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
	495206	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BON SECOURS-MARYVIEW NURSING C	4775 BRIDGE ROAD SUFFOLK, VA 23435

(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 Description of structure: The facility is 1 story/stories frame structure with a construction type of II (000) Sprinkler status: Fully Sprinklered in accordance with NFPA-13 An unannounced recertification Life Safety Code survey was conducted 04/02/2018 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegations of compliance. All alleged deficiencies have been or will be corrected by the date indicated K-291 1. Testing occurred of the emergency lighting of least as required. 2. Those emergency areas where emergency lighting exists will be identified and placed on a schedule. 3. A) A method /process has been developed to assure that emergency lighting is tested at all identified areas will occur in accordance with 7.9.18.2.9.1,19.2.9.1 B) An audit tool will be utilized by the Environmental director monthly to audit emergency lighting as required per regulation 4. The Environmental Director will provide feedback to Quality Assurance and Performance Improvement (QAPI) monthly on the findings of the emergency lighting audit/findings and follow up actions. 5. Date of Compliance 4/25/18	4/25/2018
K 291 SS=F	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: Based upon observations there are areas that do not have the required emergency lighting. Findings include Between 9:00 AM and 1:00 PM on 04/02/18 it is observed that emergency lighting testing of at least 1-1/2 hour duration is provided automatically is not being done.	K 291		
K 293 SS=F	Exit Signage CFR(s): NFPA 101 Exit Signage	K 293		

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

Administrator 4/12/18

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 293	Continued From page 1 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based upon observation, there is evidence that the emergency exit signage is not being properly maintained. Findings include Between 9:00 AM and 1:00 PM on 04/02/18, it is observed that the emergency exit signage throughout the facility is not visually inspected for operation of illumination. The above deficiencies were observed by the Plant Operations Manager.	K 293	K 293 1. The exit signage throughout the facility was inspected for visual illumination to assure proper maintenance. 2. Those areas where illuminated exit signs exist have been identified. 3. A) A method /process has been developed to identify all exit signage as required by regulation. B) An audit tool will be utilized by the Environmental director monthly to visually inspect the visual illumination as required per regulation 4. The Environmental Director will provide feedback monthly to Quality Assurance for three months on the findings of the audit tool for visual exit sign inspection. 5. Date of Completion 4/25/18	4/25/2018
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based upon observations, there is evidence that the electrical equipment is not being properly	K 511	K 511 1. The therapy dryer was inspected and lint removal occurred as needed. 2. Those areas requiring electrical inspection have been identified. 3. A) A method /process has been developed to identify areas requiring electrical inspection	4/25/2018

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K 511	Continued From page 2 maintained. Findings include Between 9:00 AM and 1:00 PM on 04/02/18 it is observed the physical therapy dryer is not being maintained with lint removal. The above deficiencies were observed by the Plant Operations Manager.	K 511	B) An audit tool will be utilized by the Environmental director monthly, to visually inspect those areas that require inspection as required per regulation. 4. The Environmental Director will provide feedback to Quality Assurance and Performance Improvement Committee (QAPI) monthly for three months on the findings of the audit for electrical inspection. 5. Date of Completion 4/25/18	
K 912 SS=F	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations patient room receptacles are not being tested. Findings include: Between 9:00 AM and 1:00 PM 04/02/18, it was observed that documentation was not available that the patient room receptacles are not being tested, the above deficiency was observed by the Plant Operations Manager.	K 912	K 912 1. Resident room receptacles were tested throughout the facility. 2. The receptacles were identified throughout the facility and identified by room location. 3. A) A method /process has been developed to identify resident room receptacles B) An audit tool will be utilized by the Environmental director monthly to validate testing of those areas that require inspection as required per requlation. 4. The Environmental Director will provide feedback to Quality Assurance and Performance Improvement Committee (QAPI) monthly for three months on the findings of the audit for resident receptacle testing.	4/25/2018
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99	K 919		

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K 919	Continued From page 3 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations of the electrical system that the required maintenance of the system is not being maintained. Findings include Between 9:00 AM and 1:00 PM on 04/02/18 it was observed open junction boxes without covers in the mechanical room. The above deficiencies were observed by the Director of Maintenance.	K 919	5. Date of completion 4/25/18 K 919 1. Covers were placed on the junction boxes identified in the mechanical room. 2. The junction boxes located at the facility have been identified and inspected. 3. A) A method /process has been developed to identify the junction boxes located at the facility B) An audit tool will be utilized by the Environmental director monthly to validate that the junction boxes are inspected and maintained with covers per regulation . 4. The Environmental Director will provide feedback to Quality Assurance and Performance Improvement Committee (QAPI) monthly for three months on the findings of the audit of the junction boxes inspection. 5. Date of Completion 4/25/18	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 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) assembles 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.	K 920	K 920 1. The areas that were identified in this citation have been corrected and the extension cords removed.	4/25/2018

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K 920	Continued From page 4 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 This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems that there is non-approved extension cord being used in patient care areas. Findings include Between 09:00 AM and 1:00 PM on 04/02/18 it is observed that there is extension cord in use in Room 226 plugged into a Christmas tree, multiadapter in use maintenance office, and daisy chain in use I.T. room. The above deficiency was observed by the Plant Operations Manager.	K 920	- Room 226 - Multi-adapter in maintenance office - Daisy chain in IT room 2. Rooms throughout the facility were identified and reviewed for improper use of non- approved extension cords in patient care areas. 3. A) A method /process has been developed to identify the improper use of non-approved extension cords B) An audit tool will be utilized by the Environmental director monthly to check for use of non- approved extension cords.. 4. The Environmental Director will provide feedback to Quality Assurance and Performance Improvement Committee (QAPI) monthly for three months on the findings of the audit of the non-approved extension cords. 5. Date of Completion 4/25/18	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual	K 923		

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K 923	Continued From page 5 cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations improper cylinder storage Findings include Between 9:00 AM and 1:00 PM on 04/02/18 it was observed that more then 300 cubic feet of full and empty size E oxyen tanks in storage. The above deficiencies were observed by the Plant Operations Manager.	K 923	K 923 1. The E tanks identified were removed from storage. 2. Those areas that store E tanks were identified and reviewed for proper cylinder storage. 3. A) A method /process has been developed to identify adequate number storage of E tanks/per Cubic Feet in the storage area B) An audit tool will be utilized by the Environmental director monthly to validate that the adequate number of E tanks/full and empty are stored in storage room per requirement . 4. The Environmental Director will provide feedback to Quality Assurance and Performance Improvement Committee (QAPI) monthly for three months, on the findings of the audit of the proper E tank/ cylinder storage. 5. Date of Completion 4/25/18	4/25/2018