

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

Printed: 12/21/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495188	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  12/21/2017
NAME OF PROVIDER OR SUPPLIER <b>APPOMATTOX HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 EVERGREEN AVE APPOMATTOX, VA 24522</b>		
(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: 34730 Construction Type: V(111)  Number of stories: One Story  Building description: The facility is a one-story building of wood frame construction with concrete floors, and is separated from the two-story building by a 2-hour rated barrier wall.  Sprinkler Status: The building is fully sprinklered and protected by NFPA #13 systems supplied by a 30,000 gallon static water tank and a diesel fire pump.  An unannounced standard recertification Life Safety Code survey was conducted 12/21/17 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	Appomattox Health and Rehabilitation Center's Fire Marshall POC  The facility desires that the Plan of Correction be considered the facility's allegation of compliance.  The statements made in this POC are not an admission and do not constitute agreement with the alleged deficiencies here in.  Completion Date 1/26/2018	
K 161	NFPA 101 Building Construction Type and Height  Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5	K 161		

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

TITLE

(X6) DATE

*[Signature]*

Administrator

12/29/17

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 161	Continued From page 1  Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)  7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection it was determined that the facility failed to maintain building construction. This has the ability to affect all occupants of the building.	K 161		

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K 161	Continued From page 2 Findings include:  On 12-21-17 at approximately 10:28 am it was observed through observation and inspection that the cross corridor smoke doors by the Main Entrance are not being maintained smoke tight.  On 12-21-17 at approximately 11:24 am It was observed through observation and inspection that there is an unprotected penetration in the Attic smoke barrier above the Zone 3 doors.  On 12-21-17 at approximately 11:30 am it was observed through observation and inspection that the rated Attic access door is not being maintained self closing and latching.  The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 161	1. On 12/20/2017 the cross corridor smoke doors were adjusted to maintain smoke tight.  On 12/21/2017 caulking added to eliminate any unprotected penetration in the attic smoke barrier above the Zone 3 doors.  Contacted Fire Contractor 12/26/2017 to repair/replace attic access door to maintain self closing and latching.  2. Maintenance Director to review monthly smoke doors, any unprotected penetrations in smoke barriers and the attic access door for proper closure and latching.  3. Maintenance Director will verify quarterly to ensure compliance. (Smoke doors maintain smoke tight, no unprotected penetrations in the attic smoke barrier, and the attic access door properly closes and latches.)  4. Each process will be reviewed in QA for two quarters.  5. Completion 1/26/2018	
K 345	NFPA 101 Fire Alarm System - Testing and Maintenance  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25  This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection it was determined that the facility failed to maintain the	K 345	1. On 12/21/2017 (2) heat detectors were reattached to the mounting bracket.  2. Maintenance Director will review monthly and reattach as needed.  3. Maintenance Director will review any heat detectors quarterly to ensure compliance of all heat detectors attached as required.  4. Process will be reviewed in QA for two quarters.  5. Completion 12/21/2017.	

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K 345	Continued From page 3 fire alarm system. This has the ability to affect all occupants of the building.  Findings include:  On 12-21-17 at approximately 11:24 am It was observed through observation and inspection that 2 heat detectors in the Attic are not securely mounted to the mounting bracket.  The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 345		
K 911	NFPA 101 Electrical Systems - Other  Electrical Systems - Other 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) This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection it was determined that the facility failed to maintain the electrical system. This has the ability to affect all occupants of the building.  Findings include:  On 12-21-17 at approximately 10:40 am it was observed through observation and inspection that there is an open junction box above the ceiling above the Zone 3 doors.  The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 911	1. On 12/21/2017 Device was reattached to the Junction Box. 2. Maintenance Director to review monthly and make repairs as needed. 3. Maintenance Director to review and verify quarterly to ensure compliance that no functions boxes are open. 4. Process will be reviewed in QA for two quarters 5. Completion 12/21/2017.	

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K 918 K 918	Continued From page 4 NFFA 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 NFFA 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 NFFA 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 (NFFA 99), NFFA 110, NFFA 111, 700.10 (NFFA 70) This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection it was determined that the facility failed to maintain the	K 918 K 918	1. On 12/26/2017 Electrical contractor reviewed the electrical system. Annual main and feeder circuit breaker scheduled for inspection on or before 1/26/2018. 2. Maintenance Director to establish a PM to ensure compliance with testing and exercising breakers. 3. Maintenance Director to review and verify monthly to ensure compliance. 4. Process will be reviewed in QA for two quarters. 5. Completion 1/26/2018.	

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K 918	Continued From page 5 electrical system. This has the ability to affect all occupants of the building.  Findings include:  On 12-21-17 at approximately 10:00 am it was observed through observation and inspection the documentation could not be provided to show that the 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.  The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 918		
K 919	NFPA 101 Electrical Equipment - Other  Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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 10 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection it was determined that the facility failed to maintain electrical equipment. This has the ability to affect all occupants of the building.  Findings include:  On 12-21-17 at approximately 10:25 am it was observed through observation and inspection that a power strip is not plugged directly into a	K 919	1. On 12/20/2017 The power strip was plugged directly into a permanently installed receptacle. 2. Maintenance Director In-serviced department head staff regarding the use of power strips. 12/27/2017 3. Maintenance to review monthly to verify and ensure compliance. 4. Process will be reviewed in QA for two quarters. 5. Completion 12/20/2017.	

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K 919	Continued From page 6 permanently installed receptacle in the HR Office.  On 12-21-17 at approximately 10:26 am it was observed through observation and inspection that a hair dryer in the Beauty Shop has a damaged power cord and is in use.  The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 919	1. Hair Dryer power plug replaced 12/27/2017. 2. Maintenance Director to relview monthly power plugs for any damaged cords and replace as needed. 3. Maintenance to verify power cords monthly to ensure compliance. 4. Process will be reviewed in QA for two quarters. 5. Completion 12/27/2017.	

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 34730 Construction Type: II(111)</p> <p>Number of stories: Two Stories</p> <p>Building description: The facility is a two-story building separated from the one-story main building by a 2-hour rated barrier wall. The first floor contains the dining area, kitchen, and Physical Therapy Gym. The basement contains the mechanical room and laundry facility. There are no sleeping areas in this building.</p> <p>Sprinkler Status: The building is fully sprinklered and protected by NFPA #13 systems supplied by a 30,000 gallon static water tank and a diesel fire pump.</p> <p>An unannounced standard recertification Life Safety Code survey was conducted 12/21/17 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.</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 324	<p><b>NFPA 101 Cooking Facilities</b></p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control</p>	K 324	<p>1. Kitchen Hood Vents were cleaned on 12/27/2017.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12/29/17</i>
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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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K 324	<p>Continued From page 1 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 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This Standard is not met as evidenced by: Surveyor: 34730</p> <p>Based on observation and inspection it was determined that 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 12-21-17 at approximately 11:09 am it was observed through observation and inspection that the Kitchen Hood Vents have an accumulation of grease.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by</p>	K 324	<ol style="list-style-type: none"> <li>2. Maintenance Director to review/clean monthly and other times as needed.</li> <li>3. Maintenance Director and Dining Services Manager to verify monthly to ensure compliance.</li> <li>4. Process will be reviewed in QA for two quarters.</li> <li>5. Completion 12/27/2017.</li> </ol>	

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K 324	Continued From page 2 observation and interview.	K 324		
K 741	<p><b>NFPA 101 Smoking Regulations</b></p> <p><b>Smoking Regulations</b> Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p> <p>This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection it was determined that the facility failed to maintain smoking regulations. This has the ability to affect all occupants of the building.</p> <p>Findings include:  On 12-21-17 at approximately 11:35 am It was</p>	K 741	<ol style="list-style-type: none"> <li>1. Non-Approved Smoking Area cleaned 12/28/2017 of cigarette butts.</li> <li>2. Staff in-service scheduled to review designated smoking area 12/28/2017.</li> <li>3. Maintenance Director to review/clean monthly and other times as needed to ensure compliance provided.</li> <li>4. Process will be reviewed in QA for two quarters.</li> <li>5. Completion 12/28/2017.</li> </ol>	

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K 741	Continued From page 3 observed through observation and inspection that cigarettes are being improperly disposed of in an area not approved by the facilities smoking regulations.  The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 741		
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	1. On 12/26/2017 Electrical contractor reviewed the electrical system.  Annual main and feeder circuit breaker scheduled for inspection on or before 1/26/2018.  2. Maintenance Director to establish a PM to ensure compliance with testing and exercising breakers.  3. Maintenance Director to review and verify monthly to ensure compliance.  4. Process will be reviewed in QA for two quarters.  5. Completion 1/26/2018.	

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

Printed: 12/21/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495188	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02  B. WING _____	(X3) DATE SURVEY COMPLETED  12/21/2017
NAME OF PROVIDER OR SUPPLIER <b>APPOMATTOX HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 EVERGREEN AVE APPOMATTOX, VA 24522</b>		
(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 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: 34730 Based on observation and inspection it was determined that 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 12-21-17 at approximately 10:00 am it was observed through observation and inspection the documentation could not be provided to show that the 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.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.</p>	K 918		

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

2W- 1648-001

Provider Number K1 49-5188	Facility Name Appomattox Health & Rehab	Survey Date *K4 12-21-17
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K6 DATE OF PLAN APPROVAL 06-1988	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>02</u> NUMBER OF THIS BUILDING <u>02</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																											
<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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(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						
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\*MANDATORY

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

W- 1648-001

Provider Number K1 49-5188	Facility Name Appomattox Health & Rehab	Survey Date *K4 12-21-17
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K6 DATE OF PLAN APPROVAL 06-1988	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>02</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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\*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

W-1648-001

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

1. (A) PROVIDER NUMBER 49-5188 K1  
1. (B) MEDICAID I.D. NO. 49-51883 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 Appomattox Health & Rehab Building #1 Main Admin: Cynthia Smith	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING <u>0102</u> B. WING _____ C. FLOOR _____	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) <u>235 Evergreen Ave. Appomattox, VA 24522</u>	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
3. SURVEY FOR <input checked="" type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID	4. DATE OF SURVEY <u>12-21-17</u> K4	DATE OF PLAN APPROVAL <u>06-1988</u> K6	SURVEY UNDER 5. <input checked="" type="checkbox"/> 2012 EXISTING K7 6. <input type="checkbox"/> 2012 NEW

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) \_\_\_\_\_

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY <u>60</u>	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE _____	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE <u>60</u>	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID <u>60</u> e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID _____
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7. A.  THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

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

B.  THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <i>Joseph B. Bono</i>	TITLE Deputy State Fire Marshal	OFFICE SFMO - Region 6	DATE 12-22-17
SURVEYOR ID 34730	TITLE Chief Deputy State Fire Marshal	OFFICE SFMO- Region 6	DATE 12-22-17

FIRE AUTHORITY OFFICIAL (Signature)  
*Joseph B. Bono*

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

W-1648-002

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

1. (A) PROVIDER NUMBER  
49-5188

1. (B) MEDICAID I.D. NO.  
49-51883

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 Appomattox Health & Rehab Building #2 Dining Services Admin: Cynthia Smith	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING 0202 B. WING _____ C. FLOOR _____	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) 235 Evergreen Ave. Appomattox, VA 24522	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
3. SURVEY FOR <input checked="" type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID	4. DATE OF SURVEY 12-21-17	DATE OF PLAN APPROVAL 06-1988	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 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 0	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE 0	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE 0	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID 0	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID _____
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7. A.  THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

1.  COMPLIANCE WITH ALL PROVISIONS 2.  ACCEPTANCE OF A PLAN OF CORRECTION 3.  RECOMMENDED WAIVERS 4.  FSES 5.  PERFORMANCE BASED DESIGN
- B.  THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <i>Joseph R. Bano</i> SURVEYOR ID 34730 K10	TITLE Deputy State Fire Marshal	OFFICE SFMO - Region 6	DATE 12-22-17
FIRE AUTHORITY OFFICIAL (Signature) <i>Charles D. Holt</i>	TITLE Chief Deputy State Fire Marshal	OFFICE SFMO- Region 6	DATE 12-22-17

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