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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495253	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/06/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF NORFOLK	**1401 HALSTEAD AVENUE NORFOLK, VA 23502**

(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: 22353 Description of structure: 1 Story V (111) Sprinkler status: Fully Sprinklered An unannounced Life Safety Code survey was conducted 03/06/2018 to verify compliance 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		
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS	K 222		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Steven L. Wilson, Jr. | Administrator | 4/9/2018

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 222	Continued From page 1 Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced	K 222		

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K 222	Continued From page 2 by: Surveyor: 22353 Based upon observations, interviews & discussions there are doors that were found that did not close & latch properly. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: 27 doors from patient rooms & the corridor failed to close & latch properly. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 222	K 222 Egress Doors 1. The Maintenance director will remove the protective covering from the patient room and corridor frames for affected rooms to ensure doors close properly. 2. All doors in a required means of egress have the potential to be affected. 3. The Maintenance Director, or designee, will check all doors for proper closure on a monthly basis. All findings will be documented and corrections made. 4. Results of monthly inspections will be reviewed by the Administrator to ensure ongoing compliance. 5. May 7, 2018.	
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Surveyor: 22353 Based upon observations, interviews & discussions there are doors that were found that were held open with wooden chaulks.	K 223		

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K 223	Continued From page 3 Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: The door from the laundry room to the adjacent soiled linnen room was held open by a wooden chaulk. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 223	K 223 Doors with Self-Closing Devices 1. The wooden chauld has been removed from the laundry door. 2. All doors in an exit passageway are at risk. 3. Housekeeping and Laundry staff will be inserviced on the need for doors to be self closing and instruction will be given that no objects are to be used to hold doors open. 4. The Housekeeping Director will conduct an audit of the laundry door daily for 2 weeks and then weekly for 3 months to ensure doors are not being held open with wooden chaulks or other items. Results of these audits will be documented and reviewed by the Administrator. 5. May 7, 2018.	
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: Surveyor: 22353 Based upon observations, interviews & discussions emergency lights/exit lights (which had a back up battery power source)had no records of annual maintenance & testing. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: no records of the annual & monthly testing of emergency lights/exit lights (which had a back up battery power source) was provided at the time of the survey. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 291	K 291 Emergency Lighting 1. All emergency lights/exit lights have been tested. 2. All emergency lights/exit lights are at risk. 3. Maintenance Director, or designee, will ensure required monthly and annual testing is performed on emergency/exit lighting. This testing will be documented. 4. Documentation of required testing will be reviewed by the Administrator to ensure the presence of documentation of this testing. 5. May 7, 2018.	
K 345	Fire Alarm System - Testing and Maintenance	K 345		

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K 345 SS=D	Continued From page 4 CFR(s): NFPA 101 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 22353 Based upon observations, interviews & discussions the Fire Alarm System records indicate all of the Fire Alarm and associated ancillary equipment attached to it are not being properly tested annually. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: at the time of this survey, the Fire Alarm System maintenance records were incomplete.The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 345	K 345 Fire Alarm System – Testing and Maintenance 1. Fire alarm and associated equipment has been tested and documentation is now present at the facility. 2. All fire alarm and associated equipment tests are at risk. 3. Required testing will be scheduled and performed with contracted service provider. 4. Maintenance Director and Administrator will review testing on a monthly basis to verify that required testing has been performed and documentation is on file at the facility. 5. May 7, 2018.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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,	K 353		

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K 353	Continued From page 5 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 REQUIREMENT is not met as evidenced by: Surveyor: 22353 Based upon observations, interviews & discussions the Fire Alarm System records indicate all of the Fire Alarm and associated ancillary equipment attached to it are not being properly tested annually. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: at the time of this survey, the Fire Sprinkler System maintenance records were incomplete and found wires attached to or laying on sprinkler piping in the attic spaces.The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 353	K 353 Sprinkler System – Maintenance and Testing 1. Sprinkler system and associated equipment has been tested and documentation is now present at the facility. Wired found to be lying across the sprinkler pipes have been removed. 2. All sprinkler system and associated equipment are at risk. 3. Required testing will be scheduled and performed with contracted service provider. Monthly audits will be made of the sprinkler pipes in the attic to verify there are no wires lying on the pipes. 4. Maintenance Director and Administrator will review testing on a monthly basis to verify that required testing has been performed and documentation is on file at the facility. Maintenance Director, or designee, will document the audits of the pipes and review these monthly, for 3 months, with the Administrator. 5. May 7, 2018.	
K 362 SS=F	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls	K 362		

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K 362	Continued From page 6 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 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: 22353 Based upon observations & discussions there are open penetrations in the attic rated ceilings which will allow the passage of smoke & flames from one smoke compartment to another. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: open penetrations in the attic rated ceilings and flamable foam sealant was observedin the sprinkler control valve room around wires leading into the attic. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 362	K 362 Corridors – Construction of Walls 1. Open penetrations in the attic rated ceiling have been sealed. The flammable foam in the sprinkler control valve room has been removed and has been resealed with an approved sealant. 2. All walls with fire rating have the potential to be affected. 3. Maintenance, or other facility staff, will communicate with contractors that all penetrations must be resealed with an approved sealant. Maintenance staff will conduct monthly inspections of the attic areas to ensure there are no open penetrations and that all penetrations that have been sealed have approved sealant in use. 4. The Administrator will review documentation of the monthly attic space audit confirming that there are no open penetrations and that areas have been sealed with approved sealant. 5. May 7, 2018.	
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101	K 363		

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K 363	Continued From page 7 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 auxiliary spaces that do not contain flammable or combustible material. 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. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced	K 363		

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K 363	Continued From page 8 by: Surveyor: 22353 Based upon observations the smoke rated doors do not seal properly and have larger than allowed gaps that would allow smoke to pass through the doors. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: at the time of this survey, the gap under the rated doors in the corridor by rooms 100 & 101exceeded the allowed gap which could allow for the passage of smoke and gasses from one smoke compartment to another. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 363	K 363 Corridor – Doors 1. The corridor doors by rooms 100/101 have been repaired to ensure the gap under the rated doors do not exceed the requirement. 2. All corridor doors are at risk. 3. The Maintenance Director, or designee, will audit corridor doors once a month, for 12 months, to verify gaps do not exceed the allowable limit. 4. Audits will be documented and reviewed by the Administrator monthly, for 12 months. 5. May 14, 2018.	
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Surveyor: 22353	K 372	K 372 Subdivision of Building Spaces – Smoke Barrier 1. Fire dampers have been inspected and documentation is present in the facility of the inspection. 2. All Fire Dampers are at risk. 3. Required testing will be scheduled and performed with contracted service provider. 4. Maintenance Director and Administrator will review testing on a monthly basis to verify that required testing has been performed and documentation is on file at the facility. 5. May 14, 2018.	

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K 372	Continued From page 9 Based upon observations, interviews & discussions there were no records of Fire Dampers being tested in the last 4 years. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: at the time of this survey, there was no records provided for review at the time of this survey showing that the mechanical link fire dampers were tested in the last 4 years as required by NFPA 80. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 372		