Printed: 01/18/2018 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY A. BUILDING 01 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED C 495417 B. WING 01/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARRINGTON PLACE AT RURAL RETREAT **514 NORTH MAIN STREET RURAL RETREAT, VA 24368** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX TAG OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY K 000 INITIAL COMMENTS K 000 This plan of correction constitutes Description of structure: One story type V - A our credible allegation of construction (111). compliance. Preparation and/or Sprinkler status: Fully sprinklered. execution of this plan of correction do not constitute admission or An unannounced compliant request Life Safety Code survey was conducted 01/11/2018 in agreement by the provider of the conclusion set forth in the accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care statement of deficiencies. The plan Facilities. The facility was surveyed for of correction is prepared and/or compliance using the LSC 2012 Existing executed solely because it is regulations. The facility was not in compliance required by the provision of federal with the Requirements for Participation Medicare and state laws. and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Ceiling will be surveyed and tested Regulations, 483.70(a) et seg (Life Safety from by individuals with the knowledge Fire.) and understanding to help ensure proper operation of the sprinkler K 161 Building Construction Type and Height K 161 SS=F CFR(s): NFPA 101 and smoke detection. Building Construction Type and Height Maintenance director will check affected areas once a week to 2012 EXISTING Building construction type and stories meets ensure that there are no signs of Table 19.1.6.1, unless otherwise permitted by additional water or structural 19.1.6.2 through 19.1.6.7 damage. 19.1.6.4, 19.1.6.5 Construction Type This process will be added to our 1. I (442), I (332), II (222) Any number of stories Maintenance checklist and will be non-sprinklered and sprinklered reviewed by the Maintenance 2. II (111) One story non-sprinklered. Maximum 3 Director on a monthly basis. stories sprinklered 3. II (000) Not allowed non-sprinklered The QA committee will review the 4. III (211) Maximum 2 stories sprinklered schedule of required inspections 5. IV (2HH) and the results of those inspections 6. V (111) for further determination. 7. III (200) Not allowed non-sprinklered 8. V (000) Maximum 1 story sprinklered February 23, 2018 Sprinklered stories must be sprinklered ABORATO RY DIBECTORS OR PROVIDER/SURPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

Executive LNHA iciency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that Ther saleguards 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,

1-23-18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
	495417	,	B. WING		01/	C 11/2018	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 COMPLETED							
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throughout by system in acc 19.3.5) Give a brief diconstruction, the basements, fluocation of smapproval. Complan of the buit This REQUIR by: The Standard Surveyor: 206 Based on the sinterviews of the Maintenance, means of maintenance of the sinterviews of the Maintenance of the sinterviews of the	an approved, supervised ordance with section 9.7. In the number of stories, includers on which patients are oke or fire barriers and damplete sketch or attach smilding as appropriate. EMENT is not met as evidenced by the facility failed to provide the section that the ceiling had urred from water damage of the from water damage of the from will operate correction that the structure. Maintenance acknowledges the observation and interview of metally affect all resident aff within the structure.	of the uding located, tes of all floor denced y: w, and stor of a am in rved several when the equired prinkler ly in the s, and these w. ting	K 161				

-		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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Addition and the same of the s		with NFPA 25, Stand Testing, and Maintal Protection Systems. maintenance, insper maintained in a sect available.	dard for the Inspection of Water-based. Records of system ction and testing are ure location and readystem last checked system test upply source. Sinformation on color partial automatic and NFPA 25 T is not met as evidenced by the sprinkler system test upply source at ion, records review in instrator and Directility failed to provide gother sprinkler system that exposed wet sid attic space froze, been turned off at the sprinkler system that in the structure.	d Fire design, edily verage esprinkler denced y: w, and etor of ea m in rved prinkler The he rise e watch as been s,	К 353	Sprinkler system will be and tested by individuals knowledge and understathe components of the signature inspections no less quarterly. This process will be adde Maintenance checklist ar reviewed by the Mainten Director quarterly. The QA committee will reschedule of required inspand the results of those in for further determination. February 23, 2018	with inding of ristem. I schedule than I to our d will be ance view the ections ispections		

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S-1913-001

FIRE SAFETY SURVEY REPORT 2012 Medicare – Medic	VEY REPORT 2012 CO Medicare – Medicaid	2012 CODE – HEALTH CARE Medicaid	1. (A) PROVIDER NUMBER 49-5417		1. (B) MEDICAID I.D. NO. 495417
OPT	OPTIONAL — Chapter 4 – NF	<u> </u>	PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV – Crucial Data Extract A 101A - Fire Safety Evaluation System for Health Care O	g Sxisting Sare Occupancies – (CMS-2786T
Identifying information as shown in applicable records.	own in applicable	records. Enter changes, if any, alongside each item, giving date of change.	ngside each item, giving d	ite of change.	
2. NAME OF FACILITY Carrington Place at Rural Retreat		2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING 0101 B. WING C. FLOOR	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) 514 North Main Street Rural Retreat, VA 24368	(STREET, CITY, STATE, Z	IP CODE) A. Z Fully Sprinklered (All required areas are sprinklered) (Not all required areas are sprinklered) (Not all required areas are sprinklered) C. None (No sprinkler system)
	\$3				
3. SURVEY FOR ☑ MEDICARE ☑	4. DA	4. DATE OF SURVEY 01/11/2018	DATE OF PLAN APPROVAL	SURVEY UNDER 5. 7 2012 EXISTING	9
5. SURVEY FOR CERTIFICATION OF	\$ 2		K6	K7	department of the control of the con
1. HOSPITAL 2. 🗗	2. SKILLEDINURSING FACILITY		4. 🔲 ICF/IID UNDER HEALTH CARE	5. HOSPICE	
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW	CHECK APPROPRIA	TE ITEM(S) BELOW	3. 🗆	DISTINCT PART OF HOSPI	IF DISTINCT PART OF HOSPITAL IS HOSPITAL ACCREDITED?
1. ENTIRE FACILITY 2. E	DISTINCT PART OF	1. PENTIRE FACILITY 2. [7] DISTINCT PART OF (SPECIFY) Sprinkler Systems and ceiling		a. TYES b. NO	0
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY 120	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE 0	TAL BEDS C. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE.	120	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID 104	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 104
7. A. 🖸 THE FACILITY MEETS THE STANDARD, BASED UPON	HE STANDARD, BAS	ED UPON (CHECK ALL APPROPRIATE BOXES)	OXES)	ordering manamatanasiak kanadadada da kanada da ka	
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B. THE FACILITY DOES NOT MEET THE STANDARD	OT MEET THE STAND	JARD	10	•	
SURVEYOR (Signaline)	11/1	TITLE	OFFICE	renementation mentation in the contract of the	DATE
SURVEYOR ID 20696		Assistance Fire Marshai	SFMO - Chihowie		01/18/2018
FIRE ALTHORITY OF BICKERSON	Les Car		OFFICE SFMO - Chilhowie	ilhowie	DATE 1/31/2018
CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART	TED AND RETAINED	AS PART OF THE SURVEY RECORD.			resourcheurs receptors is earth retreatment of the constitution of

PART IV - FIRE SAFETY SURVEY REPORT CRUCIAL DATA EXTRACT (TO BE USED WITH CMS 2786 FORMS)

Prov	ider N	lumber	Facility Name	}	************	nadyarisi) kemminina atau'i pennadyaripina di majarakina anadah dinipa, ad		Survey	Date	$a_{ij} = a_{ij} + a$
		49-5417	Carrington Pl	ace at Rural Ret	reat					01/11/2018
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K6	APPF	E OF PLAN ROVAL		TIPLE CONSTRU		01	A	B. W		
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			NUMBER OF	THIS BUILDING	3 <u>`</u>	/ I		D. AF	PARTME	NT UNIT
LSC	FORM	M INDICATOR				COMPLET EXISTING	E IF I	CF/IID IS	SURVEY	ED UNDER CHAPTER 33,
	**************************************	HEALTH	CARE FORM							
	12	2786R	2012 EXISTIN	G		SMALL	(16	BEDS	OR LESS)
	13	2786R	2012 NEW			K8		ž	PROMI SLOW IMPRA	
		AHC	FORM			LARGE				
	14	2786U	2012 EXISTIN	G		D (OL				
	15	2786U	2012 NEW			K8		4. 5.		
	<u> </u>	ICE/II	D FORM					* 6.	IIVIPKA	CTICAL
	16	2786V, W, X	2012 EXISTIN	G		APARTM	ENT F	HOUSE		
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*K7	12 6							' 9.	IIVIPKA	CTICAL
	<u>'-</u>] S	ELECT NUMBI	R OF FORM U	SED FROM ABO	OVE					
			e marked as not	applicable		COMPLET EXISTING	E IF IC	CF/IID IS	SURVEYE	ED UNDER CHAPTER 33,
in the	2786	S M, R, T, U, V,	W, X, and Y.)			ENTER E	-SC	ORE		
		K321:	K351:			K5:		e	e.g. 2.5	
*K9	FA	CILITY MEETS	LSC BASED O	N (Check all tha	t Appl	L 'y)			***************************************	
	A1		A2.	Z	А3			A4.		A5.
		IP. WITH ALL OVISIONS)	(ACCEP	TABLE POC)	1	(WAIVERS)		(FS	ES)	(PERFORMANCE BASED DESIGN)
FACI	LITY I	DOES NOT ME	ET LSC	K0180		***************************************				
		В.]	A. FULLY SPRIN (All required as sprinklers	reas are		Not all i	Y SPRIN required ar sprinklered)		C. NONE (No sprinkler system)
*NAAN	JDATO)PV								

Printed: 01/18/2018 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	A. BUILDI	TIPLE CONSTRUCTION NG 01	(X3) DATE SURVEY COMPLETED	
		495417	•	B. WING		01/	C 11/ 2018
	PROVIDER OR SUPPLIER GTON PLACE AT		514 NO	RTH MAI	STATE, ZIP CODE IN STREET NT, VA 24368	eccentral de constituire de la	MAN PARA PARA PARA PARA PARA PARA PARA PA
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K 000	INITIAL COMMEN	ITS		K 000			
	construction (111). Sprinkler status: F An unannounced of Code survey was of accordance with 4. Part 483: Requirer Facilities. The facil compliance using the regulations. The facil compliance is the facil to the f		Safety In gulation, Care		This plan of correction con our credible allegation of compliance. Preparation allexecution of this plan of code do not constitute admission agreement by the provider conclusion set forth in the statement of deficiencies. To of correction is prepared allexecuted solely because it is required by the provision of and state laws.	nd/or prrection n or of the The plan nd/or	
K 161	Fire.)		ty from	K 161	Ceiling will be surveyed and by individuals with the know and understanding to help eproper operation of the spripand smoke detection.	vled ge ensur e	
	Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1. I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2. II (111) One story non-sprinklered. Maximum 3				Maintenance director will chaffected areas once a week to ensure that there are no sign additional water or structura damage. This process will be added to Maintenance checklist and water or structural damage. Director on a monthly basis.	our	
3 5 6 7 8	4. III (211) Maximun 5. IV (2HH) 6. V (111) 7. III (200) Not allow 8. V (000) Maximum	ed non-sprinklered n 2 stories sprinklered ved non-sprinklered n 1 story sprinklered must be sprinklered	d	no co spenii in a martini mo conspensativa para de la martini mo seguino seguino.	The QA committee will review schedule of required inspection and the results of those inspector for further determination. February 23, 2018	ons	

ABORATO RY DIBECTOR'S OR PROVIDER/SURPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X8) DATE Executive 1-23-18

Any deliciency statement ending with an asterisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other sateguards 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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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG 01	(X3) DATE COMP	LETED
		495417	B. WING_	anne and management of the second of the sec	01,	C / 11/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	······································	-
CARRI	NGTON PLACE AT F		ORTH MAII L RETREA	N STREET T, VA 24368		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 16	throughout by an a system in accordar 19.3.5) Give a brief descrip construction, the number of the building This REQUIREMED by: The Standard is no Surveyor: 20696 Based on the observinterviews of the Admintenance, the fameans of maintainin accordance of NFP. Findings include: - On 1/11/2018 at 1 during the inspection holes that occurred sprinkler piping rupt to be maintained in and smoke detection event of fire. The findings potentivisitors, and staff with the property of the property o	pproved, supervised automatic nee with section 9.7. (See otion, in REMARKS, of the amber of stories, including on which patients are located, or fire barriers and dates of esketch or attach small floor as appropriate. NT is not met as evidenced to met as evidenced by: Evation, records review, and aministrator and Director of acility failed to provide a neg the sprinkler system in A 101. 206 p.m., it was observed in that the ceiling had several from water damage when the ured. The ceiling is required order to ensure the sprinkler in will operate correctly in the ally affect all residents,	K 161			
K 353 SS=F	Sprinkler System - N CFR(s): NFPA 101	Maintenance and Testing	K 353			
PROSS in viewferumaenwyspiji, Giolae	Automatic sprinkler	Maintenance and Testing and standpipe systems are and maintained in accordance	***************************************		į	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULT A. BUILDII	(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER		STREET ADD	DRESS CITY	STATE, ZIP CODE		
ŧ	IGTON PLACE AT F	RURAL RETREAT	1		N STREET		
			RURAL	RETREA	AT, VA 24368		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE IT BE PRECEDED BY FULL I ENTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
	with NFPA 25, Star Testing, and Maintal Protection Systems maintenance, inspersion maintained in a secavailable. a) Date sprinkler: b) Who provided so c) Water system so Provide in REMARI for any non-require system. 9.7.5, 9.7.7, 9.7.8, a This REQUIREMENT by: The Standard is not Surveyor: 20696 Based on the obserinterviews of the Ad Maintenance, the fameans of maintaining accordance of NFPA Findings include: On 1/11/2018 at 1: during the inspection piping in the unheat sprinkler system had control valve until rehas been established restored. The findings potentia visitors, and staff with the system had control valve until rehas been established restored.	andard for the Inspectical aining of Water-baseds. Records of system ection and testing are cure location and read system last checked system last checked system test supply source KS information on cond or partial automatical automatical automatical and NFPA 25 NT is not met as evident met as evidenced by the system and Directicality failed to provide a the sprinkler system that exposed wet sped attic space froze. In that exposed wet sped attic space froze, and until the system has ally affect all residents.	d Fire design, edily verage sprinkler lenced y: w, and tor of ea m in ved orinkler The ne rise e watch is been in	K 353	Sprinkler system will be survand tested by individuals with knowledge and understanding the components of the system Maintenance director will so future inspections no less the quarterly. This process will be added to Maintenance checklist and we reviewed by the Maintenance Director quarterly. The QA committee will review schedule of required inspection and the results of those inspector further determination. February 23, 2018	thing of orm. hedule an our vill be e withe ons	

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	findings through ob-	servation and intervi	ew.					
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S-1913-001

(All required areas are sprinklered) FSES 5. PERFORMANCE BASED DESIGN C. None (No sprinder system) B. Partially Sprinklered e. NUMBER OF NF or ICF/IID BEDS
CERTIFIED FOR MEDICAID 104 195417 A. Trully Sprinklered 3. TIF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED? 6. 🔲 2012 NEW 01/18/2018 1. (B) MEDICAID I.D. NO. OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T DATE 2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) DATE 5. T 2012 EXISTING S SURVEY UNDER d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID 104 1. COMPLIANCE WITH ALL PROVISIONS 2. A ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. 5. HOSPICE Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change. 1. (A) PROVIDER NUMBER PART I — Life Safety Code, New and Existing
PART II — Health Care Facilities Code, New and Existing SFMO - Chilhowie Ş a. \square YES 49-5417 Rural Retreat, VA 24368 SFMO - Chilhowie PART III — Recommendation for Waiver DATE OF PLAN APPROVAL 514 North Main Street PART IV - Crucial Data Extract 2009 4. | ICF/IID UNDER HEALTH CARE OFFICE OFFICE c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE 120 1. SENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) Sprinkler Systems and ceiling 7. A. [7] THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES) FIRE SAFETY SURVEY REPORT 2012 CODE - HEALTH CARE 8 2. (A) MULTIPLE CONSTRUCTION (BLDGS) CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD. TITLE Fire Marshal Manager Assistance Fire Marshal 0101 01/11/2018 IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW A. BUILDING B. WING C. FLOOR 4. DATE OF SURVEY b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE 0 Medicare - Medicaid 2. [7] SKILLED/NURSING FACILITY THE B. THE FACILITY DOES NOT MEET THE STANDARD **₹** δ Z MEDICAID Carrington Place at Rural Retreat AUTHORITY OF MCIAL BISINGME 5. SURVEY FOR CERTIFICATION OF TOTAL NO. OF BEDS IN THE FACILITY 120 SURVEYOR ID 20696 6. BED COMPOSITION SURVEYOR (Signey) 2. NAME OF FACILITY ✓ MEDICARE 1. HOSPITAL 3. SURVEY FOR

PART IV - FIRE SAFETY SURVEY REPORT CRUCIAL DATA EXTRACT (TO BE USED WITH CMS 2786 FORMS)

Prov	ider N	lumber	Facility Name			Survey Date	
K1		49-5417	Carrington Pla	ace at Rural Retreat		*K4	01/11/2018
171							
K6		OF PLAN ROVAL		IPLE CONSTRUCTI	Ο1 Α		
		2009	TOTAL NUM	BER OF BUILDINGS	01	→ B. WING C. FLOOR Output Description: C. FLOOR Description: C. FLOOR Description: Desc	
			NUMBER OF	THIS BUILDING	01	D. APARTME	NT UNIT
LSC	FORM	M INDICATOR				ICF/IID IS SURVEY	ED UNDER CHAPTER 33,
		HEALTH	CARE FORM		EXISTING		
	12	2786R	2012 EXISTIN	G	SMALL (1	6 BEDS OR LESS	5)
	13	2786R	2012 NEW		к8	1. PROM 2. SLOW 3. IMPRA	
		AHC	O FORM	***************************************	LARGE	O. HAIL LO	10110/1L
	14	2786U	2012 EXISTIN	G	EAROL		
	15	2786U	2012 NEW		l _{K8}	4. PROM 5. SLOW	* -
				accación de conferencia con experimento de conferencia de conferen		d. IMPRA	CTICAL
			D FORM		APARTMENT	HOUSE	a model grown only a fine found in great and a described and a
	16	2786V, W, X		G		7. PROM	PT
	17	2786V, W, X	2012 NEW		K8	B. SLOW 9. IMPRA	CTICAL
*K7	12 0						
iXi	[<u>'</u> 2] S	ELECT NUMB	ER OF FORM U	SED FROM ABOVE			
(Che	ck if K	321 or K351 ar	e marked as not	applicable	COMPLETE IF	ICF/IID IS SURVEY	ED UNDER CHAPTER 33,
		M, R, T, U, V,		ирриодые	ENTER E - SO	CORE	
		K321:	K351:	(Mariana)	1/5.	7	
			1.00,		K5:	e.g. 2.5	
*K9	FA	CILITY MEETS	LSC BASED O	N (Check all that Ap	oly)		
	A1		A2.	A	.3.	A4.	A5.
		MP. WITH ALL OVISIONS)	(ACCEP	TABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)
FAC	ILITY	DOES NOT ME	ET LSC	K0180			
				A. 🗸	В.		C.
		В.		FULLY SPRINKLE	RED PARTIAL	LY SPRINKLERE	D NONE
		I Long		(All required areas a sprinklered)		Il required areas are sprinklered)	(No sprinkler system)
*MAI	NDAT	ORY		<u> </u>			