

To be considered acceptable, the POC must include five (5) components:

1. Address the corrective action taken for the identified problem
2. Address how facility will identify similar occurrences of the problem
3. Identify measures/systemic changes to ensure deficient practice will not recur
4. Indicate how facility will monitor its performance
5. Date of correction, not to exceed 45<sup>th</sup> day after the survey.

NOTE: If correction/compliance by the 45<sup>th</sup> day after the survey is not possible, the facility's POC must be accompanied by a Time-Limited Waiver request with appropriate justification. The waiver request and supporting documentation will be reviewed by the State Fire Marshal's Office and the Virginia Department of Health for a final recommendation to CMS. Please be aware, the timeline involved in the Time Limited Waiver request and final approval process does not delay the potential imposition of enforcement actions.

If concerns regarding a citation are not resolved, in accordance with §488.331, the facility has one (1) opportunity to question cited deficiencies through the current Virginia Department of Health's informal dispute resolution (IDR) process. To be considered, the IDR request must be received by the State Fire Marshal's Office within 10 calendar days of your receipt of the enclosed survey findings. An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions taken by CMS or DMAS.

#### Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS 2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

If you have any questions or if we may be of assistance to you, please call (540) 317-7670.

Sincerely,

Greg Harp,  
State Fire Marshal's Office

Attachment

/

cc: file

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

Printed: 09/28/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/15/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MADISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>NUMBER ONE AUTUMN COURT MADISON, VA 22727</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: 35701 Type of Structure: One (1) story, (1987), Type V (111) unprotected wood frame construction with three (3) smoke compartments and a complete automatic (dry) sprinkler system.  An unannounced recertification Life Safety Code survey was conducted on 09/15/2017 in accordance with 42 Code of Federal Regulation, Part 483.70: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 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		
K 161 SS=D	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  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	K 161		

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

TITLE

(X6) DATE

*Michelle Pyle*

*Administrator*

*10-5-17*

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	<p>Continued From page 1</p> <p>non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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.</p> <p>This Standard is not met as evidenced by: Surveyor: 35701</p> <p>Based on observation, the facility failed to maintain the construction requirements for type V (111) construction. This has the potential to affect one smoke compartment.</p> <p>The Findings include:</p> <p>It was observed on 09/15/2017 at 11:51 AM, an unapproved spray foam was used to seal penetrations around the sprinkler pipe above ceiling in the south wing near room 101.</p>	K 161	<ol style="list-style-type: none"> <li>(K-161) On 9/15/17 it was identified that the sprinkler pipe in the ceiling of south wing near room 101, there was unapproved foam used to seal the penetration in the pipe. Maintenance Director obtained correct sealant.</li> <li>Maintenance staff will complete a thorough check on the facility's ceiling pipes to identify any other errors and correct them.</li> <li>Maintenance staff will inspect sprinkler pipes for any further errors twice per year.</li> <li>If errors are found during rounds, they will be documented and corrected immediately and reported in facility's Safety Meeting.</li> <li>Date of compliance 10/20/17.</li> </ol>	
K 353 SS=D	<p>NFPA 101 Sprinkler System - Maintenance and Testing</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,</p>	K 353		

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K 353	Continued From page 2 Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the sprinkler system. This has the potential to affect one smoke compartment.  The Findings include:  It was observed on 09/15/2017 at 11:44 AM, gray cables was attached to the sprinkler pipe located in the south wing above ceiling by room 117.	K 353	1. (K-353) It was identified on 9/15/17 that there were gray cables touching the sprinkler pipes running above the ceiling tiles. This was above ceiling near room 117. Maintenance Director was made aware to correct this deficiency as soon as possible. 2. Maintenance department will inspect the facility for similar errors of attachments to the sprinkler piping above ceiling tiles. 3. Maintenance Director will periodically (minimum of two times/year) check to ensure that nothing is attached to sprinkler piping within the facility. 4. If errors/deficiencies are noted, the Maintenance Director will report findings to Administrator and to company that may have violated the fire code to provide them with needed education. 5. The gray cords that were found to be attached to the sprinkler piping will be removed by the maintenance dept by 10/20/17.	
K 918 SS=D	NFPA 101 Electrical Systems - Essential Electric Syste  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	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: Surveyor: 35701</p> <p>Based on observation and interview, the facility failed to maintain the emergency generator. This has the potential to affect all residents in the main building.</p> <p>The Findings include:</p> <p>It was observed on 09/15/2017 at approximately 12:00 PM, the emergency generator set location identified as kW 200 was not equipped with an emergency stop switch outside of the generator set location. An interview with the maintenance supervisor revealed the facility was not aware the emergency generator was required to have the emergency stop installed outside the generator set location.</p>	K 918	<ol style="list-style-type: none"> <li>1. (K-918) On 9/15/17, Emergency generator kW200 was identified without the appropriate emergency stop switch outside the generator set location. Maintenance Director was educated by inspector re: this violation of code. Maintenance Director looked up generator supply company to call to correct this violation.</li> <li>2. Maintenance Director to make contact with generator company to order proper parts and set an appointment for generator to be corrected.</li> <li>3. All Maintenance staff was immediately made aware of this requirement and plan to correct error.</li> <li>4. Any replacement or new generators will be ensured to have correct emergency stop valve.</li> <li>5. Required appointment and repair/correction of the generator will be completed by 10/27/17 or as soon as the generator company can schedule repairs and complete them.</li> </ol>	



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K 918	Continued From page 4  NFPA 110 2010 5.6.5.6* All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. 5.6.5.6.1 The remote manual stop station shall be labeled.	K 918		
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5	K 920	<ol style="list-style-type: none"> <li>(K-920) On 09/15/2017, when extension cord was identified it was immediately removed by the Maintenance Director during facility survey.</li> <li>On the evening of 09/15/17, the facility maintenance staff conducted a complete walk through of the building to identify any other occurrences of the use extension cords. None were found.</li> <li>The facility will inspect the building weekly for the use of unapproved extension cords and remove them immediately if any are found during these rounds.</li> <li>Maintenance Director will keep record of any violations that are found and educate the staff/family/visitors of proper fire safety code when needed.</li> <li>This deficiency was corrected at time of observation on 09/15/2017.</li> </ol>	

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K 920	Continued From page 5 This Standard is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect one smoke compartment.  The Findings include:  It was observed on 09/15/2017 at 11:30 AM, a green extension cord located in the south wing room 118 was connected to a clock near the window.	K 920		
K 921 SS=D	NFPA 101 Electrical Equipment - Testing and Maintenanc  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 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	K 921	1. (K-921) Facility immediately located the equipment needed to test and maintain the electrical equipment in the building. 2. During the week of 9/18/17, the maintenance department Tested and tagged all patient care electrical equipment. 3. The facility created and will maintain a binder with electrical equipment tests and ensure that it is updated as required. 4. Facility maintenance department will review and update the electrical monitoring binder annually and as needed. 5. Date of compliance = 10/20/17	

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K 921	<p>Continued From page 6</p> <p>responsible for the testing, maintenance and use of electrical appliances receive continuous training. 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 Standard is not met as evidenced by: Surveyor: 35701</p> <p>Based on interview, facility failed to maintain electrical equipment. This has the potential to affect all residents.</p> <p>The Findings include:</p> <p>An interview with the maintenance supervisor on 09/15/2017 at 11:11 AM revealed the facility was not conducting required physical integrity, resistance, leakage current and touch current test for fixed and portable patient care related electrical equipment.</p>	K 921			



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K 000	<b>INITIAL COMMENTS</b>  Surveyor: 35701 Type of Structure: One (1) story, (2006), Type V (111) unprotected wood frame construction with three (3) smoke compartments and a complete automatic (dry) sprinkler system.  An unannounced recertification Life Safety Code survey was conducted on 09/15/2016 in accordance with 42 Code of Federal Regulation, Part 483.70: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2012 new 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		
K 161 SS=D	<b>NFPA 101 Building Construction Type and Height</b>  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  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	K 161		

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

TITLE

(X6) DATE

*Michelle Lyle*

*Administrator*

*10-5-17*

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	<p>Continued From page 1</p> <p>non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>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)</p> <p>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: 35701 Based on observation, the facility failed to maintain the construction requirements for type V (111) construction. This has the potential to affect one smoke compartment.</p> <p>The Findings include:</p> <p>It was observed on 09/15/2017 at 12:18 PM, penetrations in the 4 hour fire rated wall located in the attic of the Monroe Room was not sealed at the 5 inch sleeve with two electrical conduits.</p>	K 161	<ol style="list-style-type: none"> <li>(K-161) On 9/15/17 one unsealed penetration was identified in the attic above the Monroe Room. Maintenance Director purchased foam to seal the penetration that same day.</li> <li>Similar occurrences will be identified by checking the attic spaces at least twice per year.</li> <li>Maintenance staff will look for and identify any unsealed penetrations while making regular scheduled rounds.</li> <li>If errors are found during rounds, they will be documented and corrected immediately.</li> <li>Date of compliance 10/20/17.</li> </ol>	
K 353 SS=D	<p>NFPA 101 Sprinkler System - Maintenance and Testing</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,</p>	K 353		

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K 353	<p>Continued From page 2</p> <p>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: Surveyor: 35701 Based on observation, the facility failed to maintain the sprinkler system. This has the potential to affect one smoke compartment.</p> <p>The Findings include:</p> <p>It was observed on 09/15/2017 at 12:21 PM, a sprinkler head located in the north wing room 204 was loaded with dust.</p>	K 353	<ol style="list-style-type: none"> <li>(K-353) During survey inspection on 09/15/17, it was identified that a sprinkler head in north wing (room 204) was dirty/loaded. Housekeeping staff was immediately made aware of the problem after inspection and cleaned the sprinkler head.</li> <li>The staff, the next day, inspected the rest of the sprinkler heads in the building to see if others were dirty/loaded. One other was found and immediately cleaned.</li> <li>The housekeeping staff were reminded of their cleaning checklists to monitor sprinkler heads throughout the facility for their cleanliness.</li> <li>Housekeeping Supervisor will ensure that this task is Accomplished by checking the building for dirty sprinkler heads Once a month.</li> <li>All sprinkler heads cleaned throughout the facility by 10/20/17.</li> </ol>	
K 921 SS=D	<p>NFPA 101 Electrical Equipment - Testing and Maintenance</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 before being put into service and after any repair or modification. Any system consisting of several</p>	K 921		

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:  <b>495244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - EXPANSION</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/15/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MADISON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>NUMBER ONE AUTUMN COURT MADISON, VA 22727</b>		
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K 921	<p>Continued From page 3</p> <p>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 Standard is not met as evidenced by: Surveyor: 35701</p> <p>Based on interview, facility failed to maintain electrical equipment. This has the potential to affect all residents.</p> <p>The Findings include:</p> <p>An interview with the maintenance supervisor on 09/15/2017 at 11:11 AM revealed the facility was not conducting required physical integrity, resistance, leakage current and touch current test for fixed and portable patient care related electrical equipment.</p>	K 921	<ol style="list-style-type: none"> <li>1. (K-921) Facility immediately located the equipment needed to test and maintain the electrical equipment in the building.</li> <li>2. During the week of 9/18/17, the maintenance department Tested and tagged all patient care electrical equipment.</li> <li>3. The facility created and will maintain a binder with electrical equipment tests and ensure that it is updated as required.</li> <li>4. Facility maintenance department will review and update the electrical monitoring binder annually and as needed.</li> <li>5. Date of compliance = 10/20/17</li> </ol>	