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
	495156	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/08/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT ROANOKE	**324 KING GEORGE AVE SW ROANOKE, VA 24016**

(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: III (200) Description of structure: The facility is a single story building with a partial basement of brick exterior walls and unprotected noncombustible construction. The dining area has wood trusses and sheathing which classifies the building as type III (200) construction. A partial basement contains support services, laundry, mechanical equipment and storage rooms. The basement is classified as one large storage area. Sprinkler status: The facility is fully sprinklered with a NFPA #13 system. The system is supplied by city water and the pressure is supplemented by an electric fire pump. An unannounced recertification Life Safety Code survey was conducted 03/08/2018 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	**K 000** Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and /or executed solely because required by the provision of 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities.	
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to	K 211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy M. Bender — TITLE: Administrator — (X6) DATE: 3/18/18

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 211	Continued From page 1 full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain means of egress . This has the ability to affect all occupants in the building. Findings include: On 3-9-18 at approximately 11:40 AM it was observed through observation and interview that the corridor outside of the OT Area is being used to store medical equipment. The Facility Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 211	**K 211** 1. Medical equipment was removed from the corridor area outside the Rehab area on 3/8/18. 2. Code Red –Fire Emergency and Evacuation procedures are being revised to include staff tasks of removing all equipment from hallways & passageways during a fire emergency to ensure all means of egress are clear. 3. Inservices will be initiated for all staff by Maintenance Director or designee to educate staff on not blocking any means of egress. Education will also be provided regarding revised procedures for fire emergencies to ensure equipment is removed to maintain clear means of egress. Daily audit will be conducted for four weeks. 4. Audit results will be brought to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for review.	4/17/18
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source	K 325		

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K 325	Continued From page 2 * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain Alcohol Based Hand Rub Dispenser . This has the ability to affect occupants in 1 smoke compartment. Findings include: On 3-9-18 at approximately 10:43 AM it was observed through observation and interview that documentation could not be provided to show that the automatic ABHR dispenser in the Lobby is being inspected and tested as required by Section 18.3.2.6(11) or 19.3.2.6(11). The Facility Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 325	**K325** 1. The automatic ABHR dispenser was removed on 3/8/18 and replaced with a manual pump dispenser. 2. Maintenance Director educated Environmental staff and Maintenance Assistant that automatic dispenser will not be utilized, as it being replaced with a manual pump dispenser. 3. Weekly audit will occur for four weeks by Maintenance Director or designee to ensure manual pump dispenser remains in place. 4. The results of the audit will be brought to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for review and revisions as necessary.	4/17/18
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line	K 914		

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K 914	Continued From page 3 isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) 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. Findings include: On 3-9-18 at approximately 10:00 AM during the records review it was observed through observation and interview that documentation could not be provided to show that receptacles not listed as hospital-grade at the patient bed locations are tested at intervals not exceeding 12 months. The Facility Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 914	**K 914** 1. Kegley Electric was contacted by Maintenance Director on 3/8/18 to schedule a visit to test receptacles not listed as hospital-grade at patient bed locations before 4/17/18. 2. Testing will be added to TELS Preventive Maintenance System to ensure timely completion annually. 3. Results of testing will be maintained in Maintenance Office. 4. Testing results will be discussed at monthly Quality Assurance and Performance Improvement (QAPI) meeting if issues are identified.	4/17/18
K 918 SS=F	Electrical Systems - Essential Electric Syste 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	K 918		

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K 918	Continued From page 4 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) This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the generator system. This has the ability to affect all occupants of the building. Findings include: On 3-08-18 at approximately 10:05 AM during the	K 918	**K 918** 1. Kegley Electric was contacted by Maintenance Director on 3/8/18 to schedule a visit to test main and feeder circuit breakers before 4/17/18. 2. Testing will be added to TELS Preventative Maintenance System to ensure timely completion annually. 3. Results of the testing will be maintained in Maintenance Office. 4. Testing results will be discussed at monthly Quality Assurance and Preventative Improvement (QAPI) meeting if issues are identified.	4/17/18

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K 918	Continued From page 5 record review it was observed through observation and inspection that documentation could not be provided to show that the main and feeder circuit breakers are being inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 918		

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