STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495147	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT WAYNESBORO	**1221 ROSSER AVE** **WAYNESBORO, VA 22980**

(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: II(000) Description of structure: This is a single story, fully sprinklered building of unprotected non-combustible construction. Interior walls are metal studs with gypsum wallboard. The roof is metal decking over steel bar joists with a suspended acoustical ceiling system. Sprinkler status: Fully sprinklered An unannounced recertification Life Safety Code survey was conducted 01/25/17 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	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 of the Statement of Deficiencies. This plan of Correction is prepared and / or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	K 901	1. Full Facility Risk Assessment completed and implemented 2. Life Safety Manual is to include Full Facility Risk Assessment and Classification sheet. 3. Administrator and Maintenance Director were in-services on 1/25/17 by the Fire Marshall regarding K901. On an annual basis the Facility Risk Assessment should be evaluated. 4. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	2/24/17

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

Executive Director | 2/7/17

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 901	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and interview the facility failed to have a formal and documented Risk Assessment procedure. This has the ability to affect all occupants of the building. Findings include: On 01-26-17 at approximately 9:30 am it was observed through observation and inspection that the facility failed to provide a formal and documented Risk Assessment procedure for building systems in accordance with Chapter 4 of NFPA 99. The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 901		
K 915 SS=F	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an	K 915	1. The facility now has an EES classification and documentation is in the facility Life Safety Manual. 2. The facility now has an EES classification and documentation is in the facility Life Safety Manual. 3. Administrator and Maintenance Director was in-serviced on 1/25/17 by the Fire Marshall regarding K915 and EES classification to be reviewed on an annual basis. 4. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	2/24/17

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K 915	Continued From page 2 EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and interview the facility failed to have documentation of the essential electrical system (EES) category. This has the ability to affect all occupants of the building. Findings include: On 01-26-17 at approximately 9:40 am it was observed through observation and inspection that the facility failed to provide documentation for the type of EES category. The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 915		
K 918 SS=F	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. 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	K 918	1. The facility completed the last generator main and feeder circuit breakers testing on 1/28/16. The current annual test is schedule to be completed no later than 2/10/17 by the contracted vendor. 2. No other citations noted with K 918 and proper documentation will be kept in the facility Life Safety Manual. 3. Administrator and Maintenance Director was in-serviced on 1/25/17 by the Fire Marshall regarding K918. An audit will be completed on an annual basis regarding the generator main and feeder circuit breakers are inspected by the contracted vendor. Maintenance director will ensure compliance on an annual basis.	2/24/17

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K 918	Continued From page 3 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) This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and interview the facility failed to maintain the generator system. This has the ability to affect all occupants of the building. Findings include: On 01-26-17 at approximately 9:45 am it was observed through observation and inspection that the facility failed to provide documentation 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. The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 918	4. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	
K 921 SS=F	NFPA 101 Electrical Equipment - Testing and Maintenanc	K 921		

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K 921	Continued From page 4 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 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 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and interview the facility failed to maintain patient-care related electrical equipment (PCREE) . This has the ability to affect all occupants of the building. Findings include:	K 921	1. Portable Patient-care related electrical equipment (PCREE) is tested on a continuous basis by a contracted vendor. The most recent inspection was completed on 11/30/16. Current documentation is located in the Life Safety Manual. 2. No additional issues noted and next inspection is schedule for 2/1/17. 3. Administrator and Maintenance Director was in-serviced on 1/25/17 by the Fire Marshall regarding K921. Audits for the contracted vendor's inspections will be completed periodically by the maintenance director. 4. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	2/24/17

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K 921	Continued From page 5 On 01-26-17 at approximately 10:00 am it was observed through observation and inspection that the facility failed to provide documentation to show that 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. The Facility Maintenance Director and Administrator witnessed this evidence by observation and interview.	K 921		