

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

Printed: 03/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2018
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NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRD	STREET ADDRESS, CITY, STATE, ZIP CODE 990 HOLSTON RD WYTHEVILLE, VA 24382
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(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	<p>INITIAL COMMENTS</p> <p>Description of structure: 2 Story Masonry and Steel Frame Structure, Type II (000) Sprinkler status: Fully Sprinklered, NFPA -13</p> <p>An unannounced routine Life Safety Code survey was conducted March 12, 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (life Safety from Fire.)</p>	K 000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p>	
K 321 SS=F	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Separation N/A Automatic Sprinkler</p>	K 321	<p>K 321</p> <ol style="list-style-type: none"> The maintenance director/designee corrected the automatic closer and latch and verified that it closed and latched properly during the survey. The maintenance director/designee will inspect fire doors and make adjustments as indicated. In-servicing has been provided to the maintenance director by the administrator on 03/29/18. The maintenance director/designee will inspect fire doors monthly for three months. Results of the inspections will be discussed by the Administrator/designee at the QAPI committee meeting monthly for 3 months. The IDT will recommend revisions to the plan as indicated to sustain substantial compliance 04/12/18 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X8) DATE 03/29/2018
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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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NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRD		STREET ADDRESS, CITY, STATE, ZIP CODE 990 HOLSTON RD WYTHEVILLE, VA 24382		
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K 321	<p>Continued From page 1</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced by: This Standard is not met as evidenced by: Surveyor: 12956</p> <p>Based on observation and staff interview, the facility failed to maintain the fire rated separation in accordance with the LSC Section 19.3.2.1 and 8.7.1. The deficient practice could affect staff in two of 12 smoke compartments with no resident sleeping rooms in the affected smoke compartments in the event of fire due to the fire rated door in the fire rated separation wall not positive latching when closed.</p> <p>Observation on 03/12/2018 during the facility tour from 9:30 am to 12:00 noon revealed that: At approximately 10:20 am, the fire rated door from the Corridor to the Laundry Room did not self-close and positively latch when the door was released from the magnetic door hold open. This condition was verified with the Maintenance Director at the time of the observation</p> <p>These findings were verified by the Maintenance Director at the time of the observation and the Administrator at the exit conference on 3/12/2018 at 11:55 am.</p>	K 321		