initiate steps to correct smoke compartment is sprinklered. Fixed fire any problems of this type that may be found window assemblies are allowed per 8.3. In across campus. sprinklered compartments there are no restrictions 3. The Safety Officer will provide specific in area or fire resistance of glass or frames in training to Housekeeping Department manager window assemblies. and supervisors; ICF Nursing managers and 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, supervisors; all safety rep's, and the Residential and 485 Managers and Residential Lead staff to ensure Show in REMARKS details of doors such as fire their understanding of the Life Safety code protection ratings, automatics closing devices, etc. standards for proper maintenance and operation This Standard Is not met as evidenced by: of storage room doors, fire doors, and bedroom doors in a healthcare facility. 4a. The weekly focus survey form was revised Surveyor: 25557 to stress requirements for proper operation of storage room doors and bedroom doors. Based on observation and interview, the facility 4b. The residential manager and residential lead staff will conduct weekly focus surveys in failed to maintain the doors protecting corridor openings as required by the Life Safety Code. This each suite, each shift, to monitor for any issues has the ability to affect all occupants in the effected at bedroom doors. The facility Safety Officer will compile this data and will provide follow up smoke compartment of the building. reports monthly to the Safety Committee. 4c. The Safety Representative for each The findings include: building will audit each room of the building monthly, sending documentation to the Safety On 08/08/2017 at approximately 03:35 PM it was Officer, and will report to the Safety Committee observed that the doors to the closet, "B" corridor monthly. entrance had an impediment to the closing the 4d. The Compliance Safety Officer and doors. Physical Plant Services Director will audit each residential building at least annually to ensure On 08/08/2017 at approximately 03:45 PM it was compliance. observed that the doors to the closet, "A" corridor 4e. The Compliance Safety Officer and Safety entrance had an Impediment to the closing the Committee will identify repeat offenders and will 9-22-2017 doors. recommend for follow- up training or for and disciplinary action ongoing The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER. A. BUILDING A1 - BUILDING ELEVEN COMPLETED 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CENTRAL VIRGINIA TRAINING CENT 521 COLONY RD** MADISON HEIGHTS, VA 24572 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION IX5I COMPLETION DATE IO PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR (EACH CORRECTIVE ACTION SHOULD BE TAG LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) K 363 | Continued From page 3 K 363 interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview. K 914 NFPA 101 Electrical Systems - Maintenance and K 914 Testing 1a. The Physical Plant Services electrician will complete inspection and testing of all Electrical Systems - Maintenance and Testing electrical receptacles in patient bedrooms. Hospital-grade receptacles at patient bed locations 1b. Physical Plant Services will complete and where deep sedation or general anesthesia is documentation to meet requirements of 6.3.4 administered, are tested after initial installation. (NFPA 99), to include date, room numbers. replacement or servicing. Additional testing is tests of electrical receptacles, and data for performed at Intervals defined by documented associated repairs or modifications performance data. Receptacles not listed as completed. hospital-grade at these locations are tested at 2. The Compliance Safety Officer and the intervals not exceeding 12 months. Line isolation Physical Plant Services Director will complete monitors (LIM), if installed, are tested at intervals of inspections of all bedrooms in campus less than or equal to 1 month by actuating the LIM buildings to identify any similar issues and will test switch per 6.3.2.6.3.6, which activates both initiate follow-up corrective actions as visual and audible alarm. For LIM circuits with needed. automated self-testing, this manual test is 3. The Physical Plant Services Director will performed at intervals less than or equal to 12 complete training of electrician staff on months. LIM circuits are tested per 6.3.3.3.2 after essential electrical system maintenance and any repair or renovation to the electric distribution testing requirements for electrical system. Records are maintained of required tests receptacles. and associated repairs or modifications, containing 4a. Annual testing and inspection of electrical date, room or area tested, and results. receptacles in patient bedrooms will be 6.3.4 (NFPA 99) completed by qualified personnel, annually This Standard is not met as evidenced by: during each 3rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs. Surveyor: 25557 4b. The schedule and status of 3rd quarter annual inspection and testing of electrical Based on observation and interview, the facility receptacles in patient bedrooms will be failed to test and maintain the electrical receptacles reviewed by the facility Safety Committee in at patient bed locations as required by the Life its monthly meetings. Safety Code. This has the ability to affect all 4c. The Compliance Safety Officer and occupants of the building. Physical Plant Services Director will complete an annual inspection of each residential 9-22-2017 The findings include: building and initiate corrective actions for any and deficiencies noted. ongoing

On 08/04/2017 at approximately 11:50 AM it was observed and noted during record review that the

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING A1 - BUILDING ELEVEN COMPLETED 49G002 B. WING _ 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **521 COLONY RD CENTRAL VIRGINIA TRAINING CENT** MADISON HEIGHTS, VA 24572 (X5) COMPLETION DATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 914 Continued From page 4 K 914 facility could not provide documentation that that electrical receptacles are being tested and maintained in the facility. The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview. K 918 NFPA 101 Electrical Systems - Essential Electric K 918 Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads. and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Maln and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily Identifiable. Minimizing the possibility of damage of the

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI		1, ,	LE CONSTRUCTION A1 - BUILDING ELEVEN	(X3) DATE SUR COMPLE	
		49G002		B WING 08/		08/09	/2017
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	ESS, CITY, STA	NTE, ZIP CODE	ļ	
	L VIRGINIA TRAININ	IG CENT	t	ONY RD			ì
1			· ·		TS, VA 24572		
(X4) ID		ATEMENT OF DEFICIENCIES		Ø	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX TAG		BE PRÉCEDED BY FULL REG ITIFYING INFORMATION)	ULATURY UR	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE		DATE
			r cerron				
K 918	Continued From page	70 S		K 918	,		
1, 0,0	Continued From page 5 emergency power source is a design consideration			10.0	1a. Physical Plant Services purc	hased a	
	for new installations.		SIUCIAUVII		conductivity meter and complete		ļ
2		IFPA 99), NFPA 110,	NEPA		of designated staff in August, 20	17.	l
	111, 700.10 (NFPA				1b. Physical Plant Services revie	wed	l
1		ot met as evidenced b	ıv:		manufacturers' emergency gene		1
	Surveyor: 25557				operational manuals and verified		
			5 6 44 4 5		battery types in use are compatil		
	Based on observation	on and interview, the f	acility		manufacturer specifications and	guidelines	
		intain the essential el			for the emergency generators.		
		by the Life Safety Coo			1c. Physical Plant Services will o		
	has the ability to affe	ect all occupants of th	e building,		monthly maintenance, testing, ar		İ
					documentation of emergency ge		
	The findings include	:			batteries to meet the requiremen	its of Type	
	O= 0010400047 -+	annimatal december	4:4:4:4		3 EES per NFPA 110.	Diameter.	
		proximately 11:50 Aft during record review			2a. The Physical Plant Services		
		vide documentation ti			will review preventive maintenan documentation and complete	ce	
		ectrolyte specific grav			walkthroughs of all emergency g	oporolor	
		monthly or battery co			locations on campus to identify a		
		in lieu of specific gra-			issues and will initiate follow-up		
	where applicable. (NFPA 110.8.3.7.1)			actions as needed.	DOI ! COL! 4C	
					2b. The written monthly Preventi	ve	
		ance Director, Safety			Maintenance work orders for em		
		itnessed this evidence			generator maintenance will be re		
		vation on 08/09/2017			include performance of monthly		
	арргохипацету 4.10 г	PM during the exit int	CI VICW.		conductance testing.	•	
			A cardinal WA		3. The Physical Plant Services D	irector will	
			hu hef he i sh		complete training of electrician a		
			*		designated staff on essential ele	cirical	
			AV AM A		system maintenance and testing		
			acus M a		requirements for emergency ger		
			an we wide		4a. Physical Plant Services wi		MA,
			n an an wa a		all reports and documentation, ir		
			a AA WARRAN		needed corrective actions, and v		
8			Visionia A Vi		copies of reports to the Safety O		
9			A TRACK WAGNE		4b. The PPS Director will forward		:
			APPA APPA		follow-up reports to the Safety C		
			ad by		on a monthly basis. Any issues		
outros 44			Wellen in		reviewed with Risk Management		09-22-2017
		•	Vullante Vu si		Executive Committee for actions analysis.	and trend	and ongoing

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI		1 ' '	LE CONSTRUCTION 24 - BUILDING 12 RENOVATED 2012	(X3) DATE SUR' COMPLE	
		49G002		B. WING	and the control of th	08/09	/2017
1	OVIDER OR SUPPLIER		STREET ADDR	•	ITE, ZIP CODE		
CENTRA	L VIRGINIA TRAININ	IG CENT		LONY RD ON HEIGHT	rs. VA 24572		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG ITIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 000	masonry structure. constructed in 1951 2012. Construction Type: I Sprinkler status: Fi System with quick re An unannounced resurvey was conduct 08/09/2017 in accord Regulation, Part 483 Care Facilities. The compliance using the regulations. This face however chooses to requirements. The face with the Requirement and Medicaid. The findings that foll non-compliance with	ture: Building 12 is a The building was orig and completely remo II (000) III (000) IIII (000) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ginally deled in A 13 Ty Code th of Federal ong Term d for) sidents, pliance ledicare	K 000	1. Improper privacy screen storage Immediately was corrected during the 2. The facility Safety Officer and Phent Services Director will conduct a residential buildings to identify where conditions apply and will initiate step any problems of this type that may be across campus. 3. The Safety Officer will provide spraining to Housekeeping Department and supervisors, all safety rep's, and Residential Managers and Residential Managers and Residential Safety code standards for bedroom a healthcare facility. 4a. The weekly focus survey form was to stress requirements for proper operation of the staff will conduct weekly focus seach suite, each shift, to monitor for at bedroom doors. The facility Safe will compile this data and will provide reports monthly to the Safety Communication of the building will audit each room of the building will audit each ro	e survey. aysical audits of all e similar s to correct e found becific at manager I the al Lead f the Life access in a was revised eration of esidential surveys in any issues dy Officer e follow up littee.	
K 211	locations, and acces Chapter 7, and the r maintained free of a of emergency, unles 18/19.2.11. 18.2.1, 19.2.1, 7.1.1	Fegress - General General s, corridors, exit discresses are in accordance means of egress is co ll obstructions to full to s modified by 18/19.2	e with entinuously use in case 2.2 through	K 211	monthly, sending documentation to a Cofficer, and will report to the Safety monthly. 4d. The Compliance Safety Officer Physical Plant Services Director will residential building at least annually compliance. 4e. The Compliance Safety Officer Committee will identify repeat offencing recommend for follow- up training or disciplinary action.	he Safety Committee and audit each to ensure and Safety lers and will	09-22-17 and ongoing

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

Assistant Desertor of Administration

TITLE

(XE) 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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI					
		49G002		B. WING		08/09	/2017
NAME OF PR	OVIDER OR SUPPLIER	<u> </u>	STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE		
CENTRA	L VIRGINIA TRAININ	NG CENT	521 CO	LONY RD			
			MADISC	N HEIGH	TS, VA 24572		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG NTIFYING INFORMATION)		ID PREFIX			
			A. A	170	ONCOUNTE ENERGED TO THE APPROPRIATE	DCFICIENCI)	
K 211	Continued From pa	ge 1	-	K 211			
	Surveyor: 25557		20 65 12 50 pp o			Î	
	Based upon observations and interviews the facility falled to maintain the means of egress is continuously maintained free of all obstructions to full use in case of emergency. This has the ability to affect all occupants in the effected room of the building. The findings include: On 08/08/2017 at approximately 4:25 PM it was observed that the door from patient room 016 was obstructed by a privacy screen. The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview.				1. The backflow preventer on the sprinkler system was given its overdue annual inspection by Lynchburg Fire Equipment Co. on August 14, 2017 and a repair need observed was completed on August 25, 2017. 2. The facility Safety Officer and Physical Plant Services Director will conduct audits of all residential buildings to identify where similar conditions apply and will initiate steps to correct any problems of this type that may be found across campus. 3a. Physical Plant Services will maintain a table of required components of		
K 353	Sprinkler System - Mautomatic sprinkler inspected, tested, arwith NFPA 25, Standard Maintaining of V Systems. Records of inspection and testin location and readily a) Date sprinkler standard b) Who provided standard system s	ystem last checked ystem test	ing is are rdance n, Testing, ection itenance, secure	K 353	inspections, for all sprinklered I 3b. Annual inspection of sprink backflow preventers is include existing contract, no. AC17372 next are scheduled for complet annual sprinkler inspections Ju 3c. The Physical Plant Service rep will report to the Safety Cor scheduled sprinkler inspections month before scheduled inspect 4a. Physical Plant Services v all reports and documentation, any needed corrective actions, forward copies of reports to the Officer. 4b. The PPS Director will forw follow-up reports to the Safety Committee on a monthly basis, issues will be reviewed with Ris Management and the Executive Committee for actions and tren analysis.	ler system ed in the 92, and lion during ine, 2018. es safety mmittee all s, the ctions. will review initiate and will e Safety vard . Any sk e	09-22-17 and ongoing

	OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 24 - BUILDING 12 RENOVATED 2012 (X3) DATE SURV			
		49G002		B. WING	and the contract of the contra	08/09	/2017
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	NTE, ZIP CODE		
CENTRA	L VIRGINIA TRAININ	NG CENT	521 COL	ONY RD			
			MADISO	N HEIGH	TS, VA 24572		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	D PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		BE PRECEDED BY FULL REG VTIFYING INFORMATION)	ULATORY OR	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	COMPLETION DATE
0	400.52.	THE THE HE CHIMSTONY	MATTERS V M	TAG	CROSS-REFERENCED TO THE APPROPRIATI	: DeFicieNcT)	
K 353	Conlinued From pa	ль ?	<u> </u>	K 353			
1000	9.7.5, 9.7.7, 9.7.8, a		a management	IV DOG			
		ot met as evidenced t	יעי				
	Surveyor: 25557	31 11101 40 51 140,1000 1	· · ·		1. Improper placement of a dining	room chair	
					obstructing the fire extinguisher cab		
	Based upon observations and interviews the facili failed to test and maintain the building fire sprinkle system. This has the ability to affect all occupant of the building.				corrected during the survey.		
					2. The facility Safety Officer and P	hvsical	
					Plant Services Olrector will conduct	* ,	
					residential buildings to identify wher	e similar	
	The findings include				conditions apply and will initiate ste		
	me mongs nedde	.	99		any problems of this type that may l	e found	
	On 08/09/2017 at approximately 09:55 AM it was						
		ackflow preventer on t			The facility Safety Officer and R		
		d an inspection tag the			Management Department staff will p	provide	
		had not been service	ed and		specific training to all safety rep's, re	esidential	
	tested annually. (N	IFPA 25, 13.6.2)			managers, nurse managers, buildin	~ 1	
	The Coelliby Mainton	anna Dianatas Onfah	06		management teams, and residentia		
		ance Director, Safety witnessed this eviden			to ensure full understanding of the l	· ·	
		vation on 08/09/2017			code standards for fire extinguisher	access	
		PM during the exit int	***		within a healthcare facility.		
		Ū			4a. The weekly focus survey form		
K 355	NFPA 101 Portable	Fire Extinguishers	Arms SS	K 355	to stress requirements for proper ac	cess to	
		-	Andread a		portable fire extinguishers. 4b. The residential manager and r	anistantial	
	Portable Fire Exting		# 1777A		lead staff will conduct weekly focus		
		ishers are selected, i			each suite, each shift, to monitor for		
		tained in accordance			at fire extinguishers. The facility S		
	18.3.5.12, 19.3.5.12	for Portable Fire Exti	nguisners.		will compile this data and provide for	- 1	
		ot met as evidenced b	117.		reports monthly to the Safety Comm		
	The Grandala lotte				4c. The Safety Representative for		
	Surveyor: 25557		AWA		building will audit each room of the		
	Curveyor, 20001		d du agree d		monthly, sending documentation to		
	Based on observation and interview, the facility		acility		Officer.		
		e extinguishers. This			4d. The Safety Officer and Physic	al Plant	
		cupants of the buildir			Services Manager will audit each re		
			ve a v A v alera		building at least annually to ensure		
	The findings include	:	er nernivan v		4e. The Compliance Safety Office		00 00 47
	On 09/00/2017 of an	Manufaki Anina A	. A it was		Committee will identify repeat offen	ders and will	09-22-17 and
		pproximately 09:21 All e extinguisher in the '			recommend for follow- up training o	r for	ongoing
	ANSOLARG RIGITIES 116	e evandrasiei iii aie	The second secon		disciplinary action.	ļ	22319

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) F		1) FROVIDEROUPFCIEROUS		LE CONSTRUCTION 24 - BUILDING 12 RENOVATED 2012	(X3) OATE SURVEY COMPLETED		
		49G002		B. WING		08/09	/2017	
NAME OF PR	OVIDER OR SUPPLIER	r	STREET AOORE	SS, CITY, STA	TE, ZIP CODE	<u> </u>		
CENTRA	L VIRGINIA TRAININ	IG CENT	521 COL	DLONY RD				
			MADISO	SON HEIGHTS, VA 24572				
(X4) ID		ATEMENT OF DEFICIENCIES		10	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		BE PRECEOED BY FULL REG ITIFYING INFORMATION)	ULATORY OR	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE DEFICIENCY)	COMPLETION DATE	
	THE PROPERTY OF THE PROPERTY O					· · · · /		
K 355	Continued From page 3			K 355	4			
		structed by a chair in	front of the		1. The excess items Improperly stor			
	extinguisher cabinet	•			Room 036 were removed. Remain			
	-				storage items were organized and to was cleared to the main oxygen sho			
	The Facility Mainten	ance Director, Safety	Officer,		The facility Safety Officer and P			
	and Administrator wi	itnessed this evidence	∋ by	800	Director will conduct audits of all res	:		
		ation on 08/09/2017 M during the exit into			buildings to identify where similar co			
		-			apply and initiate steps to correct ar			
K 902	NFPA 101 Gas and	Vacuum Piped Syste	ms - Other	K 902	problems of this type found across	-		
	0				3a. The facility Safety Officer will le			
		ped Systems - Other S section any NFPA 9	nn Chambar		discussion of these Life Safety Cod	e		
	5 Gas and Vacuum 5	Systems requirement	e that are	1	standards with the Housekeeping M	lanager		
	not addressed by the	e provided K-Tags, bu	itare	3	and Supervisors, the Residential Ma	anagers,		
		nation, along with the			the Residential Lead staff, and the S			
	Life Safety Code or I	NFPA standard citation			Committee, for all team members to			
	be included on Form				follow- up inspections for compliance		İ	
	Chapter 5 (NFPA 99		A contract of the second		each of their respective areas or de			
	inis Standard is no	ot met as evidenced b	λ:		3b. The facility Safety Officer and			
			a anima is decision		Management Department staff will p			
			8.7 24 88.6		specific training to safety rep's, resident			
	Surveyor: 25557		*******		managers, nurse managers, and re lead staff to ensure understanding of			
	Rased on observation	on and interview, the f	acility		standards for storage in a healthcar			
	failed to maintain the	accessibility of the n	acility nain line		4a. The Housekeeping Supervisor			
		lired by the Life Safet			submit a bi-weekly Par Stock invent			
		o affect all occupants			worksheet and an environmental ch			
	building.		WAY LY NWA		storage rooms with future supply or			
	Th (t)		a mate		4b. The Housekeeping Manager w			
	The findings include:		TANK B TANK		Hskpg. storage rooms and provide			
	On 08/08/2017 at an	proximately 4:15 PM	It was		Hskpg, inventory controls and envir			
		ain oxygen shutoff va			sweeps monthly to the Safety Comi	nittee.		
		e. (NFPA 99, 5.1.4.5)			4c. The Safety Representative for the			
	The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by interview and observation on 08/09/2017 at		A. A. A.		will monitor the area monthly, sendi			
					documentation to the Safety Officer			
1					4c. The facility Safety Officer and			
		ration on 08/09/2017 : PM during the exit inte			Director will audit the building at lea	st annually		
	approximatery 4.10 f	in canning the exit illit	SI VICW.		to ensure compliance.		00.00.10	
K auv	NFPA 101 Gas and 1	Vacuum Dinad	3	L/ nn.4	4d. The facility Safety Officer and		09-22-17 and	
1,004	Systems - Warning S		A of the second	K 904	Committee will identify repeat offen		ongoing	
1)	- ,	**		will recommend for follow- up trainle disciplinary action.	ig or for	· u - ···· g	

Printed: 08/22/2017 FORM APPROVED OMB NO, 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING 24 - BUILDING 12 RENOVATED 2012 COMPLETED 49G002 B. WING. 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CENTRAL VIRGINIA TRAINING CENT** 521 COLONY RD MADISON HEIGHTS, VA 24572 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES IX51 COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE 10 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 904 Continued From page 4 K 904 Gas and Vacuum Piped Systems - Warning 1a. A certified vendor will re-locate the Systems as-built oxygen pressure switch from the All master, area, and local alarm systems used for oxygen storage building, to downstream medical gas and vacuum systems comply with from the main oxygen supply valve, into the appropriate Category warning system requirements. 12 bldg, mezzanine. as applicable. 1a. A certified technician will monitor the 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99) pressure switch re-location and will perform This Standard is not met as evidenced by: a medical gas system re-certification Surveyor: 25557 Inspection. 2. The Compliance Safety Officer will Based on observation and interview, the facility inspect locations of oxygen pressure failed to maintain the medical gas warning system. switches at all campus buildings with medical oxygen to identify any other requirements as required by the Life Safety Code. This has the ability to affect all occupants of the locations with this issue and will initiate building. follow up piping repairs by certified vendor as needed. 3. The Compliance Safety Officer will The findings include: review annual medical gas inspection On 08/09/2017 at approximately 3:00 PM it was reports and the 2012 edition of NFPA 99 to identify any similar code update issues and observed and noted during record review that the master alarm pressure switch for the medical gas to initiate follow up corrections as needed. system is not located downstream of the main line 4a. The Compliance Safety Officer will shut-off valve. [NFPA 99, 5.1.9.2.4 (7)] accompany the Medical Gas Technology technician to complete the annual medical The Facility Maintenance Director, Safety Officer, gas inspections at each building with a and Administrator witnessed this evidence by medical gas system in December, 2018, interview and observation on 08/09/2017 at 4b. The annual medical gas system reports approximately 4:15 PM during the exit interview. for each building will be reviewed by the facility Safety Committee. 4c. The Compliance Safety Officer will K 914 NFPA 101 Electrical Systems - Maintenance and K 914 initiate follow-up corrective actions to Testing resolve any deficiencies noted during annual medical das inspections. Electrical Systems - Maintenance and Testing 4d. The Compliance Safety Officer and Hospital-grade receptacles at patient bed locations Physical Plant Services Director will and where deep sedation or general anesthesia is 09-22-17 complete an annual inspection of each administered, are tested after initial Installation. and residential building and initiate corrective replacement or servicing. Additional testing is ongoing actions for any deficiencies noted. performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these tocations are

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		1	LE CONSTRUCTION 24 - BUILDING 12 RENOVATED 2012	(X3) DATE SUR COMPLE	
		49G002		B. WING	Managara kan manga yang kan angan kan angan kan angan kan angan kan angan kan angan kan angan kan angan kan anga	08/09	/2017
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS. CITY, STA	ITE, ZIP CODE		
CENTRA	L VIRGINIA TRAININ	IG CENT		OLONY RD SON HEIGHTS, VA 24572			
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG ITIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETION DATE
K 914	tested at intervals not Isolation monitors (Lintervals of less than activates both visual circuits with automatis performed at intermonths. LIM circuits any repair or renoval system. Records are and associated repadate, room or area to 6.3.4 (NFPA 99). This Standard is not Surveyor: 25557. Based on observation failed to test and material patient bed locality Safety Code. This occupants of the build the findings include. On 08/04/2017 at approximated in the fact. The Facility Mainten and Administrator interview and observational recompany approximately 4:15 in the findings include.	ot exceeding 12 month IM), if Installed, are tended or equal to 1 month it is suitch per 6.3.2.6.3 if and audible alarm. Fleed self-testing, this movals less than or equal are tested per 6.3.3.3 it is to the electric distribution to the electric distribution are modifications, or ested, and results. The modification is or modifications, or ested, and results. The modification is or modification in the electrical reports as required by the has the ability to affect during record review vide documentation the are being tested and are being tested and are being tested and are the are being tested and are the are being tested and are the are being tested and are the are being tested and are the are being tested and are the are being tested and are the are the are the are the area to the area	ested at by i.6, which or LIM canual test of to 12 is 2 after tribution ed tests on laining y: acility ceptacles at all officer, ce by at erview.	K 914	1a. The Physical Plant Services of will complete inspection and testic electrical receptacles in patient to 1b. Physical Plant Services will conduct the documentation to meet requirement 6.3.4 (NFPA 99), to Include date, numbers, tests of electrical receptant data for associated repairs of modifications completed. 2. The Compliance Safety Officer Physical Plant Services Director complete inspections of all bedrocampus buildings to identify any sissues and will initiale follow-up of actions as needed. 3. The Physical Plant Services Director actions as needed. 3. The Physical Plant Services Director in the Physical Plant Services Director in the Physical Plant Services Director in the Physical Plant Services Director in the Physical Plant Services in patient be will be completed by qualified per annually during each 3rd quarter, documentation to verify dates, rowelectrical receptacles in patient be will be completed by qualified per annually during each 3rd quarter, documentation to verify dates, rowelectrical receptacles in patient bedrooms in the properties of the schedule and status of 3 annual inspection and testing of the receptacles in patient bedrooms in reviewed by the facility Safety Colits monthly meetings. 4c. The Compliance Safety Office Physical Plant Services Director in complete an annual inspection of residential building and initiate colored actions for any deficiencies noted.	ng of all edrooms. omplete ents of room tacles, rand the will oms in similar corrective director will aff on enance trical of edrooms sonnel, with oms, ciated of quarter electrical will be ommittee in each will each orrective	09-22-17 and ongoing
: • • i •	Sysie	Essential Electric Sys		1/210			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 08/22/2017 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (XI) PROVIDER/SUPPLIER/CEIA (X3) DATE SURVEY IDENTIFICATION NUMBER A BUILDING 24 - BUILDING 12 RENOVATED 2012 COMPLETED 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CENTRAL VIRGINIA TRAINING CENT 521 COLONY RD MADISON HEIGHTS, VA 24572 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 6 K 918 1a. Physical Plant Services purchased a The generator or other alternate power source and conductivity meter and completed training associated equipment is capable of supplying of designated staff in August, 2017. service within 10 seconds. If the 10-second criterion 1b. Physical Plant Services reviewed is not met during the monthly test, a process shall manufacturers' emergency generator be provided to annually confirm this capability for the life safety and critical branches. Maintenance operational manuals and verified all and testing of the generator and transfer switches battery types in use are compatible with manufacturer specifications and guidelines are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised for the emergency generators. under load 30 minutes 12 times a year in 20-40 day 1c. Physical Plant Services will complete Intervals, and exercised once every 36 months for 4 monthly maintenance, testing, and continuous hours. Scheduled test under load documentation of emergency generator conditions include a complete simulated cold start batteries to meet the requirements of Type and automatic or manual transfer of all EES loads. 3 EES per NFPA 110. and are conducted by competent personnel. 2a. The Physical Plant Services Director Maintenance and testing of stored energy power will review preventive maintenance sources (Type 3 EES) are in accordance with NFPA documentation and complete inspections 111. Main and feeder circuit breakers are of all emergency generator locations on inspected annually, and a program for periodically campus to identify any similar issues and exercising the components is established according will initiate follow-up corrective actions as to manufacturer requirements. Written records of needed. maintenance and testing are maintained and readily 2b. The written monthly Preventive available. EES electrical panels and circuits are Maintenance work orders for emergency marked and readily identifiable. Minimizing the generator maintenance will be revised to possibility of damage of the emergency power include performance of monthly battery source is a design consideration for new installations. conductance testing. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 3. The Physical Plant Services Director will 111, 700.10 (NFPA 70) complete training of electrician and This Standard is not met as evidenced by: designated staff on essential electrical system maintenance and testing requirements for emergency generators. Physical Plant Services will review Surveyor: 25557 all reports and documentation, initiate any needed corrective actions, and will forward Based on observation and interview, the facility copies of reports to the Safety Officer. failed to test and maintain the essential electric 4b. The PPS Director will forward system as required by the Life Safety Code. This follow-up reports to the Safety Committee has the ability to affect all occupants of the building. on a monthly basis. Any issues will be reviewed with Risk Management and the 09-22-2017 and ongoing Executive Committee for actions and trend

analysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			1 '	LE CONSTRUCTION 24 - BUILDING 12 RENOVATED 2012	(X3) DATE SURVEY COMPLETED		
	49G002		B. WING	MANAGEM MANAGEM AND AND AND AND AND AND AND AND AND AND	08/09/2017		
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING	CENT	521 CO	DRESS, CITY, STATE, ZIP CODE COLONY RD SON HEIGHTS, VA 24572				
PREFIX (EACH DEFICIENCY MUST BE	EMENT OF DEFICIENCIES PRECEDED BY FULL REGI YING INFORMATION)		ID Prefix Tag	PROVIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEU TO THE APPROPRIATION	D BE COMPLETION		
K 918 Continued From page The findings include: On 08/04/2017 at approbserved and noted dufacility could not provid generator battery elect tested and recorded metating is performed in where applicable. (Nf) The Facility Maintenan and Administrator with interview and observat approximately 4:15 PM	roximately 11:50 AM uring record review of documentation the trolyte specific gravitionthly or battery collieu of specific gravitieu	that the lat t	K 918				

Printed: 08/22/2017 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OF SUPPLIER CENTRAL VIRGINIA TRAINING CENT SIMPLE SUMMANY STATEMENT OF DEPOIS FOR MADISON HEIGHTS, VA 24572 MOJO MADISON HEIGHTS, VA 24572 SUMMANY STATEMENT OF DEPOIS FOR STATEMENT OF DEPOIS FOR MADISON HEIGHTS, VA 24572 K 000 INITIAL COMMENTS Surveyor: 25557 Description of Structure: Building 15 is a two story mesony structure with a wood framed, pitched roof. The roof area is separated from the structure by a rated concrete fash and is protected by a dry sprinkler status: Partially Sprinklered building, Dry System in the Attle, Per-action System in the Helevator shafts, Wet System in building lobbies and lobby storage rooms on both levels. An unannounced recertification Life Safety Code survey was conducted 08/04/2017 intrough 08/09/2017 in accordance with 42 Code of Federal Regulation, Part 433. Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 (Existing) regulations. This facility was surveyed for compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 433.70(a) et seq (Life Safety from Fire.) K 353 NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, leated, and maintained in accordance LARCHARD DURK DATE AND AND AND AND AND AND AND AND AND AND		MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			f	LE CONSTRUCTION 15 - ED DEV CNT 1581	(X3) DATE SURVEY COMPLETED			
MAID MAID SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION COMMERCIAL PROVIDERS PLAN OF CORRECTION COMMERCIAL PROVIDERS PLAN OF CORRECTION COMMERCIAL PROVIDERS PLAN OF COMMERCIAL PR	-		49G002	,	B. WING		08/09	/2017		
RACH DEPICIONY MUST BE PRECEDED BY FULL REGULATORY OR TAG CROSS-REFERENCED TO THE APPROPRIATE DEP CISNOY ON THE APPROPRIATE DE			NG CENT	521 COL	COLONY RD					
Surveyor: 25557 Description of Structure: Building 15 is a two story masonny structure with a wood framed, pitched roof. The roof area is separated from the structure by a rated concrete slab and is protected by a dry sprinkier system. Patients occupy the ground floor of this building. The building was constructed in 1958. Construction Type: It (222) Sprinkler status: Partially Sprinklered building, Dry System in the Attic, Pre-action System in the elevator shafts, Wet System in building lobbies and lobby storage rooms on both levels. An unannounced recertification Life Safety Code survey was conducted 08/04/2017 inrough 08/09/2017 in socrordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compilance using the LSC 2012 (Existing) regulations, This facility houses (CFID residents, however chooses to meel Health Care requirements. The facility was surveyed for 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 353 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REC		PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(X6) COMPLETION DATE		
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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.

Printed: 08/22/2017 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 15 - ED DEV CNT 1581 COMPLETED 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CENTRAL VIRGINIA TRAINING CENT 521 COLONY RD** MADISON HEIGHTS, VA 24572 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR (X4) IO PREFIX TAG PROVIDER'S PLAN OF CORRECTION IX5) COMPLET®N DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG K 353 Continued From page 1 K 353 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, 1. The backflow prevenier on the inspection and testing are maintained in a secure sprinkler system was given its overdue location and readily available. annual inspection by Lynchburg Fire a) Date sprinkler system last checked Equipment Co. on August 14, 2017 and a repair need observed was completed b) Who provided system test on August 14, 2017. 2. The facility Safety Officer and c) Water system supply source Physical Plant Services Director will conduct audits of all residential buildings Provide in REMARKS information on coverage for to identify where similar conditions apply any non-required or partial automatic sprinkler and will initiate steps to correct any system. problems of this type that may be found 9.7.5, 9.7.7, 9.7.8, and NFPA 25 across campus. This Standard is not met as evidenced by: 3a. Physical Plant Services will maintain a table of required components of Surveyor: 25557 Quarterly, Annual, 4-year, and 5-yr inspections, for all sprinklered buildings. Based upon observations and interviews the facility 3b. Annual inspection of sprinkler system falled to test and maintain the building fire sprinkler backflow preventers is included in the system. This has the ability to affect all occupants existing contract, no. AC1737292, and of the building. next are scheduled for completion during annual sprinkler inspections June, 2018. The findings include: 3c. The Physical Plant Services safety rep will report to the Safety Committee all On 08/09/2017 at approximately 10:34 AM it was scheduled sprinkler Inspections, the observed that the backflow preventer on the fire month before scheduled inspections. sprinkler system had an inspection tag that Physical Plant Services will review indicated the device had not been serviced and all reports and documentation, initiate tested annually. (NFPA 25, 13.6.2) any needed corrective actions, and will The Facility Maintenance Director, Safety Officer, forward copies of reports to the Safety and Administrator witnessed this evidence by Officer. interview and observation on 08/09/2017 at 4b. The PPS Director will forward approximately 4:15 PM during the exit interview. follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk K 914 NFPA 101 Electrical Systems - Maintenance and K 914 09-22-17 Management and the Executive Testing and Committee for actions and trend ongoing Electrical Systems - Maintenance and Testing analysis.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 08/22/2017 **FORM APPROVED**

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 15 - ED DEV CNT 1581 COMPLETED 49G002 B. WING 08/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CENTRAL VIRGINIA TRAINING CENT 521 COLONY RD** MADISON HEIGHTS, VA 24572 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 914 | Continued From page 2 K 914 1a. The Physical Plant Services electrician Hospital-grade receptacies at patient bed locations will complete inspection and testing of all and where deep sedation or general anesthesia is electrical receptacies in patient bedrooms. administered, are tested after initial installation. 1b. Physical Plant Services will complete replacement or servicing. Additional testing is documentation to meet requirements of performed at intervals defined by documented 6.3.4 (NFPA 99), to include date, room performance data. Receptacles not listed as numbers, tests of electrical receptacies, hospital-grade at these locations are tested at and data for associated repairs or intervals not exceeding 12 months. Line isolation modifications completed, monitors (LIM), if Installed, are tested at intervals of 2. The Compliance Safety Officer and the less than or equal to 1 month by actuating the LIM Physical Plant Services Director wlll test switch per 6.3.2.6.3.6, which activates both complete walkthroughs of all bedrooms in visual and audible alarm. For LIM circuits with campus buildings to identify any similar automated self-testing, this manual test is issues and will initiate follow-up corrective performed at intervals less than or equal to 12 actions as needed. months. LIM circuits are tested per 6.3.3.3,2 after 3. The Physical Plant Services Director will any repair or renovation to the electric distribution complete training of electrician staff on system. Records are maintained of required tests essential electrical system maintenance and associated repairs or modifications, containing and testing requirements for electrical date, room or area tested, and results. receptacles. 6.3.4 (NFPA 99) 4a. Annual testing and inspection of This Standard is not met as evidenced by: electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3rd quarter, with Surveyor: 25557 documentation to verify dates, rooms, receptacles tested, and any associated Based on observation and interview, the facility modifications or repairs. failed to test and maintain the electrical receptacles 4b. The schedule and status of 3rd quarter at patient bed locations as required by the Life annual inspection and testing of electrical Safety Code. This has the ability to affect all receptacles in patient bedrooms will be occupants of the building. reviewed by the facility Safety Committee in its monthly meetings. The findings include: 4c. The Compliance Safety Officer and Physical Plant Services Director will On 08/04/2017 at approximately 11:50 AM it was complete an annual walkthrough of each 09-22-17 observed and noted during record review that the residential building and initiate corrective and facility could not provide documentation that that actions for any deficiencies noted. ongoing electrical receptacles are being tested and maintained in the facility. The Facility MaIntenance Director, Safety Officer. and Administrator witnessed this evidence by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		1	E CONSTRUCTION 15 - ED DEV CNT 1581	(X3) DATE SURVEY COMPLETED	
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K 914	Continued From page 3			K 914			
	interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview.			10,000		many translation in the state	
K 918	NFPA 101 Electrical Systems - Essential Electric Syste			K 918		Act of \$1 of the season of the	
	18 NFPA 101 Electrical Systems - Essential Electric						

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Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 08/04/2017 at approximately 11:50 AM it was observed and noted during record review that the facility could not provide documentation that the generator battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NPPA 110.8.3.7.1) The Facility Meintenance Director, Safety Officer, and Administrator witnessed this evidence by interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview. Administrator witnessed this evidence by interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview.	Based on obse failed to test an system as requited to test an system as requited as the abouilding. The findings income on 08/04/2017 was observed at that the facility of that the general gravity level is the battery conduct of specific gravity (NFPA 110.8.3.) The Facility Mai Officer, and Addievidence by interest of the property

DEPART CENTER	MENT OF HEALTH A	AND HUMAN SERVIC MEDICAID SERVIC	ES ES			FORM	08/22/2017 1 APPROVED . 0938-0391
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	Surveyor: 25557						
	Description of Structure: Building 17 Is a two story masonry structure with a partial basement. The building has a wood framed, pitched roof. The roo area is separated from the structure by a rated concrete slab and is protected by a dry sprinkler system. The building does not house any patients at this time, but is maintained ready for occupancy. The building was constructed in 1958.						
:	Construction Type: I	l (222)					
	System in the Attic, I	artially Sprinklered bu Pre-action System in System in building lo on both levels.	the				
	survey was conducted 08/09/2017 in accord Regulation, Part 483 Care Facilities. The compliance using the regulations. This facilities to requirements. The facilities are requirements.	certification Life Safet and 08/04/2017 Ihrough dance with 42 Code of Exequirements for Lo accility was surveyed LSC 2012 (Existing) lility houses ICFID res meet Health Care acility was not in comp ats for Participation Ma	n f Federal ong Term i for idents,			A COVA	
	The findings that folk non-compliance with 483.70(a) et seq (Life	Title 42 Code of Reg	ulations,				
K 353	NFPA 101 Sprinkler Testing	System - Maintenanc	e and	K 353		And device the second of the s	
pon a your	Sprinkter System - M	laintenance and Testi	na			Value of AAA AA	Ì

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.

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

TITLE

(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUI		1	LE CONSTRUCTION : 17 - ED DEV CNT 1781	(X3) DATE SUR COMPLE	
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	inspected, tested, ar with NFPA 25, Stand and Maintaining of V Systems. Records o inspection and testir location and readily a) Date sprinkler s b) Who provided s c) Water system s Provide in REMARK any non-required or system. 9.7.5, 9.7.7, 9.7.8, at This Standard is not surveyor: 25557 Based upon observative failed to test and material system. This has the finding. The findings include On 08/09/2017 at ap observed that the bas prinkler system had indicated the device tested annually. (N) The Facility Maintenand Administrator of the proximately 4:15 Findings includes approximately 4:15 Findings includes approximately 4:15 Findings includes the device tested annually.	and standpipe system of maintained in accordant for the Inspection Vater-based Fire Prot f system design, main g are maintained in a available. ystem last checked system test upply source S information on cover partial automatic sprint automatic sprint met as evidenced by the system test of the system test upply source. Sinformation on cover partial automatic sprint automatic sprint met as evidenced by the system test of the system test upply source. Sinformation on cover partial automatic sprint met as evidenced by the system test upply source are ability to affect all control of the system test upply system test upply the sy	erdance n, Testing, ection ntenance, secure erage for nkier y: the facility sprinkler occupants A It was he fire at d and Officer, ce by at erview.	K 353	1. The backflow preventer on the sprinkler system was given its owenual inspection by Lynchburg I Equipment Co. on August 14, 20. The facility Safety Officer and Plant Services Director will conduct of all residential buildings to identify similar conditions apply and will is steps to correct any problems of that may be found across campusa. Physical Plant Services will not table of required components of Annual, 4-year, and 5-yr inspectify sprinklered buildings. 3b. Annual inspection of sprinkler backflow preventers is included existing contract, no. AC1737292 next are scheduled for completion annual sprinkler inspections. June 3c. The Physical Plant Services rep will report to the Safety Commischeduled sprinkler inspections. 4a. Physical Plant Services will all reports and documentation, in needed corrective actions, and we copies of reports to the Safety Of 4b. The PPS Director will forware follow-up reports to the Safety Commischeduled with Risk Management Executive Committee for actions analysis.	erdue Fire 17. I Physical Let audits If where nitiate this type s. naintain a Quarterly, ons, for all r system in the 2, and n during e, 2018. s safety mittee all the month I review itiate any fill forward efficer. rd ommittee will be and the	09-22-17 and ongoing
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SUMMARY STATEMENT OF DEPOLECTION PREFIX TAG PREFIX TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION CROSS-REFERENCES TO 19 HA PROPOPERING ENCIRCLY Continued From page 2 Tag										
RETAL TAG K 914 Continued From page 2 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals or less than or equal to 1 month by actualing the LIM lest switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-lessing, this manual test is performed at Intervals less than or equal to 12 months. LIM circuits are tested of an equired tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 25557 Based on observation and Interview, the facility failed to test and maintain the electrical receptacles in patient bed rooms. In Physical Plant Services electrician will complete inspection and testing of electrical receptacles in patient bed rooms. In Physical Plant Services electrician will complete inspection and testing of electrical receptacles in patient bed locations as required tests on the selectric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 25557 Based on observation and Interview, the facility failed to test and maintain the electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings. 4.5. The Compliance Safety Officer and Physical Plant Services Director will complete raining of electrical receptacles in patient bedrooms are repairs. 4.6. The Compliance Safety Officer and Physical Plant Services Director will complete raining of electrical receptacles in patient bedrooms will be	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES			:		eu a c		
Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actualing the LIM lest switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at Intervals ested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 25557 Based on observation and Interview, the facility failed to lest and maintain the electrical receptacles at patient bed locations are required by the Life Safety Code. This has the ability to affect all occupants of the building. On 08/04/2017 at approximately 11:50 AM it was observed and noted during record review that the	PREFIX	(EACH DEFICIENCY MUST)	BE PRECEDED BY FULL REG	ULATORY OR	PREFIX	(EACH CORRECTIVE ACTION SHOUL	DRE	COMPLETION DATE		
facility could not provide documentation that that electrical receptacles are being tested and maintained in the facility.		Electrical Systems - Hospital-grade recep and where deep sed administered, are ter replacement or servi performed at interval performance data. hospital-grade at the intervals not exceedi monitors (LIM), if ins less than or equal to test switch per 6.3.2. visual and audible al automated self-testir performed at interval months. LIM circuits any repair or renoval system. Records are and associated repai date, room or area te 6.3.4 (NFPA 99) This Standard is no Surveyor: 25557 Based on observatio failed to test and mal at patient bed locatio Safety Code. This h occupants of the buil The findings include: On 08/04/2017 at ap observed and noted of facility could not prov electrical receptacles	Maintenance and Terplaces at patient bed atton or general anested after initial install cing. Additional testings defined by docume Receptacles not listense locations are tested at in 1 month by actualing 6.3.6, which activate arm. For LIM circuits are tested per 6.3.3.3 is less than or equal that are tested per 6.3.3.3 is maintained of requirits or modifications, contained and results. In the electrical resisted, and results are tested by the mast he ability to affect the are the ability to affect ding.	locations athesia is ation, ag Is nted d as ed at solation atervals of p the LIM s both with o 12 3.2 after tribution ed tests ontaining y: acility ceptacles Life t all I It was that the eat that	K 914	will complete inspection and testine electrical receptacles in patient beat 1b. Physical Plant Services will condocumentation to meet requirement (NFPA 99), to include date, room in tests of electrical receptacles, and associated repairs or modifications completed. 2. The Compliance Safety Officer of Physical Plant Services Director with inspections of all bedrooms in cambuildings to identify any similar issuinitiate follow-up corrective actions needed. 3. The Physical Plant Services Director with inspections of electrician states essential electrical system mainter testing requirements for electrical receptacles. 4a. Annual testing and inspection of receptacles in patient bedrooms with completed by qualified personnel, during each 3rd quarter, with document overify dates, rooms, receptacles and any associated modifications of 4b. The schedule and status of 3rd annual inspection and testing of electrical receptacles in patient bedrooms with reviewed by the facility Safety Comits monthly meetings. 4c. The Compliance Safety Officer Physical Plant Services Director with an annual inspection of each residual building and initiate corrective actions and testing and initiate corrective actions and initiate corrective actions and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing and initiate corrective actions and testing	g of all drooms. mplete ats of 6.3.4 numbers, data for and the all complete as and will as a cector will as and and and tested, or repairs. quarter ectrical and and and and and and and and and and	09-22-17 and		

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

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDENSUPPLIEN IDENTIFICATION NUI	CLIA MBER		LE CONSTRUCTION 6 17 - ED DEV CNT 1781	(X3) DATE SURVEY COMPLETED	
		49G002		B. WING		08/09/20	47
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS CITY ST	ATE ZIP CODE	00/03/20	1.4
	L VIRGINIA TRAININ	NG CENT		LONY RD	TILL EN CODE		
		. =			TS, VA 24572		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		10	PROVIDER'S PLAN OF CORRECT	YAM	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REG NTIFYING INFORMATION)	ULATORY OR	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPROPRIAT	ILD BE CO	MPLETION OATE
K 914	Continued From pa	ae 3	- V	K 914			
	The Facility Mainten and Administrator interview and observed.	ance Director, Safety witnessed this eviden vation on 08/09/2017 PM during the exit into	ce by	N 914			
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W-0941-012

FIRE SAFETY SURVEY REPORT 2012 CODE Medicare – Medicaid	VEY REPORT 2012 CO Medicare – Medicaid			VUMBER 02	1. (B) MEDICAID I.D. NO.	.0	
ILdO	IONAL — Chapt	PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Ey PART III — Health Care Facilities Code, New and Ey PART III — Recommendation for Waiver PART III — Crucial Data Extract OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health C	RT I — Life Safety Code, New and Existing — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV – Crucial Data Extract Fire Safety Evaluation System for Health Care O	disting are Occupandare	xies – CMS-2786T		
Identifying information as shown in applicable records. Enter ch	own in applicable	e records. Enter changes, if any, alor	ngside each item, g	langes, if any, alongside each item, giving date of change.			
2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator		2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING B. WING C. FLOOR	2. (B) ADDRESS OF FACILIT P. O. Box 1098 Lynchburg, VA 24505	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	Ą αi	A. [7] Fully Sprinklered (All required areas are sprinklered) B. Partially Sprinklered (Not all required areas are sprinklered)	. (
	<u> </u>				<u>C.</u>	None (No sprinkler system) 80	
3. SURVEY FOR	4. D	4. DATE OF SURVEY	DATE OF PLAN APPROVAL	OVAL SURVEY UNDER			
☑ MEDICARE	✓ MEDICAID	08/04 - 08/09/2017	09/27/2009 K6	109 5. F. 2012 EXISTING		6. 🔲 2012 NEW	
5. SURVEY FOR CERTIFICATION OF	lOF						
1. HOSPITAL 2.	2. SKILLED/NURSING FACILITY		4. 🚺)CF/IID UNDER HEALTH CARE	5. 🔲 HOSPICE			
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW	CHECK APPROPRI	ATE ITEM(S) BELOW		3. T IF DISTINCT PART O	IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?	AL ACCREDITED?	,
1. ☑ ENTIRE FACILITY 2. ☐ DISTINCT PART OF (SPECIFY)	DISTINCT PART C	JF (SPECIFY)		a. 🔲 YES 🛮 b	b. 🔲 NO		
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY 26	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE	PITAL BEDS c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE.		d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID	e. NUMBER OF N CERTIFIED FC	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 26	. (
7. A. [7] THE FACILITY MEETS TI	HE STANDARD, BA	7. A. 🗹 THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)	OXES)				
1. 🔲 COMPLIANCE WIT	TH ALL PROVISIONS	1. COMPLIANCE WITH ALL PROVISIONS 2. Z ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. T FSES 5.	RECTION 3. 🔲 REC	OMMENDED WAIVERS 4 .	🔲 FSES 5. 📋 PERF	PERFORMANCE BASED DESIGN	
B. THE FACILITY DOES NOT MEET THE STANDARD	OT MEET THE STAN	IDARD					
SURVEYOR (Signature)	1.5	TITLE Assistant Fire Marshal	OFFICE SFMO-Western	tern	DATE 08/22/2017		
25557					 		

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

KIRE AUTHORYTY OFFICIAL (Signature)

10/05/2017

DATE

OFFICE SFMO-Western

TITLE Fire Marshal Manager

2012 LIFE SAFETY CODE Form Approved OMB Exempt

FIRE SAFETY SURVEY REPORT 2012 CODE – HEALTH CARE Medicare – Medicaid	EY REPORT 2012 COD Medicare – Medicaid	E – HEALTH CAI		1. (A) PROVIDER NUMBER 49-G002	1. (B) MEDI	1. (B) MEDICAID I.D. NO.	
OPTIONAL -	PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART III — Crucial Data Extract OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T	PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and ExPART III — Recommendation for Waiver PART III — Crucial Data Extract A 101A - Fire Safety Evaluation System for Health C	I—Life Safety Code, New and Eleath Care Facilities Code, New RT III — Recommendation for We PART IV — Crucial Data Extract Safety Evaluation System for H	RT I — Life Safety Code, New and Existing – Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV – Crucial Data Extract Fire Safety Evaluation System for Health Care Occ	upancies - CM	S-2786T	
Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.	pplicable records. Ente	r changes, if any, alor	ngside each ite	n, giving date of cha	nge.		
2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator	2. (A) MULTIPLE CONSTR A. BUILDING B. WING C. FLOOR	2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING A1 (11) 07 B. WING C. FLOOR	2. (B) ADDRESS OF FACILITO. Box 1098 Lynchburg, VA 24505	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	XIY, STATE, ZIP (SODE) A. Teully Sprinklered (All required areas are sprinklered) B. Partially Sprinklered (Not all required areas are sprinklered) C. Norte (No sprinkler system)	(
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7. A. [7] THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL	JARD, BASED UPON (CHE	CK ALL APPROPRIATE BOXES)	OXES)		<u>-</u>		
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SURVEYOR (Signature)	7 p me		OFFICE			DATE	
SURVEYOR ID 25557	Assistant Fire Mar	re Marshal	SFMO-1	SFMO-Western		08/22/2017	
FIRE AUTHORITY OFFICIAL (Signature)	TITLE Fire Marshal	arshal Manager	OFFICE	SFMO-Western		DATE	
CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.	RETAINED AS PART OF TH	HE SURVEY RECORD.					

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

FIRE SAFETY SURVEY REPORT 2012 COD Medicare – Medicaid	EY REPORT 2012 CODE Medicare – Medicaid	E – HEALTH CARE		1. (A) PROVIDER NUMBER 49-G002		1. (B) MEDICAID I.D. NO.
OPTIONAL -	PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART III — Crucial Data Extract OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T	PART I — Life Safety Code, New and Existing II II — Health Care Facilities Code, New and Examenation for Waiver PART III — Recommendation for Waiver PART IV — Crucial Data Extract 11A - Fire Safety Evaluation System for Health C	— Life Safety Code, New and E ealth Care Facilities Code, New XT III — Recommendation for W PART IV — Crucial Data Extract Safety Evaluation System for H	RT I — Life Safety Code, New and Existing — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV — Crucial Data Extract Fire Safety Evaluation System for Health Care O	cupancies – C	:MS-2786T
Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.	oplicable records. Enter	changes, if any, alon	gside each ite	m, giving date of cl	lange.	
2. NAME OF FACILITY Central Virginia Training Center	2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING 23 (8) 07 B. WING C. FLOOR		2. (B) ADDRESS OF FACILITY P. O. Box 1098 Lynchburg, VA 24505	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	, CITY, STATE, Z	IP CODE) A. T. Fully Sprinklered (All required areas are sprinklered (Not all required areas are sprinklered)
	<u> </u>					C. None (No sprinkler system)
3. SURVEY FOR	4. DATE OF SURVEY		DATE OF PLAN APPROVAL		SURVEY UNDER	
☑ MEDICARE ☑ MEDICAID	<u> </u>	08/04 - 08/09/2017	09/2	09/27/2009 5. I	5. 🗾 2012 EXISTING	6. 🗖 2012 NEW
5. SURVEY FOR CERTIFICATION OF						
1. 🗌 HOSPITAL 2. 📋 SKILLED	2. SKILLED/NURSING FACILITY	4. 📝 ICF/IID UNDER HEALTH CARE	ER HEALTH CAI		5. 🔲 HOSPICE	
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BEL	PROPRIATE ITEM(S) BELO	OW		3. T IF DISTINC	TPART OF HOSPIT	IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
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6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY26 CERTIFIEI	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE		d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID		e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 26
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B. THE FACILITY DOES NOT MEET THE STANDARD	HE STANDARD					
SURVEYOR (Signature)			OFFICE			DATE
SURVEYOR ID 25557	Assistant Fire	e Marshal	SFMO	SFMO-Western		08/22/2017
FIRE AUTHORYN ONFICIAL (Signal Manager	TITLE Fire Ma	ırshal Manager	OFFICE	SFMO-Western		DATE 10/05/2017
CMS FORMS SHALL BE COMPLETED AND R	RETAINED AS PART OF THE	E SURVEY RECORD.				

Form Approved OMB Exempt

W-0941-009

FIRE SAFETY SU	IRVEY REPO	FIRE SAFETY SURVEY REPORT 2012 CODE - HEALTH CARE	SARE	1. (A) PROVIDER NUMBER	1. (B) MEDICAID I.D. NO.	J.D. NO.
	Medicar	Medicare – Medicaid		49-G002	2	
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IO .	PTIONAL - CI	OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety I	Evaluation Sys	- Fire Safety Evaluation System for Health Care Occupancies - CMS-2786T	spancies – CMS-27	786T
Identifying information as	shown in applic	Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.	alongside each	item, giving date of char	ge.	
2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator	Center	2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING B. WING C. FLOOR		2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) A. [7] Fully Sprinklered (All required areas are (All required areas are Lynchburg, VA 24505 (Notable and all required areas are (Notable and all required areas	ITY, STATE, ZIP CODE	A. F Fully Sprinklered (All required areas are sprinklered) B. Partially Sprinklered (Notal inequired areas are strinklered) strinklered
	;	_ 2	_			C. None (No sprinkler system)
3. SURVEY FOR		4. DATE OF SURVEY	DATE OF PL	DATE OF PLAN APPROVAL SURV	SURVEY UNDER	
☑ MEDICARE	✓ MEDICAID	08/04 - 08/09/2017 **	<u>&</u>	07/29/2012 5. ☑ K7	5. 🗾 2012 EXISTING K7	6. 📘 2012 NEW
5. SURVEY FOR CERTIFICATION OF	ON OF					
1. HOSPITAL 2.	. 🔲 SKILLED/NU	2. ☐ SKILLED/NURSING FACILITY 4. ☑ ICF/IID	4. 🗾 ICF/IID UNDER HEALTH CARE	CARE 5. HOSPICE	PICE	
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW 1. ☑ ENTIRE FACILITY 2. ☐ DISTINCT PART OF (SPECIFY)	ED, CHECK APPR(OPRIATE ITEM(S) BELOW ART OF (SPECIFY)		3. T IF DISTINCT P	3. T IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED? a. TYES b. NO	IOSPITAL ACCREDITED?
					:	

B. THE FACILITY DOES NOT MEET THE STANDARD

7. A. [2] THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE

a. TOTAL NO. OF BEDS IN THE FACILITY 26

6. BED COMPOSITION

1. COMPLIANCE WITH ALL PROVISIONS 2. M ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. C FSES 5. PERFORMANCE BASED DESIGN

e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 26

d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID

c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE

10/05/2017 08/22/2017 DATE DATE OFFICE SFMO-Western SFMO-Western OFFICE TITLE Fire Marshal Manager Assistant Fire Marshal TITLE FIRE AUTHORITY OF ICIAL (Sign nice) SURVEYOR (Signature) SURVEYOR ID 25557

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

2012 LIFE SAFETY CODE

Form Approved OMB Exempt

FIRE SAFETY SURVEY REPORT 2012 CODE Medicaid	URVEY REPORT 2012 CO Medicare – Medicaid		HEALTH CARE	1. (A) PROVIDER NUMBER 49-G002		1. (B) MEDICAID I.D. NO.
0	PART II OPTIONAL Chapter 4 NFPA 101A	PAR PART II — PART II — PART II — PART II — PAR	PART I — Life Safety Code, New and Existing III — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV — Crucial Data Extract A - Fire Safety Evaluation System for Health Care Occupancies — CMS-2786T	le, New and Existing is Code, New and Exi Indation for Waiver Data Extract System for Health Ca	isting	:MS-2786T
Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.	shown in applicable	e records. Enter chang	ges, if any, alongside	each item, giving date	of change.	
2. NAME OF FACILITY		2. (A) MULTIPLE CONSTRUCTION (BLDGS)		2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	TREET, CITY, STATE, ZI	IP CODE) A. C. Fully Sprinklered
Central Virginia Training Center David Cole, Administrator	Center or			P. O. Box 1098 Lynchburg, VA 24505		Fortially Sprinklered Sprinklered Sprinklered Sprinklered Sprinklered Sprinklered Sprinklered
	K3		-			K0180
3. SURVËY FOR	4. D	4. DATE OF SURVEY	DATE	DATE OF PLAN APPROVAL	SURVEY UNDER	
✓ MEDICARE	✓ MEDICAID	08/04 - 08/09	09/2017	06/17/2013	5. [7] 2012 EXISTING	6. 🔲 2012 NEW
5. SURVEY FOR CERTIFICATION OF	TION OF					
1. HOSPITAL	2. 🔲 SKILLED/NURSING FACILITY		4. 🗹 ICF/IID UNDER HEALTH CARE		5. 🔲 ноѕРІСЕ	
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW	ED, CHECK APPROPRI	ATE ITEM(S) BELOW		3. T IFDI	STINCT PART OF HOSPIT	IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
1. 🔽 ENTIRE FACILITY 2	2. DISTINCT PART OF (SPECIFY)	OF (SPECIFY)		eë	a. TYES b. NO	
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY 25	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE		c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID		e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 25
7. A. 🗹 THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)	S THE STANDARD, BA	SED UPON (CHECK ALL /	APPROPRIATE BOXES)			
1. 🔳 COMPLIANCE	1. 🔲 COMPLIANCE WITH ALL PROVISIONS 2. 🔀 ACCEPTANCE		OF A PLAN OF CORRECTION 3. TRECOMMENDED WAIVERS 4. TFSES 5.	N 3. 🗖 RECOMMENDE	OWAIVERS 4 . 🔲 FSE.	S 5. 🔲 PERFORMANCE BASED DESIGN
B. THE FACILITY DOES NOT MEET THE STANDARD	S NOT MEET THE STAN					
SURVEYOR (Signature)	4/ 1#			OFFICE		DATE
SURVEYOR ID 25557) i	Assistant Fire Marshal	snal	SFMO-Western		08/22/2017
FIRE AUTHORTH GFFICIAL (SIGNIUM)	1 Hamilion	TITLE Fire Marshal Manager		OFFICE SFMO-Western	ırn	DATE 10/06/2017
CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.	PLETED AND RETAINED	AS PART OF THE SURY	VEY RECORD.			

2012 LIFE SAFETY CODE Form Approved OMB Exempt

FIRE SAFETY SURVEY RE	FIRE SAFETY SURVEY REPORT 2012 CODE – HEALTH CARE Medicare – Medicaid		1. (A) PROVIDER NUMBER 1. (E	1. (B) MEDICAID I.D. NO.
OPTIONAL —	PARTI—L PARTII— Health PART III PART III PART III PART III PART III	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 A 101A - Fire Safety Evaluation System for Health Care O	PART I — Life Safety Code, New and Existing RT II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV — Crucial Data Extract 01A - Fire Safety Evaluation System for Health Care Occupancies — CMS-2786T	- CM S -2786T
Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.	plicable records. Enter changes, if a	ny, alongside each iter	n, giving date of change.	
2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator	2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING B. WING C. FLOOR	DGS) 2. (B) ADDRESS OF FACILITY P. O. Box 1098 Lynchburg, VA 24505	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	E, ZIP CODE) A, [7] Fully Sprinklered (All required areas are sprinklered) B, [7] Partially Sprinklered (Not all required areas are sprinklered) C. [None (No sprinkler system)
3. SURVEY FOR	4. DATE OF SURVEY	DATE OF PLAN APPROVAL	APPROVAL SURVEY UNDER	
☑ MEDICARE ☑ MEDICAID	ID 08/04 - 08/09/2017	86	1958 5. C 2012 EXISTING	ING 6. 🗖 2012 NEW
5. SURVEY FOR CERTIFICATION OF		_		
1. HOSPITAL 2. SKILLED/	2. SKILLED/NURSING FACILITY 4. 🛮 ICF	4. 🔽 ICF/IID UNDER HEALTH CARE	E 5. 🔲 HOSPICE	
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BEI 1. ☑ ENTIRE FACILITY 2. ☐ DISTINCT PART OF (SPECIFY)	(ED, CHECK APPROPRIATE ITEM(S) BELOW 2. ☐ DISTINCT PART OF (SPECIFY)		3. I IF DISTINCT PART OF HOSPIT a. I YES b. I NO	IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED? 1. TYES 1. NO
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN b. NUMBER O THE FACILITY 0.	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE 0	NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 0
7. A. [2] THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)	ARD, BASED UPON (CHECK ALL APPROPI	RIATE BOXES)		
1. 🔳 COMPLIANCE WITH ALL PROV	1. COMPLIANCE WITH ALL PROVISIONS 2. 🖸 ACCEPTANCE OF A PLAN OF CORRECTION 3. 🗖 RECOMMENDED WAIVERS 4. 🗖 FSES 5.	OF CORRECTION 3.	RECOMMENDED WAIVERS 4 .	SES 5. 📋 PERFORMANCE BASED DESIGN
B. THE FACILITY DOES NOT MEET THE STANDARD	HE STANDARD			
SURVEYOR (Signature) SURVEYOR ID 25557	Assistant Fire Marshal	OFFICE SFMO-\	OFFICE SFMO-Western	DATE 08/22/2017
FIRE AUTHORITY OFFICIAL (Signature)	TITLE Fire Marshal Manager	OFFICE	SFMO-Western	DATE
CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF T	ETAINED AS PART OF THE SURVEY RECORD	ORD.		

FIRE SAFETY SURVEY REPORT 2012 CO Medicare – Medicaid	EY REPORT 2012 CODE – H Medicare – Medicaid	DE – HEALTH CARE	1. (A) PROVIDER NUMBER 49-G002		1. (B) MEDICAID I.D. NO.
— OPTIONAL	PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART III — Crucial Data Extract — Chapter 4 ~ NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T	PART I — Life Safety Code, New and Existing II — Health Care Facilities Code, New and Ey PART III — Recommendation for Waiver PART IV — Crucial Data Extract A - Fire Safety Evaluation System for Health C	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 A 101A - Fire Safety Evaluation System for Health Care O	ting e Occupancies – Cl	MS-2786T
Identifying information as shown in applicable records.	plicable records. Enter chan	ges, if any, alongside	Enter changes, if any, alongside each item, giving date of change.	of change.	
2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator	2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING B. WING C. FLOOR		2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	REET, CITY, STATE, ZIF	
3 SHBVEV FOR	A DATE OF SHBVEY	DATE	INVOGED IN IG DO DEVE	מיטואיי	K0180
SONVET FOR			JF PLAN APPROVAL	SURVEY UNDER 5. [7] 2012 EXISTING K7	6. 🔲 2012 NEW
5. SURVEY FOR CERTIFICATION OF		-			
1. 🛘 HOSPITAL 2. 🗖 SKILLED	SKILLED/NURSING FACILITY	4. 🗹 ICF/IID UNDER HEALTH CARE		5. 🔲 НОЅРІСЕ	
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW 1. ☑ ENTIRE FACILITY 2. ☐ DISTINCT PART OF (SPECIFY)	PROPRIATE ITEM(S) BELOW PART OF (SPECIFY)		3. T IF DISTINC	TINCT PART OF HOSPITA	IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY28 CERTIFIED	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE CER	G. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID		e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 28
7. A. ☑ THE FACILITY MEETS THE STANDARD, BASED UPON (CH	ARD, BASED UPON (CHECK ALL	ECK ALL APPROPRIATE BOXES)			
1. COMPLIANCE WITH ALL PROVISIONS 2. TA ACCEPTANCE OF A PLAN OF CORRECTION 3. THE RECOMMENDED WAIVERS 4. THE	WISIONS 2. 🖸 ACCEPTANCE O	F A PLAN OF CORRECTIC	ON 3. TRECOMMENDED	WAIVERS 4 . T FSES 5.	5. 🔲 PERFORMANCE BASED DESIGN
B. THE FACILITY DOES NOT MEET THE STANDARD	HE STANDARD				
SURVEYOR (Signature)			OFFICE	:	DATE
SURVEYOR ID 25557	Assistant Fire Marshal	shal	SFMO-Western		08/22/2017
FIRE AUTHORITY OFFICIAL (Signature)	TITLE Fire Marshal	Marshal Manager	OFFICE SFMO-Western		DATE
CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD	ETAINED AS PART OF THE SURY	VEY RECORD.			

Prov	ider N	lumber	Facility Name			Common Data	
1100		49-G002	-	ine Conton		Survey Date	00/04 00/00/0047
K1		49-G002 	Central Virginia Train	ing Center		*K4	08/04 - 08/09/2017
	APPF	E OF PLAN ROVAL 27/2009	K3 MULTIPLE CO		1.	A. BUILDIN B. WING	G
	00.	27.2000	NUMBER OF THIS B	III DINO ()1	C. FLOOR	
180	EOD!	M INDICATOR	NOMBER OF THIS B		COMPLETE	D. APARTM	
LOC		<u> </u>		٦	EXISTING	- ICE/IID IS SURVE	YED UNDER CHAPTER 33,
	10		CARE FORM	_	SMALL (16 BEDS OR LES	:6)
	12	2786R	2012 EXISTING		OWINEE (·
	13	2786R	2012 NEW]	кв [1. PROI 2. SLOV 3. IMPR	
		AHC	OFORM]	LARGE		
	14	2786U	2012 EXISTING	1			
	15	2786U	2012 NEW		кв [4. PROI 5. SLOV	V
		ICF/II	D FORM	1		<u> </u>	ACTICAL
	16	2786V, W, X		-	APARTMEN	T HOUSE	
	17	2786V, W, X			кв [7. PROI 8. SLOV	V
*K7	12 8					9. IMPR	ACTICAL
Į	s	SELECT NUMBI	ER OF FORM USED FR	OM ABOVE			
(Che	ck if K	321 or K351 an	e marked as not applica	ble	COMPLETE IF EXISTING	ICF/IID IS SURVE	YED UNDER CHAPTER 33,
in the	2786	S M, R, T, U, V,	W, X, and Y.)		ENTER E ~ 8	SCORE	
	٠	K321:	K351:		K5:	e.g. 2.5	
*K9	FA	CILITY MEETS	LSC BASED ON (Chec	k all that App	l lv)		<u> </u>
	A1		A2.	A3	patienne.	A4.	A5.
		MP. WITH ALL OVISIONS)	(ACCEPTABLE I	POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)
FACI	LITY	DOES NOT ME	ET LSC K0180				
	NDAT(В.	FULLY	A. SPRINKLEF required areas are sprinklered)		LLY SPRINKLER all required areas are sprinklered)	C. NONE (No sprinkler system)

Provider Number	Facility Name	<u>.</u>	Survey Date	<u> </u>
49-G002	Central Virginia Training Cer	nter		08/04 - 08/09/2017
<u>K1</u>			*K4	<u> </u>
K6 DATE OF PLAN APPROVAL 09/27/2009	K3 MULTIPLE CONSTR TOTAL NUMBER OF BUILD		A. BUILD B. WING	
	NUMBER OF THIS BUILDIN	IG ⁰²	C. FLOOF	≺ FMENT UNIT
LSC FORM INDICATOR				VEYED UNDER CHAPTER 33,
HEALTH O	CARE FORM	EXIST	ING	-,
12 2786R	2012 EXISTING	SMAL	L (16 BEDS OR L	ESS)
13 2786R	2012 NEW	K8	2. SL	
AHCO	FORM	LARG		PRACTICAL
14 2786U	2012 EXISTING	LARG	C	
15 2786U	2012 NEW	K8	5. SL	
ICF/III	PFORM			PRACTICAL
	2012 EXISTING	APAR	TMENT HOUSE	
17 2786V, W, X	2012 NEW	К8	8. SL	OMPT OW PRACTICAL
*K7 12 SELECT NUMBE	R OF FORM USED FROM AE	BOVE	J. 1141	TRACTIONE
(Check if K321 or K351 are	marked as not applicable	COMP		VEYED UNDER CHAPTER 33,
in the 2786 M, R, T, U, V, V	V, X, and Y.)	ENTE	RE-SCORE	
K321:	K351:	ŀ	e.g. 2	2.5
*K9 FACILITY MEETS	LSC BASED ON (Check all the	at Apply)		
A1.	A2.	A3.	A4.	A5.
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVE	RS) (FSES)	(PERFORMANCE BASED DESIGN)
FACILITY DOES NOT MEE	ET LSC K0180			
B. *MANDATORY	A. FULLY SPRII (All required : sprinkle	areas are	B. PARTIALLY SPRINKL (Not all required areas a sprinklered)	

Prov	vider Number	Facility Name	Survey Date
K1	49 - G002	Central Virginia Training Cer	nter 08/04 - 08/09/2017
IXI			*K4
K6	DATE OF PLAN APPROVAL 06/17/2013	K3 MULTIPLE CONSTR	DINGS 07 B. WING
	00.7772070	NUMBER OF THIS BUILDIN	C. FLOOR NG D. APARTMENT UNIT
LSC	FORM INDICATOR	· · · · · · · · · · · · · · · · · · ·	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
	HEALTH	CARE FORM	
	12 2786R	2012 EXISTING	SMALL (16 BEDS OR LESS)
	13 2786R	2012 NEW	1. PROMPT 2. SLOW 3. IMPRACTICAL
	AHC	O FORM	LARGE
	14 2786U	2012 EXISTING	
	15 2786U	2012 NEW	4. PROMPT 5. SLOW 6. IMPRACTICAL
	ICF/	ID FORM	
	16 2786V, W, X	2012 EXISTING	APARTMENT HOUSE
	17 2786V, W, X	2012 NEW	7. PROMPT 8. SLOW 9. IMPRACTICAL
*K7	12 SELECT NUME	BER OF FORM USED FROM A	
		re marked as not applicable	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
in the	e 2786 M, R, T, U, V,	W, X, and Y.)	ENTER E - SCORE
	K321:	кз51:	K5: e.g. 2.5
*K9	FACILITY MEET	S LSC BASED ON (Check all th	at Apply)
	A1.	A2.	A3. A4. A5.
	(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS) (FSES) (PERFORMANCE BASED DESIGN)
FAC	ILITY DOES NOT MI	EET LSC K0180	
41.50	B.	A. FULLY SPRI (All required sprinkle	areas are (Not all required areas are (No sprinkler system)
*MA	NDATORY		

		(10 BE 031	-D MILLIO	1413 2700 FUR	KIVIS)	VV-0941 - 011
Prov	rider Number	Facility Name			Survey Date	
K1	49-G002	Central Virginia Trainii	ng Center		*K4	08/04 - 08/09/2017
					1_1(4	
K6	DATE OF PLAN APPROVAL 11/01/2003	K3 MULTIPLE CO		A	A. BUILDI B. WING	NG
	1 170 172003		()4	C. FLOOF	
		NUMBER OF THIS BU	JILDING		D. APART	MENT UNIT
LSC	FORM INDICATOR		-	COMPLETE IF I	CF/IID IS SUR	VEYED UNDER CHAPTER 33,
	HEALTH (CARE FORM				
	12 2786R	2012 EXISTING		SMALL (16	BEDS OR L	ESS)
	13 2786R	2012 NEW		К8	1. PR 2. SL	OW .
	41104	N FORM]		3. IMF	PRACTICAL
	14 2786U	D FORM 2012 EXISTING		LARGE		···
•					¬ 4. PR	OMPT
	15 2786U	2012 NEW		к8	5. SL	OW .
	105411		1		[→] 6. IMF	PRACTICAL
		D FORM		APARTMENT	HOUSE	
		2012 EXISTING			¬ 7. PR	OMPT
	17 2786V, W, X	2012 NEW		K8	8. SL	
*1/7					0	
*K7	12 SELECT NUMBE	R OF FORM USED FR	OM ABOVE			
				COMPLETE IF I	CE/IID IS SURV	VEYED UNDER CHAPTER 33.
		marked as not applicat	ole	EXISTING	07.11.0 10 0011	VETED ONDER OHAT TER 00,
in the	e 2786 M, R, T, U, V, I	N, X, and Y.)		ENTER E - SC	ORE	
	K321:	K351:		K5:	e.g. 2	5
*K9	FACULTY MATERIA	LOO BAOED ON (Other				
	FACILITY MEETS	LSC BASED ON (Check	k ali that Appi	<i>y)</i>		
	A1.	A2.	А3		A4.	A5.
	(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE F	POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)
FAC	ILITY DOES NOT ME	ET LSC K0180			 -	
	В.		A. SPRINKLER equired areas are sprinklered)	e (Not all	LY SPRINKLE I required areas a sprinklered)	
*MA	NDATORY		4.111	,		4

Provider Number	Facility Name		Survey Date	
49-G002 K1	Central Virginia Training Center			08/04 - 08/09/2017
KI			*K4	
K6 DATE OF PLAN APPROVAL 09/27/2009	K3 MULTIPLE CONSTRUCTI TOTAL NUMBER OF BUILDINGS	I A	A. BUILDING B. WING C. FLOOR	
	NUMBER OF THIS BUILDING	<u>05</u>	D. APARTMEN	T UNIT
LSC FORM INDICATOR	,	COMPLETE IF I	CF/IID IS SURVEYED	UNDER CHAPTER 33,
HEALTH C	CARE FORM			
12 2786R	2012 EXISTING	SMALL (16	BEDS OR LESS)	
13 2786R	2012 NEW	K8	1. PROMPT 2. SLOW 3. IMPRAC	
AHCC	FORM	LARGE	J. 1111 10 10	
14 2786U	2012 EXISTING			
15 2786U	2012 NEW	К8	4. PROMPT 5. SLOW 6. IMPRAC	
ICF/III	FORM	ADADTMENT		TIOAL
16 2786V, W, X	2012 EXISTING	APARTMENT		_
17 2786V, W, X	2012 NEW	К8	7. PROMPT 8. SLOW 9. IMPRAC	
*K7 12 SELECT NUMBE	R OF FORM USED FROM ABOVE			
(Check if K321 or K351 are		COMPLETE IF I EXISTING	CF/IID IS SURVEYED	UNDER CHAPTER 33,
in the 2786 M, R, T, U, V, V	v, x, and y.)	ENTER E - SC	ORE	
K321:	K351:	K5:	e.g. 2.5	
*K9 FACILITY MEETS	LSC BASED ON (Check all that App	oly)		
A1.	A2. 📝 A	3.	A4.	A5.
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)
FACILITY DOES NOT MEE	T LSC K0180			
B. *MANDATORY	A. FULLY SPRINKLE (All required areas a sprinklered)	re (Not all	LY SPRINKLERED required areas are sprinklered)	C. NONE (No sprinkler system)

Provider Number	Facility Name			Survey Da	to
49-G002	Central Virginia Traini	na Center		Survey Da	08/04 - 08/09/2017
_K1	Ochtai virginia Trailiii	———		*K4	00/04 - 00/09/20 [7
K6 DATE OF PLAN APPROVAL 1958	K3 MULTIPLE CO	BUILDINGS_		A. BUILL B. WING C. FLOO	3
LSC FORM INDICATOR	NOWIDER OF THIS BO		COMPLETE IE		RVEYED UNDER CHAPTER 33.
		1	EXISTING	1017110 13 301	TVETED UNDER CHAPTER 33,
12 2786R	2012 EXISTING		SMALL (1	16 BEDS OR	LESS)
13 2786R	2012 EXISTING 2012 NEW		,		ROMPT
		1	K8		MPRACTICAL
	FORM		LARGE		
14 2786U 15 2786U	2012 EXISTING 2012 NEW				ROMPT LOW
			K8		MPRACTICAL
L	FORM		APARTMENT	HOUSE	
	2012 EXISTING				ROMPT
17 2786V, W, X	2012 NEW		K8	8. S	
*K7 12 SELECT NUMBE	R OF FORM USED FR	OM ABOVE			
(Check if K321 or K351 are in the 2786 M, R, T, U, V, V		ole	COMPLETE IF EXISTING	ICF/IID IS SUI	RVEYED UNDER CHAPTER 33,
	v, x, and r.)		ENTER E - S	CORE	
K321:	K351:		K5:	e.g.	2.5
*K9 FACILITY MEETS	LSC BASED ON (Chec	k all that Appl	'y)		
A1.	A2.	А3		A4.	A5.
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE F	POC)	(WAIVERS)	(FSES) (PERFORMANCE BASED DESIGN)
FACILITY DOES NOT MEE	T LSC K0180		<u>-</u>		
B. *MANDATORY		A. SPRINKLER equired areas are sprinklered)		LLY SPRINKI all required areas sprinklered)	

Desides Number							
FIOV	Provider Number Facility Nam				Survey Date	****	
K1	•	49-G002	Central Virgini	ia Training Center		*K4	08/04 - 08/09/2017
K6	57.11 57.11			IPLE CONSTRUCTION		A. BUILDING	
	APPROVAL TOTAL NUM		BER OF BUILDINGS	07 A	」 B. WING		
1958						C. FLOOR	
NUMBER OF			NUMBER OF	THIS BUILDING	06 	D. APARTMEN	T UNIT
LSC FORM INDICATOR				1	COMPLETE IF I	CF/IID IS SURVEYE	D UNDER CHAPTER 33,
	HEALTH CARE FORM				EXISTING		
	12 2786R 2012 EXISTING		3	SMALL (16 BEDS OR LESS)			
	13	2786R	2012 NEW			1. PROMP	Т
					К8	2. SLOW	TIOAI
	AHCO FORM				1.505	3. IMPRAC	TICAL
	14	2786U	2012 EXISTING		LÄRGE		
	15	2786U	2012 NEW			4. PROMP	Т
			201211211		K8	5. SLOW	TIO A I
	ICF/IID FORM					6. IMPRAC	TICAL
	16 2786V, W, X 2012 EXISTING		3	APARTMENT	HOUSE		
	17	2786V, W, X	2012 NEW			7. PROMP	Т
		2,001,11,71			K8	.8. SLOW 9. IMPRAC	TICAL
*127	40					J	
*K7	12 S	ELECT NUMBI	ER OF FORM US	SED FROM ABOVE			
					COMPLETE IF I	CF/IID IS SURVEYF	D UNDER CHAPTER 33.
(Check if K321 or K351 are marked as not applicable				applicable	EXISTING		
in the 2786 M, R, T, U, V, W, X, and Y.)					ENTER E - SC	ORE	
		K321:	K351:		Ve.	7	
			Ŀ		K5:	e.g. 2.5	
*K9 FACILITY MEETS LSC BASED ON (Check all that Apply)							
A4 ()						***************************************	
	Λ.		A2.	√ A3		A4.	A5.
		IP. WITH ALL OVISIONS)	(ACCEP	TABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)
FACILITY DOES NOT MEET LSC K0180							
A.					В.		
		ь Г		<u>[87</u>]			C.
В.				FULLY SPRINKLERED PARTIALLY SPRINKLERED NONE (All required areas are (Not aff required areas are (No sprinkler system)			
				sprinklered)		required areas are sprinklered)	(No sprinkler system)
*MANDATORY							