

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495413	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2017
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MECHANICSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116
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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
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{K 000}	INITIAL COMMENTS Description of structure: The facility is a one story with a construction of Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Life Safety Code revisit to the standard survey conducted on 5/16/17 was conducted on 7/14/17/17, 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 Health 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 345} SS=D	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: Based upon review of documentation and observations of the fire alarm system testing and inspection reports that there documentation does	{K 345}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE 7/25/17
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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.

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

Printed: 07/25/2017
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MECHANICSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116		
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{K 345}	Continued From page 1 not contain all the required information according to NFPA 72. Findings include Between 1:00 PM and 2:00 PM on 5/16/17, during review of fire alarm inspection and testing reports it is observed that there was no documentation noting that the sensitivity test of the smoke detectors has been done within the last 2 years at time of survey that notes the setting and location for each smoke detector .	{K 345}	<ol style="list-style-type: none"> 1) Maintenance Department will conduct this years inspections. 2) Will add specific testing to our fire inspection contract with all vendors current and future. 3) Will have building administrator and maintenance director inspect contract for specific instruction on inspections of building for fire safety. 4) Maintenance Director will include himself in all fire safety inspections 	7/24/17	