

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 23 - BUILDING 8 RENOVATED 2012 B WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor: 25557 Description of Structure: Building 8 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2012. 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 000		
K 904	NFPA 101 Gas and Vacuum Piped Systems - Warning System Gas and Vacuum Piped Systems - Warning Systems All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99) This Standard is not met as evidenced by:	K 904		

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

David M. Cole

TITLE

Assistant Director of Administration

(X6) DATE

9-1-17

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

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K 904	Continued From page 1 Surveyor: 25557 Based on observation and interview, the facility failed to maintain the medical gas warning system requirements as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 08/09/2017 at approximately 3:00 PM it was observed and noted during record review that the master alarm pressure switch for the medical gas system is not located downstream of the main line shut-off valve. [NFPA 99, 5.1.9.2.4 (7)] 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 904	1a. A certified Vendor will re-locate the as-built oxygen pressure switch from the oxygen storage building, to downstream from the main oxygen supply valve, into the 8 bldg. mezzanine. 1a. A certified technician will monitor the pressure switch re-location work and will perform a medical gas system re-certification inspection. 2. The Compliance Safety Officer will inspect locations of oxygen pressure switches at all campus buildings with medical oxygen to identify any other locations with this issue and will initiate follow up piping repairs by certified vendor as needed 3. The Compliance Safety Officer will review annual medical gas inspection reports and the 2012 edition of NFPA 99 to identify any similar code update issues and to initiate follow up corrections as needed.	
K 914	NFPA 101 Electrical Systems - Maintenance and Testing 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	K 914	4a. The Compliance Safety Officer will accompany the Medical Gas Technology technician to complete the annual medical gas inspections at each building with a medical gas system in December, 2017. 4b. The annual medical gas system reports for each building will be reviewed by the facility Safety Committee. 4c. The Compliance Safety Officer will initiate follow-up corrective actions to resolve any deficiencies noted during annual medical gas inspections. 4d. The Compliance Safety Officer and Physical Plant Services Director will complete an annual inspection of each residential building and initiate corrective actions for any deficiencies noted.	9-22-2017 and ongoing

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K 914	Continued From page 2 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 test and maintain the electrical receptacles at patient bed locations 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 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 914	1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms. 1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed. 2. The Compliance Safety Officer and the Physical Plant Services Director will complete inspections of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed. 3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles. 4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3 rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs. 4b. The schedule and status of 3 rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings. 4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual inspection of each residential building and initiate corrective actions for any deficiencies noted.	9-22-2017 and ongoing
K 918	NFPA 101 Electrical Systems - Essential Electric System 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.	K 918		

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K 918	<p>Continued From page 3</p> <p>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. Main 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 emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>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.</p> <p>The findings include:</p> <p>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. (NFPA</p>	K 918	<p>1a. Physical Plant Services purchased a conductivity meter and completed training of designated staff in August, 2017.</p> <p>1b. Physical Plant Services reviewed manufacturers' emergency generator operational manuals and verified all battery types in use are compatible with manufacturer specifications and guidelines for the emergency generators.</p> <p>1c. Physical Plant Services will complete monthly maintenance, testing, and documentation of emergency generator batteries to meet the requirements of Type 3 EES per NFPA 110.</p> <p>2a. The Physical Plant Services Director will review preventive maintenance documentation and complete walkthroughs of all emergency generator locations on campus to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>2b. The written monthly Preventive Maintenance work orders for emergency generator maintenance will be revised to include performance of monthly battery conductance testing.</p> <p>3. The Physical Plant Services Director will complete training of electrician and designated staff on essential electrical system maintenance and testing requirements for emergency generators.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend</p>	09-22-2017 and ongoing

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K 918	Continued From page 4 110.8.3.7.1) 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		

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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>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.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.</p> <p>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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000		
K 914	<p>NFPA 101 Electrical Systems - Maintenance and Testing</p> <p>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</p>	K 914		

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TITLE

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David M. Cole

Assistant Director of Administration

9-1-17

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K 914	Continued From page 1 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 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 at patient bed locations 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 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 914	1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms. 1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed. 2. The Compliance Safety Officer and the Physical Plant Services Director will complete walkthroughs of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed. 3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles. 4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3 rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs. 4b. The schedule and status of 3 rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings. 4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual walkthrough of each residential building and initiate corrective actions for any deficiencies noted.	9-22-2017 and ongoing
K 918	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing	K 918		

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K 918	<p>Continued From page 2</p> <p>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. Main 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 emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>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.</p>	K 918	<p>1a. Physical Plant Services purchased a conductivity meter and completed training of designated staff in August, 2017.</p> <p>1b. Physical Plant Services reviewed manufacturers' emergency generator operational manuals and verified all battery types in use are compatible with manufacturer specifications and guidelines for the emergency generators.</p> <p>1c. Physical Plant Services will complete monthly maintenance, testing, and documentation of emergency generator batteries to meet the requirements of Type 3 EES per NFPA 110.</p> <p>2a. The Physical Plant Services Director will review preventive maintenance documentation and complete walkthroughs of all emergency generator locations on campus to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>2b. The written monthly Preventive Maintenance work orders for emergency generator maintenance will be revised to include performance of monthly battery conductance testing.</p> <p>3. The Physical Plant Services Director will complete training of electrician and designated staff on essential electrical system maintenance and testing requirements for emergency generators.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.</p>	09-22-2-17 and ongoing

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K 918	Continued From page 3 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. (NFPA 110.8.3.7.1) 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			

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K 000	INITIAL COMMENTS Surveyor: 25557 Description of Structure: Building 10 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2015. 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 000		
K 211	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This Standard is not met as evidenced by:	K 211		

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David M. Cole

Assistant Director of Administration 9-1-17

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K 211	Continued From page 1 Surveyor: 25557 Based upon observations and interviews the facility failed 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 2:11 PM it was observed that the door to patient room 112 was obstructed by a bookcase. 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 211	1. The bookcase obstructing the entry door to patient room B112 was re-located and storage for the individual's personal belongings was organized and consolidated.. 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. The Safety Officer will provide specific training to Housekeeping Department manager and supervisors, all safety rep's, and the Residential Managers and Residential Lead staff to ensure their understanding of the Life Safety code standards for bedroom access and bedroom doors in a healthcare facility. 3b. The Physical Plant Services Director will provide specific training to PPS staff to ensure their understanding of the Life Safety code standards for bedroom access in a healthcare facility.	
K 914	NFPA 101 Electrical Systems - Maintenance and Testing 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	K 914	4a. The weekly focus survey form was revised to stress requirements for proper operation and maintenance of bedroom doors and proper bedroom aisles. 4b. The residential manager and residential lead staff will conduct weekly focus surveys in each suite, each shift, to monitor for any issues at bedroom doors. The facility Safety Officer will compile this data and will provide follow up reports monthly to the Safety Committee. 4c. The Safety Representative for each building will audit each room of the building monthly, sending documentation to the Safety Officer, and will report to the Safety Committee monthly. 4d. The Compliance Safety Officer and Physical Plant Services Manager will audit each residential building at least annually to ensure compliance. 4e. The Compliance Safety Officer and Safety Committee will identify repeat offenders and will recommend for follow- up training or for disciplinary action.	9-22-2017 and ongoing

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 40 - BUILDING 10 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	<p>Continued From page 2</p> <p>maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99)</p> <p>This Standard is not met as evidenced by: Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the electrical receptacles at patient bed locations as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>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 that electrical receptacles are being tested and maintained in the facility.</p> <p>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.</p>	K 914	<p>1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms.</p> <p>1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed.</p> <p>2. The Compliance Safety Officer and the Physical Plant Services Director will complete walkthroughs of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles.</p> <p>4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs.</p> <p>4b. The schedule and status of 3rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings.</p> <p>4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual walkthrough of each residential building and initiate corrective actions for any deficiencies noted.</p>	09-22-2017 and ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING A1 - BUILDING ELEVEN B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
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K 000	INITIAL COMMENTS Surveyor: 25557 Description of Structure: Building 11 is a one story masonry structure. The building was constructed in 1951 and remodeled in 2008. Construction Type: II (000) Sprinkler status: Fully Sprinklered. 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 000		
K 211	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This Standard is not met as evidenced by: Surveyor: 25557	K 211	1. Improper privacy screen storage at Rm. 119 and Rm. 120 immediately were corrected during the survey. 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. 3. The Safety Officer will provide specific training to Housekeeping Department manager and supervisors; ICF Nursing managers and supervisors; all safety rep's, and the Residential Managers and Residential Lead staff to ensure their understanding of the Life Safety code standards for bedroom access in a healthcare facility. 4a. The weekly focus survey form was revised to stress requirements for proper operation of bedroom doors. 4b. The residential manager and residential lead staff will conduct weekly focus surveys in each suite, each shift, to monitor for any issues at bedroom doors. The facility Safety Officer will compile this data and will provide follow up reports monthly to the Safety Committee. 4c. The Safety Representative for each building will audit each room of the building monthly, sending documentation to the Safety Officer, and will report to the Safety Committee monthly. 4d. The Compliance Safety Officer and Physical Plant Services Manager will audit each residential building at least annually to ensure compliance. 4e. The Compliance Safety Officer and Safety Committee will identify repeat offenders and will recommend for follow-up training or for disciplinary action	9-22-2017 and ongoing

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

David M. Cole

TITLE

Assistant Director of Administration

(X6) DATE

9-1-17

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

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 211	Continued From page 1 Based upon observations and interviews the facility failed 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.	K 211		
K 363	NFPA 101 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 solid-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	K 363		

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 363	<p>Continued From page 2</p> <p>complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to maintain the doors protecting corridor openings as required by the Life Safety Code. This has the ability to affect all occupants in the effected smoke compartment of the building.</p> <p>The findings include:</p> <p>On 08/08/2017 at approximately 03:35 PM it was observed that the doors to the closet, "B" corridor entrance had an impediment to the closing the doors.</p> <p>On 08/08/2017 at approximately 03:45 PM it was observed that the doors to the closet, "A" corridor entrance had an impediment to the closing the doors.</p> <p>The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by</p>	K 363	<ol style="list-style-type: none"> 1. Improper storage of seasonal clothing, with sleeves caught in the door frames, immediately was corrected during the survey at both closets in the 11 A and 11 B entry vestibules. 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. 3. The Safety Officer will provide specific training to Housekeeping Department manager and supervisors; ICF Nursing managers and supervisors; all safety rep's, and the Residential Managers and Residential Lead staff to ensure their understanding of the Life Safety code standards for proper maintenance and operation of storage room doors, fire doors, and bedroom doors in a healthcare facility. 4a. The weekly focus survey form was revised to stress requirements for proper operation of storage room doors and bedroom doors. 4b. The residential manager and residential lead staff will conduct weekly focus surveys in each suite, each shift, to monitor for any issues at bedroom doors. The facility Safety Officer will compile this data and will provide follow up reports monthly to the Safety Committee. 4c. The Safety Representative for each building will audit each room of the building monthly, sending documentation to the Safety Officer, and will report to the Safety Committee monthly. 4d. The Compliance Safety Officer and Physical Plant Services Director will audit each residential building at least annually to ensure compliance. 4e. The Compliance Safety Officer and Safety Committee will identify repeat offenders and will recommend for follow-up training or for disciplinary action 	9-22-2017 and ongoing

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 363	Continued From page 3 interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview.	K 363		
K 914	NFPA 101 Electrical Systems - Maintenance and Testing 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 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 at patient bed locations 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	K 914	1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms. 1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed. 2. The Compliance Safety Officer and the Physical Plant Services Director will complete inspections of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed. 3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles. 4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3 rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs. 4b. The schedule and status of 3 rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings. 4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual inspection of each residential building and initiate corrective actions for any deficiencies noted.	9-22-2017 and ongoing

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
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K 914	Continued From page 4 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 914		
K 918	NFPA 101 Electrical Systems - Essential Electric System 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. Main 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	K 918		

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 918	<p>Continued From page 5</p> <p>emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Standard is not met as evidenced by: Surveyor: 25557</p> <p>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.</p> <p>The findings include:</p> <p>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. (NFPA 110.8.3.7.1)</p> <p>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.</p>	K 918	<p>1a. Physical Plant Services purchased a conductivity meter and completed training of designated staff in August, 2017.</p> <p>1b. Physical Plant Services reviewed manufacturers' emergency generator operational manuals and verified all battery types in use are compatible with manufacturer specifications and guidelines for the emergency generators.</p> <p>1c. Physical Plant Services will complete monthly maintenance, testing, and documentation of emergency generator batteries to meet the requirements of Type 3 EES per NFPA 110.</p> <p>2a. The Physical Plant Services Director will review preventive maintenance documentation and complete walkthroughs of all emergency generator locations on campus to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>2b. The written monthly Preventive Maintenance work orders for emergency generator maintenance will be revised to include performance of monthly battery conductance testing.</p> <p>3. The Physical Plant Services Director will complete training of electrician and designated staff on essential electrical system maintenance and testing requirements for emergency generators.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.</p>	09-22-2017 and ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 24 - BUILDING 12 RENOVATED 2012 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: Building 12 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2012.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.</p> <p>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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<ol style="list-style-type: none"> 1. Improper privacy screen storage at Rm. 016 immediately was corrected during the survey. 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. 3. The Safety Officer will provide specific training to Housekeeping Department manager and supervisors, all safety rep's, and the Residential Managers and Residential Lead staff to ensure their understanding of the Life Safety code standards for bedroom access in a healthcare facility. 4a. The weekly focus survey form was revised to stress requirements for proper operation of bedroom doors. 4b. The residential manager and residential lead staff will conduct weekly focus surveys in each suite, each shift, to monitor for any issues at bedroom doors. The facility Safety Officer will compile this data and will provide follow up reports monthly to the Safety Committee. 4c. The Safety Representative for each building will audit each room of the building monthly, sending documentation to the Safety Officer, and will report to the Safety Committee monthly. 4d. The Compliance Safety Officer and Physical Plant Services Director will audit each residential building at least annually to ensure compliance. 4e. The Compliance Safety Officer and Safety Committee will identify repeat offenders and will recommend for follow-up training or for disciplinary action. 	
K 211	<p>NFPA 101 Means of Egress - General</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This Standard is not met as evidenced by:</p>	K 211		09-22-17 and ongoing

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

David M. Cole

TITLE

Assistant Director of Administration

(X6) DATE

9-1-17

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

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 211	Continued From page 1 Surveyor: 25557 Based upon observations and interviews the facility failed 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.	K 211	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 Quarterly, Annual, 4-year, and 5-yr inspections, for all sprinklered buildings. 3b. Annual inspection of sprinkler system backflow preventers is included in the existing contract, no. AC1737292, and next are scheduled for completion during annual sprinkler inspections June, 2018. 3c. The Physical Plant Services safety rep will report to the Safety Committee all scheduled sprinkler inspections, the month before scheduled inspections. 4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer. 4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.	
K 353	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.	K 353		09-22-17 and ongoing

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K 353	<p>Continued From page 2 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 08/09/2017 at approximately 09:55 AM it was observed that the backflow preventer on the fire sprinkler system had an inspection tag that indicated the device had not been serviced and tested annually. (NFPA 25, 13.6.2)</p> <p>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.</p>	K 353	<ol style="list-style-type: none"> 1. Improper placement of a dining room chair obstructing the fire extinguisher cabinet was corrected during the survey. 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. 3. The facility Safety Officer and Risk Management Department staff will provide specific training to all safety rep's, residential managers, nurse managers, building risk management teams, and residential lead staff to ensure full understanding of the Life Safety code standards for fire extinguisher access within a healthcare facility. <ol style="list-style-type: none"> 4a. The weekly focus survey form was revised to stress requirements for proper access to portable fire extinguishers. 4b. The residential manager and residential lead staff will conduct weekly focus surveys in each suite, each shift, to monitor for any issues at fire extinguishers. The facility Safety Officer will compile this data and provide follow up reports monthly to the Safety Committee. 4c. The Safety Representative for each building will audit each room of the building monthly, sending documentation to the Safety Officer. 4d. The Safety Officer and Physical Plant Services Manager will audit each residential building at least annually to ensure compliance. 4e. The Compliance Safety Officer and Safety Committee will identify repeat offenders and will recommend for follow-up training or for disciplinary action. 	
K 355	<p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to maintain fire extinguishers. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 08/09/2017 at approximately 09:21 AM it was observed that the fire extinguisher in the "A"</p>	K 355		09-22-17 and ongoing

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K 355	Continued From page 3 dining room was obstructed by a chair in front of the extinguisher cabinet. 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 355	1. The excess items Improperly stored within Room 036 were removed. Remaining storage items were organized and the aisle was cleared to the main oxygen shutoff valve.	
K 902	NFPA 101 Gas and Vacuum Piped Systems - Other Gas and Vacuum Piped Systems - Other List in the REMARKS section any NFPA 99 Chapter 5 Gas and Vacuum Systems requirements that are not addressed by the provided K-Tags, but are deficient. This Information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 5 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 25557 Based on observation and interview, the facility failed to maintain the accessibility of the main line shutoff valve as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 08/08/2017 at approximately 4:15 PM It was observed that the main oxygen shutoff valve was obstructed by storage. (NFPA 99, 5.1.4.5) 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 902	2. The facility Safety Officer and PPS Director will conduct audits of all residential buildings to identify where similar conditions apply and initiate steps to correct any problems of this type found across campus. 3a. The facility Safety Officer will lead discussion of these Life Safety Code standards with the Housekeeping Manager and Supervisors, the Residential Managers, the Residential Lead staff, and the Safety Committee, for all team members to conduct follow- up inspections for compliance, within each of their respective areas or departments. 3b. The facility Safety Officer and Risk Management Department staff will provide specific training to safety rep's, residential managers, nurse managers, and residential lead staff to ensure understanding of code standards for storage in a healthcare facility. 4a. The Housekeeping Supervisor will submit a bi-weekly Par Stock inventory worksheet and an environmental checklist of storage rooms with future supply orders. 4b. The Housekeeping Manager will monitor Hskpg. storage rooms and provide a report of Hskpg. inventory controls and environmental sweeps monthly to the Safety Committee. 4c. The Safety Representative for the building will monitor the area monthly, sending documentation to the Safety Officer. 4c. The facility Safety Officer and the PPS Director will audit the building at least annually to ensure compliance. 4d. The facility Safety Officer and Safety Committee will identify repeat offenders and will recommend for follow- up training or for disciplinary action.	09-22-17 and ongoing
K 904	NFPA 101 Gas and Vacuum Piped Systems - Warning System	K 904		

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K 904	Continued From page 4 Gas and Vacuum Piped Systems - Warning Systems All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 25557 Based on observation and interview, the facility failed to maintain the medical gas warning system requirements as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 08/09/2017 at approximately 3:00 PM it was observed and noted during record review that the master alarm pressure switch for the medical gas system is not located downstream of the main line shut-off valve. [NFPA 99, 5.1.9.2.4 (7)] 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 904	1a. A certified vendor will re-locate the as-built oxygen pressure switch from the oxygen storage building, to downstream from the main oxygen supply valve, into the 12 bldg. mezzanine. 1a. A certified technician will monitor the pressure switch re-location and will perform a medical gas system re-certification inspection. 2. The Compliance Safety Officer will inspect locations of oxygen pressure switches at all campus buildings with medical oxygen to identify any other locations with this issue and will initiate follow up piping repairs by certified vendor as needed. 3. The Compliance Safety Officer will review annual medical gas inspection reports and the 2012 edition of NFPA 99 to identify any similar code update issues and to initiate follow up corrections as needed. 4a. The Compliance Safety Officer will accompany the Medical Gas Technology technician to complete the annual medical gas inspections at each building with a medical gas system in December, 2018. 4b. The annual medical gas system reports for each building will be reviewed by the facility Safety Committee. 4c. The Compliance Safety Officer will initiate follow-up corrective actions to resolve any deficiencies noted during annual medical gas inspections. 4d. The Compliance Safety Officer and Physical Plant Services Director will complete an annual inspection of each residential building and initiate corrective actions for any deficiencies noted.	
K 914	NFPA 101 Electrical Systems - Maintenance and Testing 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	K 914		09-22-17 and ongoing

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K 914	<p>Continued From page 5</p> <p>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 maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the electrical receptacles at patient bed locations as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>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 that electrical receptacles are being tested and maintained in the facility.</p> <p>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.</p>	K 914	<p>1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms.</p> <p>1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed.</p> <p>2. The Compliance Safety Officer and the Physical Plant Services Director will complete inspections of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles.</p> <p>4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs.</p> <p>4b. The schedule and status of 3rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings.</p> <p>4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual inspection of each residential building and initiate corrective actions for any deficiencies noted.</p>	09-22-17 and ongoing
K 918	<p>NFPA 101 Electrical Systems - Essential Electric System</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p>	K 918		

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K 918	<p>Continued From page 6</p> <p>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. Main 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 emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>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.</p>	K 918	<p>1a. Physical Plant Services purchased a conductivity meter and completed training of designated staff in August, 2017.</p> <p>1b. Physical Plant Services reviewed manufacturers' emergency generator operational manuals and verified all battery types in use are compatible with manufacturer specifications and guidelines for the emergency generators.</p> <p>1c. Physical Plant Services will complete monthly maintenance, testing, and documentation of emergency generator batteries to meet the requirements of Type 3 EES per NFPA 110.</p> <p>2a. The Physical Plant Services Director will review preventive maintenance documentation and complete inspections of all emergency generator locations on campus to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>2b. The written monthly Preventive Maintenance work orders for emergency generator maintenance will be revised to include performance of monthly battery conductance testing.</p> <p>3. The Physical Plant Services Director will complete training of electrician and designated staff on essential electrical system maintenance and testing requirements for emergency generators.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.</p>	09-22-2017 and ongoing

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K 918	<p>Continued From page 7</p> <p>The findings include:</p> <p>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. (NFPA 110.8.3.7.1)</p> <p>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.</p>	K 918		

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K 000	INITIAL COMMENTS Surveyor: 25557 Description of Structure: Building 15 is a two story masonry 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 sprinkler system. Patients occupy the ground floor of this building. The building was constructed in 1958. Construction Type: II (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 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 000		
K 353	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353		

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

TITLE

(X6) DATE

David M Cole

Assistant Director of Administration

9-1-17

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

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K 353	<p>Continued From page 1</p> <p>with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 08/09/2017 at approximately 10:34 AM it was observed that the backflow preventer on the fire sprinkler system had an inspection tag that indicated the device had not been serviced and tested annually. (NFPA 25, 13.6.2)</p> <p>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.</p>	K 353	<p>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 14, 2017.</p> <p>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.</p> <p>3a. Physical Plant Services will maintain a table of required components of Quarterly, Annual, 4-year, and 5-yr inspections, for all sprinklered buildings.</p> <p>3b. Annual inspection of sprinkler system backflow preventers is included in the existing contract, no. AC1737292, and next are scheduled for completion during annual sprinkler inspections June, 2018.</p> <p>3c. The Physical Plant Services safety rep will report to the Safety Committee all scheduled sprinkler inspections, the month before scheduled inspections.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.</p>	
K 914	<p>NFPA 101 Electrical Systems - Maintenance and Testing</p> <p>Electrical Systems - Maintenance and Testing</p>	K 914		09-22-17 and ongoing

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	<p>Continued From page 2</p> <p>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 maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99)</p> <p>This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the electrical receptacles at patient bed locations as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>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 that electrical receptacles are being tested and maintained in the facility.</p> <p>The Facility Maintenance Director, Safety Officer, and Administrator witnessed this evidence by</p>	K 914	<p>1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms.</p> <p>1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed.</p> <p>2. The Compliance Safety Officer and the Physical Plant Services Director will complete walkthroughs of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles.</p> <p>4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs.</p> <p>4b. The schedule and status of 3rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings.</p> <p>4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual walkthrough of each residential building and initiate corrective actions for any deficiencies noted.</p>	09-22-17 and ongoing

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 15 - ED DEV CNT 1581 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	Continued From page 3 interview and observation on 08/09/2017 at approximately 4:15 PM during the exit interview.	K 914		
K 918	NFPA 101 Electrical Systems - Essential Electric System 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. Main 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 emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This Standard is not met as evidenced by: Surveyor: 25557	K 918		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 15 - ED DEV CNT 1581 B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	<p>Continued From page 4</p> <p>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.</p> <p>The findings include:</p> <p>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. (NFPA 110.8.3.7.1)</p> <p>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.</p>	K 918	<p>1a. Physical Plant Services purchased a conductivity meter and completed training of designated staff in August, 2017.</p> <p>1b. Physical Plant Services reviewed manufacturers' emergency generator operational manuals and verified all battery types in use are compatible with manufacturer specifications and guidelines for the emergency generators.</p> <p>1c. Physical Plant Services will complete monthly maintenance, testing, and documentation of emergency generator batteries to meet the requirements of Type 3 EES per NFPA 110.</p> <p>2a. The Physical Plant Services Director will review preventive maintenance documentation and complete inspections of all emergency generator locations on campus to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>2b. The written monthly Preventive Maintenance work orders for emergency generator maintenance will be revised to include performance of monthly battery conductance testing.</p> <p>3. The Physical Plant Services Director will complete training of electrician and designated staff on essential electrical system maintenance and testing requirements for emergency generators.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.</p>	09-22-2017 and ongoing	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 17 - ED DEV CNT 1781 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: Building 17 is a two story masonry structure with a partial basement. The building has a wood framed, pitched roof. The roof 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.</p> <p>Construction Type: II (222)</p> <p>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.</p> <p>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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000		
K 353	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p>	K 353		

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

TITLE

(X6) DATE

David M. Cole

Assistant Director of Administration

9-1-17

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

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 353	<p>Continued From page 1</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 08/09/2017 at approximately 11:35 AM It was observed that the backflow preventer on the fire sprinkler system had an inspection tag that indicated the device had not been serviced and tested annually. (NFPA 25, 13.6.2)</p> <p>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.</p>	K 353	<p>1. The backflow preventer on the sprinkler system was given its overdue annual inspection by Lynchburg Fire Equipment Co. on August 14, 2017.</p> <p>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.</p> <p>3a. Physical Plant Services will maintain a table of required components of Quarterly, Annual, 4-year, and 5-yr inspections, for all sprinklered buildings.</p> <p>3b. Annual inspection of sprinkler system backflow preventers is included in the existing contract, no. AC1737292, and next are scheduled for completion during annual sprinkler inspections June, 2018.</p> <p>3c. The Physical Plant Services safety rep will report to the Safety Committee all scheduled sprinkler inspections, the month before scheduled inspections.</p> <p>4a. Physical Plant Services will review all reports and documentation, initiate any needed corrective actions, and will forward copies of reports to the Safety Officer.</p> <p>4b. The PPS Director will forward follow-up reports to the Safety Committee on a monthly basis. Any issues will be reviewed with Risk Management and the Executive Committee for actions and trend analysis.</p>	09-22-17 and ongoing
K 914	NFPA 101 Electrical Systems - Maintenance and Testing	K 914		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 17 - ED DEV CNT 1781 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	<p>Continued From page 2</p> <p>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 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:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the electrical receptacles at patient bed locations as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>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 that electrical receptacles are being tested and maintained in the facility.</p>	K 914	<p>1a. The Physical Plant Services electrician will complete inspection and testing of all electrical receptacles in patient bedrooms. 1b. Physical Plant Services will complete documentation to meet requirements of 6.3.4 (NFPA 99), to include date, room numbers, tests of electrical receptacles, and data for associated repairs or modifications completed.</p> <p>2. The Compliance Safety Officer and the Physical Plant Services Director will complete inspections of all bedrooms in campus buildings to identify any similar issues and will initiate follow-up corrective actions as needed.</p> <p>3. The Physical Plant Services Director will complete training of electrician staff on essential electrical system maintenance and testing requirements for electrical receptacles.</p> <p>4a. Annual testing and inspection of electrical receptacles in patient bedrooms will be completed by qualified personnel, annually during each 3rd quarter, with documentation to verify dates, rooms, receptacles tested, and any associated modifications or repairs.</p> <p>4b. The schedule and status of 3rd quarter annual inspection and testing of electrical receptacles in patient bedrooms will be reviewed by the facility Safety Committee in its monthly meetings.</p> <p>4c. The Compliance Safety Officer and Physical Plant Services Director will complete an annual inspection of each residential building and initiate corrective actions for any deficiencies noted.</p>	09-22-17 and ongoing

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 17 - ED DEV CNT 17B1 B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	Continued From page 3 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 914		

W-0941-012

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

1. (A) PROVIDER NUMBER 49-G002 1. (B) MEDICAID I.D. NO. _____

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

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

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

2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator	2. (A) MULTIPLE CONSTRUCTION (BLDGGS) A. BUILDING <u>24 (12) 07</u> B. WING _____ C. FLOOR _____	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	A. <input checked="" type="checkbox"/> Fully Sprinklered <small>(All required areas are sprinklered)</small>
			B. <input type="checkbox"/> Partially Sprinklered <small>(Not all required areas are sprinklered)</small>
			C. <input type="checkbox"/> None (No sprinkler system) <small>K3180</small>

3. SURVEY FOR <input checked="" type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID	4. DATE OF SURVEY 08/04 - 08/09/2017	DATE OF PLAN APPROVAL 09/27/2009	5. <input checked="" type="checkbox"/> 2012 EXISTING <input type="checkbox"/> 2012 NEW
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5. SURVEY FOR CERTIFICATION OF

1. HOSPITAL 2. SKILLED/NURSING FACILITY 3. ICF/IID UNDER HEALTH CARE 4. HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____

3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY <u>26</u>	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICAID <u>0</u>	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____	d. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID _____	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID <u>26</u>
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7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

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

B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <i>John L. R...</i>	TITLE Assistant Fire Marshal	OFFICE SFMO-Western	DATE 08/22/2017
SURVEYOR ID 25557			

FIRE AUTHORITY OFFICIAL (Signature) <i>David O. H...</i>	TITLE Fire Marshal Manager	OFFICE SFMO-Western	DATE 10/05/2017
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CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

W-0941-011

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

1. (A) PROVIDER NUMBER 49-G002 1. (B) MEDICAID I.D. NO. _____

PART I – Life Safety Code, New and Existing
PART II – Health Care Facilities Code, New and Existing
PART III – Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator	2. (A) MULTIPLE CONSTRUCTION (BLDG(S)) A. BUILDING <u>A1 (11) 07</u> B. WING _____ C. FLOOR _____	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505	A. <input checked="" type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K018D
3. SURVEY FOR <input checked="" type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID	4. DATE OF SURVEY 08/04 - 08/09/2017	DATE OF PLAN APPROVAL 11/01/2003	SURVEY UNDER 5. <input checked="" type="checkbox"/> 2012 EXISTING 6. <input type="checkbox"/> 2012 NEW K7

5. SURVEY FOR CERTIFICATION OF

1. HOSPITAL 2. SKILLED/NURSING FACILITY 3. ICF/IID UNDER HEALTH CARE 4. HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____ 3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY <u>28</u>	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID <u>28</u>
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7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

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

B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <u>[Signature]</u>	TITLE Assistant Fire Marshal	OFFICE SFMO-Western	DATE 08/22/2017
SURVEYOR ID <u>25557</u>	TITLE- Fire Marshal Manager	OFFICE SFMO-Western	DATE

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

W-0941-008

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

1. (A) PROVIDER NUMBER 49-G002 K1
1. (B) MEDICAID I.D. NO. _____ K2

PART I – Life Safety Code, New and Existing
PART II – Health Care Facilities Code, New and Existing
PART III – Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

2. (A) MULTIPLE CONSTRUCTION (BLDG(S))
A. BUILDING 23 (8) 07
B. WING _____
C. FLOOR _____
K3

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)
P. O. Box 1098
Lynchburg, VA 24505

A. Fully Sprinklered
(All required areas are sprinklered)
B. Partially Sprinklered
(Not all required areas are sprinklered)
C. None (No sprinkler system)
K0180

3. SURVEY FOR
 MEDICARE MEDICAID

DATE OF PLAN APPROVAL 09/27/2009 K6
DATE OF SURVEY 08/04 - 08/09/2017 K4

DATE OF SURVEY UNDER 2012 EXISTING K7
6. 2012 EXISTING 2012 NEW

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

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

6. BED COMPOSITION
a. TOTAL NO. OF BEDS IN THE FACILITY 26
b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICAID _____
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

7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)
1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. FSES 5. PERFORMANCE BASED DESIGN

B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) [Signature] TITLE Assistant Fire Marshal
OFFICE SFMO-Western
DATE 08/22/2017

SURVEYOR ID 25557 K10
FIRE AUTHORITY OFFICIAL (Signature) [Signature] TITLE Fire Marshal Manager
OFFICE SFMO-Western
DATE 10/05/2017

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

W-0941-009

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

1. (A) PROVIDER NUMBER
49-G002

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

PART I – Life Safety Code, New and Existing
PART II – Health Care Facilities Code, New and Existing
PART III – Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

<p>2. NAME OF FACILITY Central Virginia Training Center David Cole, Administrator</p>	<p>2. (A) MULTIPLE CONSTRUCTION (BLDG(S)) A. BUILDING <u>77 (09) 07</u> B. WING _____ C. FLOOR _____</p>	<p>2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) P. O. Box 1098 Lynchburg, VA 24505</p>	<p>A. <input checked="" type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K0180</p>
<p>3. SURVEY FOR <input checked="" type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID</p>	<p>4. DATE OF SURVEY 08/04 - 08/09/2017</p>	<p>DATE OF PLAN APPROVAL 07/29/2012</p>	<p>5. <input checked="" type="checkbox"/> 2012 EXISTING 6. <input type="checkbox"/> 2012 NEW K7</p>

5. SURVEY FOR CERTIFICATION OF

1. HOSPITAL 2. SKILLED/NURSING FACILITY 3. ICF/IID UNDER HEALTH CARE 4. HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____

3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

<p>6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY <u>26</u></p>	<p>c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____</p>	<p>d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____</p>	<p>e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID <u>26</u></p>
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7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

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

B. THE FACILITY DOES NOT MEET THE STANDARD

<p>SURVEYOR (Signature) <i>John L. [Signature]</i></p>	<p>TITLE Assistant Fire Marshal</p>	<p>OFFICE SFMO-Western</p>	<p>DATE 08/22/2017</p>
<p>SURVEYOR ID <u>25557</u> K10</p>	<p>TITLE Fire Marshal Manager</p>	<p>OFFICE SFMO-Western</p>	<p>DATE 10/05/2017</p>

FIRE AUTHORITY OFFICIAL (Signature) *Charles [Signature]*

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

W-0941-010

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

1. (A) PROVIDER NUMBER 49-G002 K1
1. (B) MEDICAID I.D. NO. _____ K2

PART I – Life Safety Code, New and Existing
PART II – Health Care Facilities Code, New and Existing
PART III – Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

2. NAME OF FACILITY
Central Virginia Training Center
David Cole, Administrator

2. (A) MULTIPLE CONSTRUCTION (BLDG(S))
A. BUILDING 40 (10) 07
B. WING _____
C. FLOOR _____

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)
P. O. Box 1098
Lynchburg, VA 24505

A. Fully Sprinklered (All required areas are sprinklered)
B. Partially Sprinklered (Not all required areas are sprinklered)
C. None (No sprinkler system) K3/160

3. SURVEY FOR
 MEDICARE MEDICAID

4. DATE OF SURVEY 08/04 - 08/09/2017 K4

DATE OF PLAN APPROVAL 06/17/2013 K6

5. 2012 EXISTING 2012 NEW K7

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

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

6. BED COMPOSITION
a. TOTAL NO. OF BEDS IN THE FACILITY 25
b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICAID _____
c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____
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)
1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. FSES 5. PERFORMANCE BASED DESIGN
B. THE FACILITY DOES NOT MEET THE STANDARD

K9
SURVEYOR (Signature) [Signature] TITLE Assistant Fire Marshal OFFICE SFMO-Western DATE 08/22/2017
SURVEYOR ID 25557 K10

FIRE AUTHORITY OFFICIAL (Signature) [Signature] TITLE Fire Marshal Manager OFFICE SFMO-Western DATE 10/06/2017
CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

W-0941-017

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

1. (A) PROVIDER NUMBER **49-G002** 1. (B) MEDICAID I.D. NO. _____

PART I – Life Safety Code, New and Existing
PART II – Health Care Facilities Code, New and Existing
PART III – Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

2. NAME OF FACILITY
Central Virginia Training Center
David Cole, Administrator

2. (A) MULTIPLE CONSTRUCTION (BLDGS)
A. BUILDING 17 07
B. WING _____
C. FLOOR _____

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)
P. O. Box 1098
Lynchburg, VA 24505

3. SURVEY FOR
 MEDICARE MEDICAID

4. DATE OF SURVEY
08/04 - 08/09/2017

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

6. BED COMPOSITION
a. TOTAL NO. OF BEDS IN THE FACILITY 0
b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICAID 0
c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____
d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____
e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 0

7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)
B. THE FACILITY DOES NOT MEET THE STANDARD

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____

3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL-ACCREDITED?
a. YES b. NO

5. 2012 EXISTING 6. 2012 NEW

DATE OF PLAN APPROVAL: 1958

DATE OF SURVEY: 08/04 - 08/09/2017

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

6. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)
B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) [Signature] TITLE Assistant Fire Marshal OFFICE SFMO-Western DATE 08/22/2017

SURVEYOR ID 25557

FIRE AUTHORITY OFFICIAL (Signature) _____ TITLE Fire Marshal Manager OFFICE SFMO-Western DATE _____

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

Form CMS-2786R (10/2016) Page 1

W-0941-015

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

1. (A) PROVIDER NUMBER
49-G002

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

PART I – Life Safety Code, New and Existing
PART II – Health Care Facilities Code, New and Existing
PART III – Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

2. NAME OF FACILITY
Central Virginia Training Center
David Cole, Administrator

2. (A) MULTIPLE CONSTRUCTION (BLDGs)
A. BUILDING 15 07
B. WING _____
C. FLOOR _____

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)
P. O. Box 1098
Lynchburg, VA 24505

A. Fully Sprinklered
(All required areas are sprinklered)
B. Partially Sprinklered
(Not all required areas are sprinklered)
C. None (No sprinkler system)
K0180

3. SURVEY FOR
 MEDICARE MEDICAID

4. DATE OF SURVEY
08/04 - 08/09/2017

DATE OF PLAN APPROVAL
1958

5. 2012 EXISTING 6. 2012 NEW

5. SURVEY FOR CERTIFICATION OF

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

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____

3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION

a. TOTAL NO. OF BEDS IN THE FACILITY 28

b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICAID _____

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 28

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

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

B. THE FACILITY DOES NOT MEET THE STANDARD

K9

SURVEYOR (Signature) *John L. [Signature]*

TITLE Assistant Fire Marshal

OFFICE SFMO-Western

DATE 08/22/2017

SURVEYOR ID 25557

K10

FIRE AUTHORITY OFFICIAL (Signature)

TITLE Fire Marshal Manager

OFFICE SFMO-Western

DATE

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

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

W-0941-008

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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K6 DATE OF PLAN APPROVAL 09/27/2009	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>07</u> NUMBER OF THIS BUILDING <u>01</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING									
<table border="1"> <tr><th colspan="3">HEALTH CARE FORM</th></tr> <tr><td>12</td><td>2786R</td><td>2012 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2012 NEW</td></tr> </table>	HEALTH CARE FORM			12	2786R	2012 EXISTING	13	2786R	2012 NEW	SMALL (16 BEDS OR LESS) K8 <input type="checkbox"/> 1. PROMPT 2. SLOW 3. IMPRACTICAL
HEALTH CARE FORM										
12	2786R	2012 EXISTING								
13	2786R	2012 NEW								
<table border="1"> <tr><th colspan="3">AHCO FORM</th></tr> <tr><td>14</td><td>2786U</td><td>2012 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2012 NEW</td></tr> </table>	AHCO FORM			14	2786U	2012 EXISTING	15	2786U	2012 NEW	LARGE K8 <input type="checkbox"/> 4. PROMPT 5. SLOW 6. IMPRACTICAL
AHCO FORM										
14	2786U	2012 EXISTING								
15	2786U	2012 NEW								
<table border="1"> <tr><th colspan="3">ICF/IID FORM</th></tr> <tr><td>16</td><td>2786V, W, X</td><td>2012 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2012 NEW</td></tr> </table>	ICF/IID FORM			16	2786V, W, X	2012 EXISTING	17	2786V, W, X	2012 NEW	APARTMENT HOUSE K8 <input type="checkbox"/> 7. PROMPT 8. SLOW 9. IMPRACTICAL
ICF/IID FORM										
16	2786V, W, X	2012 EXISTING								
17	2786V, W, X	2012 NEW								
*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE										

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
K321: <input type="checkbox"/> K351: <input type="checkbox"/>	ENTER E - SCORE K5: <input type="checkbox"/> e.g. 2.5

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

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K0180
B. <input type="checkbox"/>	A. <input checked="" type="checkbox"/> FULLY SPRINKLERED (All required areas are sprinklered) B. <input type="checkbox"/> PARTIALLY SPRINKLERED (Not all required areas are sprinklered) C. <input type="checkbox"/> NONE (No sprinkler system)

*MANDATORY

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

W-0941-009

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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K6 DATE OF PLAN APPROVAL 09/27/2009	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>07</u> NUMBER OF THIS BUILDING <u>02</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING																											
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HEALTH CARE FORM																												
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17	2786V, W, X	2012 NEW																										
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<p>(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)</p> <p>K321: <input type="checkbox"/> K351: <input type="checkbox"/></p>	<p>COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING</p> <p>ENTER E - SCORE</p> <p>K5: <input type="checkbox"/> e.g. 2.5</p>
--	---

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

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K0180
B. <input type="checkbox"/>	<p>A. <input checked="" type="checkbox"/> FULLY SPRINKLERED (All required areas are sprinklered)</p> <p>B. <input type="checkbox"/> PARTIALLY SPRINKLERED (Not all required areas are sprinklered)</p> <p>C. <input type="checkbox"/> NONE (No sprinkler system)</p>

*MANDATORY

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

W-0941-010

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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K6 DATE OF PLAN APPROVAL 06/17/2013	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>07</u> NUMBER OF THIS BUILDING <u>03</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING																											
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*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE																												

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
K321: <input type="checkbox"/> K351: <input type="checkbox"/>	ENTER E - SCORE K5: <input type="checkbox"/> e.g. 2.5

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

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K0180
B. <input type="checkbox"/>	<p>A. <input checked="" type="checkbox"/> FULLY SPRINKLERED (All required areas are sprinklered)</p> <p>B. <input type="checkbox"/> PARTIALLY SPRINKLERED (Not all required areas are sprinklered)</p> <p>C. <input type="checkbox"/> NONE (No sprinkler system)</p>

*MANDATORY

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

W-0941-011

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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K6 DATE OF PLAN APPROVAL 11/01/2003	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>07</u> NUMBER OF THIS BUILDING <u>04</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING									
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HEALTH CARE FORM										
12	2786R	2012 EXISTING								
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<table border="1"> <tr><th colspan="3">AHCO FORM</th></tr> <tr><td>14</td><td>2786U</td><td>2012 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2012 NEW</td></tr> </table>	AHCO FORM			14	2786U	2012 EXISTING	15	2786U	2012 NEW	LARGE K8 <input type="checkbox"/> 4. PROMPT 5. SLOW 6. IMPRACTICAL
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ICF/IID FORM										
16	2786V, W, X	2012 EXISTING								
17	2786V, W, X	2012 NEW								
*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE										

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.) K321: <input type="checkbox"/> K351: <input type="checkbox"/>	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING ENTER E - SCORE K5: <input type="checkbox"/> e.g. 2.5
---	--

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

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC B. <input type="checkbox"/>	K0180 A. <input checked="" type="checkbox"/> FULLY SPRINKLERED (All required areas are sprinklered) B. <input type="checkbox"/> PARTIALLY SPRINKLERED (Not all required areas are sprinklered) C. <input type="checkbox"/> NONE (No sprinkler system)
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*MANDATORY

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

W-0941-012

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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K6 DATE OF PLAN APPROVAL 09/27/2009	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>07</u> NUMBER OF THIS BUILDING <u>05</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING																											
<table border="1"> <tr><th colspan="3">HEALTH CARE FORM</th></tr> <tr><td>12</td><td>2786R</td><td>2012 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2012 NEW</td></tr> </table> <table border="1"> <tr><th colspan="3">AHCO FORM</th></tr> <tr><td>14</td><td>2786U</td><td>2012 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2012 NEW</td></tr> </table> <table border="1"> <tr><th colspan="3">ICF/IID FORM</th></tr> <tr><td>16</td><td>2786V, W, X</td><td>2012 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2012 NEW</td></tr> </table>	HEALTH CARE FORM			12	2786R	2012 EXISTING	13	2786R	2012 NEW	AHCO FORM			14	2786U	2012 EXISTING	15	2786U	2012 NEW	ICF/IID FORM			16	2786V, W, X	2012 EXISTING	17	2786V, W, X	2012 NEW	<p>SMALL (16 BEDS OR LESS)</p> <p>K8 <input type="checkbox"/> 1. PROMPT 2. SLOW 3. IMPRACTICAL</p> <hr/> <p>LARGE</p> <p>K8 <input type="checkbox"/> 4. PROMPT 5. SLOW 6. IMPRACTICAL</p> <hr/> <p>APARTMENT HOUSE</p> <p>K8 <input type="checkbox"/> 7. PROMPT 8. SLOW 9. IMPRACTICAL</p>
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*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE																												

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
K321: <input type="checkbox"/> K351: <input type="checkbox"/>	ENTER E - SCORE
	K5: <input type="checkbox"/> e.g. 2.5

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

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

FACILITY DOES NOT MEET LSC	K0180
B. <input type="checkbox"/>	A. <input checked="" type="checkbox"/> FULLY SPRINKLERED (All required areas are sprinklered) B. <input type="checkbox"/> PARTIALLY SPRINKLERED (Not all required areas are sprinklered) C. <input type="checkbox"/> NONE (No sprinkler system)

*MANDATORY

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

W-0941-015

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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K6 DATE OF PLAN APPROVAL 1958	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>07</u> NUMBER OF THIS BUILDING <u>06</u>	<input checked="" type="checkbox"/> A. BUILDING B. WING C. FLOOR D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING																											
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A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
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FACILITY DOES NOT MEET LSC	K0180
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**PART IV - FIRE SAFETY SURVEY REPORT
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(TO BE USED WITH CMS 2786 FORMS)**

W-0941-015

Provider Number K1 49-G002	Facility Name Central Virginia Training Center	Survey Date *K4 08/04 - 08/09/2017
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