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

W-0198-001

Printed: 03/21/2018 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING 01 - BUILDING 0101 COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 495386 B. WING 03/20/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 290 COMMONS PARKWAY CARRINGTON PLACE AT BOTETOURT COMM **DALEVILLE, VA 24083** (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (K 000) This plan of correction constitutes our {K 000} INITIAL COMMENTS Credible Allegation of Compliance. Preparation and/or execution of this plan Surveyor: 21761 of correction does not constitutes Description of Structure: The structure is a admission or agreement by the provider 1-story protected wood frame building on a slab. The attic space is separated from the living area of the conclusion set forth in the by a 2-hour rated horizontal assembly. The statement of deficiencies. The Plan of building is separated into three smoke zones. Correction is prepared and/or executed solely because it is required by the vision Construction Type: III(211) of federal and state law. Sprinkler Status: The facility is protected by NFPA 13 wet and dry pipe systems. The systems are supplied by municipal water. An unannounced LSC revisit to the standard survey conducted on 02/07/18 was conducted on 03/20/18 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.) Nurse's station door at mechanical room Corrected deficiencies are noted on the 2567B will be replaced by outside vendor. form. {K 321} Hazardous Areas - Enclosure {K 321} A subsequent random check of all fire rated SS=F CFR(s): NFPA 101 doors was completed to insure all labels are Hazardous Areas - Enclosure legible. Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour Monthly inspections of all fire rated doors fire rated doors) or an automatic fire extinguishing will be done monthly for three (3) months, system in accordance with 8.7.1 or 19.3.5.9. then randomly thereafter.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

When the approved automatic fire extinguishing

TITLE

(S) DATE

Executive Director

3/23/18

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.

# DEPARTMENT OF HEALTH AND HUMANSERVICES CENTERS FOR MEDICARE & MEDICAIDSERVICES

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OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING 01 - BUILDING 0101 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 495386 B. WING\_ 03/20/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMM 290 COMMONS PARKWAY **DALEVILLE, VA 24083** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) {K 321} Continued From page 1 {K 321} Reports of the facilities fire rated door inspections will be reviewed by the OA system option is used, the areas shall be separated from other spaces by smoke resisting committee. The QA committee will partitions and doors in accordance with 8.4. determine need and duration of future Doors shall be self-closing or automatic-closing audits. and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches (Reference time waiver request dated 5/18/2018 from the bottom of the door. 2/14/2018.) Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced Surveyor: 21761 Based on observation and interview made on 03/20/18, it was revealed the facility failed to maintain Hazardous area doors. This violation potentially affects 1 of 3 smoke compartments. evidenced as follows; Findings include: On 03/20/18, at approximately 1:07 P.M., it was observed during inspection that the rated door to the Blue Ridge Nurses station mechanical room has an illegible rating label.

The Maintenance Director witnessed this

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAIDSERVICES

Printed: 03/21/2018 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

495386

(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0101

(X3) DATE SURVEY COMPLETED

B. WING\_

03/20/2018

NAME OF PROVIDER OR SUPPLIER

#### CARRINGTON PLACE AT BOTETOURT COMM

STREET ADDRESS, CITY, STATE, ZIP CODE

# 290 COMMONS PARKWAY

EACH DEFICIENCY WINTER PRECEDED BY FULL REGULATORY PREPIX   PROPRIET PROGRECITY AND STOCK STREET PROGRECITY AND STOCK STREET PROGRECITY AND STOCK STREET PROGRECITY AND STREET		DALE	EVILLE, VA	24083	
evidence through observation and interview.  A Time Limited Waiver has been requested for May 18, 2018.  Corridor - Doors 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. 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 a rea or fire resistance of glass or	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR	Y PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
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. Dutch doors meeting 19.3.6.3.6 are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Dutch doors meeting 19.3.6.3.7 are permitted. Dutch doors meeting 19.3.6.3.8 are permitted. Dutch doors meeting 19.3.6.3.9 are permitted. Dutch doors meeting 19.3.6.3.9 are permitted. Dutch doors meeting 19.3.6.3.0 are permitted. Dutch doors meeting 19.3.6.3.1 are permitted. Dutch doors meeting 19.3.6.3.1 are permitted. Dutch doors meeting 19.3.6.3.0 are permitted. Du	{K 363}	evidence through observation and interview.  A Time Limited Waiver has been requested for May 18, 2018.  Corridor - Doors  CFR(s): NFPA 101		by outside vendor.	
		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 oper 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		doors was completed to insure proper closure.  Monthly inspections of all fire rated doors will be done monthly for three (3) months, then randomly thereafter.  Reports on the facilities fire rated door inspections will be reviewed by the QA committee. The QA committee will determine need and duration of future audits.  (Reference time waiver request dated	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAIDSERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY A. BUILDING 01 - BUILDING 0101 AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED 495386 B. WING 03/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY CARRINGTON PLACE AT BOTETOURT COMM DALEVILLE, VA 24083 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG DEFICIENCY) {K 363} Continued From page 3 {K 363} 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview made on 03/20/18, it was revealed the facility failed to maintain corridor doors. This violation potentially affects 1 of 3 smoke compartments, evidenced as follows: Findings include: On 03/20/18 at approximately 1:38 P.M., it was observed during inspection that the Occupational Therapy double doors to the corridor do not properly close due to a faulty coordinator, which prevents proper sequencing, and prevents the closing of the doors against the passage of smoke. These doors also appear to be damaged. The Maintenance Director witnessed this evidence through observation and interview. A Time Limited Waiver has been requested for May 18, 2018.