

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

Printed: 03/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495141	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - PHARMACY DISPENSING AREA B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2018
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NAME OF PROVIDER OR SUPPLIER ALLEGHANY HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MAIN STREET CLIFTON FORGE, VA 24422
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 34730 Construction Type: II (000)</p> <p>Description of structure: The building is a single room within the main one story structure of unprotected steel bar joists and concrete floors. This is the Pharmacy Storage room only and does not contain sleeping areas.</p> <p>Sprinkler status: Fully sprinklered with an NFPA 13 supplied by the municipal water system, and QR sprinklers.</p> <p>An unannounced recertification Life Safety Code survey was conducted 03/14/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 (existing) regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p>	K 000	<p>Preparation, submission and implementation of this plan of correction does not constitute an admission of our agreement with the facts and conclusions set forth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/23/18
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER WILLEGHANY HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MAIN STREET CLIFTON FORGE, VA 24422
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K 000	INITIAL COMMENTS Surveyor: 34730 Construction Type: II (000) Description of structure: The building is a one story structure with unprotected steel bar joists and concrete floors. The porch is wood framed with a masonry roof. Sprinkler status: Fully sprinklered with an NFPA 13 supplied by the municipal water system, and QR sprinklers. The exterior sprinklers are supplied by an anti-freeze loop with a back flow prevention device and sectional control valves with tamper switches. An unannounced recertification Life Safety Code survey was conducted 03/14/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 (Existing) regulations. The facility was 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	Preparation, submission and implementation of this plan of correction does not constitute an admission of our agreement with the facts and conclusions set forth on the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 291		

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K 291	<p>Continued From page 1 Surveyor: 34730 Based on observation and inspection the facility failed to maintain emergency lighting. This has the ability to affect occupants of the smoke compartment.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 12:43 PM it was observed through observation and inspection that the battery power emergency light in the Electrical Room is not being maintain or is operational.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 291	<ol style="list-style-type: none"> The batteries were replaced in the battery powered emergency light in the electrical room. Emergency lighting will be checked for proper functioning. Emergency lighting will be checked weekly by the maintenance director or designee. Weekly checks will be reviewed and discussed in monthly QAPI for 3 months to ensure no issues. Date of completion March 30, 2018. 	
K 324 SS=F	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through</p>	K 324	<ol style="list-style-type: none"> The nozzles of the cooking suppression system were lined up to provide adequate coverage for the fryer and stovetop. The suppression system will be checked for proper alignment. The suppression system will be checked weekly for proper alignment by the maintenance director or designee. Weekly checks will be reviewed and discussed in QAPI monthly for 3 months to ensure no issues. Date of completion March 30, 2018. 	

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K 324	<p>Continued From page 2 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain cooking equipment. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 11:34 AM it was observed through observation and inspection that the nozzles of the cooking suppression system do not line up or provide adequate coverage for the fryer and the stovetop.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 324		
K 353 SS=F	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p>	K 353		

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K 353	<p>Continued From page 3</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 REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the sprinkler system. This has the ability to affect occupants of the smoke compartment.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 12:11 PM it was observed through observation and inspection that ceiling tiles in the PT Storage Room contain holes.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 353	<ol style="list-style-type: none"> 1. The ceiling tile was replaced in the PT storage room. 2. Storage areas will be checked for holes in the ceiling tile. 3. Storage areas will be checked monthly for holes in the ceiling tile by the maintenance director or designee. 4. Monthly checks will be reviewed and discussed in QAPI monthly for 3 months to ensure no issues. 5. Date of completion March 30, 2018. 	
K 362 SS=F	<p>Corridors - Construction of Walls CFR(s): NFPA 101</p> <p>Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or</p>	K 362		

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K 362	<p>Continued From page 4</p> <p>fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the coridor walls. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 11:27 AM it was observed through observation and inspection that there are several holes in the coridor wall in the Admin. Hall.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 362	<ol style="list-style-type: none"> 1. The holes in the corridor wall in the administration hallway were fixed. 2. Corridor hallways will be checked for holes. 3. Corridor hallways will be checked monthly for holes by the maintenance director and designee. 4. Monthly checks will be reviewed and discussed monthly in QAPI for 3 months to ensure no issues. 5. Date of completion March 30, 2018. 	
K 363 SS=D	<p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxilliary spaces that</p>	K 363		

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K 363	<p>Continued From page 5</p> <p>do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. 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. 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 34730</p> <p>Based on observation and inspection the facility failed to maintain corridor doors. This has the ability to affect occupants of the smoke compartment.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 11:59 AM it was observed through observation and inspection that the corridor door to the Wound Nurse's Office has an unprotected through penetration.</p>	K 363	<ol style="list-style-type: none"> 1. The unprotected through penetration on the wound nurse corridor door was fixed. 2. Corridor doors will be checked for unprotected through penetrations. 3. Corridor doors will be checked monthly for unprotected through penetrations by the maintenance director or designee. 4. Monthly checks of the corridor doors will be reviewed and discussed in QAPI monthly for 3 months to ensure no issues. 5. Date of completion March 30, 2018. 	

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K 363	Continued From page 6 The Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 363		
K 712 SS=F	<p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to conduct fire drills. This has the ability to affect all occupants of the building.</p> <p>Findings include: On 3-14-18 at approximately 10:00 AM it was observed during the record review that documentation could not be provided to show that fire drills were held for June, July and October 2017.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 712	<ol style="list-style-type: none"> 1. Fire Drill was conducted as required. 2. Maintenance Director was educated on the importance of fire drills being conducted as required. 3. Fire drills will be conducted as required by the maintenance director or designee. 4. Fire drill reports will be turned into the Administrator or designee for review and signature. 5. Date of completion March 30, 2018. 	
K 911 SS=F	<p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other</p>	K 911		

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K 911	<p>Continued From page 7</p> <p>List in the REMARKS section any NFPA 99 Chapter 6 Electrical 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 6 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the electrical system. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 11:16 AM it was observed through observation and inspection that a receptacle in the Conference Room is not installed properly.</p> <p>On 3-14-18 at approximately 11:18 AM it was observed through observation and inspection that one power strip is plugged into another power strip.</p> <p>On 3-14-18 at approximately 11:37 AM it was observed through observation and inspection that a receptacle in the Classroom is missing the approved cover.</p> <p>On 3-14-18 at approximately 11:55 AM it was observed through observation and inspection that a receptacle in the Central Supply is missing the approved cover.</p> <p>On 3-14-18 at approximately 12:08 PM it was observed through observation and inspection that a receptacle in the MDS Office is damaged.</p>	K 911	<ol style="list-style-type: none"> 1. The receptacles in the conference room, classroom, central supply and MDS were repaired. The power strip was removed from being plugged into another power strip. 2. Receptacles were checked for proper installment and covers. Power strips were checked to ensure another power strip was not plugged into it. 3. Receptacles and power strips will be checked monthly by maintenance director or designee to ensure proper installment and covers. 4. Monthly checks will be reviewed and discussed in QAPI monthly for 3 months to ensure no issues. 5. Date of completion March 30, 2018. 	

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K 911	Continued From page 8 The Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 911		
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 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, readily identifiable, and separate from normal power circuits. 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)	K 918	<ol style="list-style-type: none"> 1. The main and feeder circuit breakers will be tested according to manufacturer requirements on April 9, 2018 by Electric Power Systems. The generator was exercised for 4 continuous hours. 2. Breakers and the generator will be checked for proper inspections and testing. 3. Main and feeder circuit breakers will be inspected annually according to manufacturer requirements. The generator will be exercised for 4 continuous hours every 36 hours by maintenance director or designee. 	

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K 918	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 34730</p> <p>Based on observation and inspection the facility failed to maintain the generator system. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 10:05 AM it was observed through observation and inspection that during the record review documentation could not be provided to show that main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements.</p> <p>On 3-14-18 at approximately 10:06 AM it was observed through observation and inspection that during the record review documentation could not be provided to show that the generator is exercised once every 36 months for 4 continuous hours.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 918	<p>4. Circuit breaker test and generator exercise will be reviewed and discussed in QAPI to ensure completed when required.</p> <p>5. Date of completion April 9, 2018.</p>	
K 921 SS=F	<p>Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101</p> <p>Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6</p>	K 921		

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

Printed: 03/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495141	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2018
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NAME OF PROVIDER OR SUPPLIER WALLEGHANY HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MAIN STREET CLIFTON FORGE, VA 24422
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K 921	<p>Continued From page 10</p> <p>before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training.</p> <p>10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 34730</p> <p>Based on observation and inspection the facility failed to maintain portable patient-care related electrical equipment (PCREE). This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 3-14-18 at approximately 10:08 AM it was observed through observation and inspection that during the record review documentation could not be provided to show that the PCREE has been tested as required.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 921	<ol style="list-style-type: none"> 1. The patient care related electrical equipment will be tested on April 3, 2018 by Medical Equipment Services as required. 2. Patient care related electrical equipment checked to ensure tested. 3. Patient care related electrical equipment will be checked as required by maintenance director or designee. 4. Patient care related electrical equipment testing will be reviewed and discussed in QAPI monthly for 3 months to ensure no issues. 5. Date of completion April 3, 2018. 	