| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

| (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<br><br>A Life Safety Code (LSC) comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on January 23, 2017 and January 24, 2017 following a State Agency survey that was conducted on December 16, 2016. At this comparative Federal Monitoring Survey Appomattox Health and Rehabilitation Center, CCN 495188 was found not in substantial compliance with the requirements for participation in Medicare/Medicaid, 42 CFR, Subpart 483.70(a), Life Safety from fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.<br><br>The nursing home (building 0102) is a one story building on a cement slab with no basement and an attic, was determined to be a mix of concrete, brick, metal and wood stud, exposed wood truss roof assembly, Type III(200) construction fully sprinkler protected. The building identified as being the nursing home was identified as being built prior to March 13, 2003. The nursing home (building 0102) was constructed approximately in 1989. The facility was certified after the date of construction for occupancy which is believed to 1989.<br><br>The building had a smoke detection system in all spaces except offices tied through a monitoring company (2 dedicated lines) to the local volunteer fire department.<br><br>Resident rooms had individual Packaged Terminal Air Conditioner (PTAC) units. Heating, ventilating and air conditioning (HVAC) to the | K 000 | | |

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

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| K 000 | Continued From page 1<br>corridors was provided by a system with supply and return in the corridors which shuts down upon activation of the fire alarm.<br><br>The building was fully sprinkler protected with a wet and dry (attic) sprinkler system. The sprinkler system is on city water with a fire pump and a 30,000 gallon water supply for the sprinkler system. Emergency backup power to the building was supplied by two diesel generators (one inside building 0202 and one outside building 0202). The facility did not admit residents on life support and stated they do admit bariatric residents. The facility has a capacity of 60 beds with a census of 60 at the time of the survey.<br><br>The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:<br>A Life Safety Code (LSC) comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on January 23, 2017 and January 24, 2017 following a State Agency survey that was conducted on December 16, 2016. At this comparative Federal Monitoring Survey Appomattox Health and Rehabilitation Center, CCN 495188 was found not in substantial compliance with the requirements for participation in Medicare/Medicaid, 42 CFR, Subpart 483.70(a), Life Safety from fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.<br><br>The nursing home (building 0202) is a two story building with no basement and an attic, was determined to be a mix of concrete, brick, metal and wood stud, exposed wood truss roof assembly, Type III(211) construction fully sprinkler | K 000 | | |

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|---|---|---|---|---|
| K 000 | Continued From page 2<br>protected (upon correction of K 351). The building identified as being the nursing home was identified as being built prior to March 13, 2003. The nursing home (building 0202) was constructed approximately in 1989. The facility was certified after the date of construction for occupancy which is believed to 1989. Building 0102 and 0202 are separated by a two hour fire wall. No residents reside in building 0202, but utilize it for dining, therapy and activities. Both buildings were built at the same time. The sight is a sloped sight with exits in building 0202 to grade from the basement and to building 0102 from the first floor (second story).<br><br>The building had a smoke detection system in all spaces except offices tied through a monitoring company (2 dedicated lines) to the local volunteer fire department.<br><br>Building 0202 had no resident rooms. Heating, ventilating and air conditioning (HVAC) to the corridors was provided by a system with supply and return in the corridors which shuts down upon activation of the fire alarm.<br><br>The building was fully sprinkler protected (with the exception of a sprinkler in the elevator pit and a exterior overhang exceeding 4') with a wet and dry (attic) sprinkler system. The sprinkler system is on city water with a fire pump and a 30,000 gallon water supply for the sprinkler system. Emergency backup power to the building was supplied by two diesel generators (one inside building 0202 and one outside building 0202). The facility did not admit residents on life support and stated they do admit bariatric residents. The facility has a capacity of 60 beds with a census of 60 at the time of the survey. | K 000 | | |

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|---|---|---|---|---|
| K 000 | Continued From page 3<br><br>The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by: | K 000 | | |
| K 161 SS=F | Building Construction Type and Height<br>CFR(s): NFPA 101<br><br>Building Construction Type and Height<br>2012 EXISTING<br>Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7<br>19.1.6.4, 19.1.6.5<br><br>Construction Type<br>1 I (442), I (332), II (222) Any number of stories<br>non-sprinklered and sprinklered<br><br>2 II (111) One story non-sprinklered<br>Maximum 3 stories sprinklered<br><br>3 II (000) Not allowed non-sprinklered<br>4 III (211) Maximum 2 stories sprinklered<br>5 IV (2HH)<br>6 V (111)<br><br>7 III (200) Not allowed non-sprinklered<br>8 V (000) Maximum 1 story sprinklered<br>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See | K 161 | | 10/1/17 |

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|---|---|---|---|---|
| K 161 | Continued From page 4<br>19.3.5)<br>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation, Record Review and Interview, the facility is a two story building without a basement with an attic construction type not permitted to be over two story's in height which required full sprinkler protection and failed to provide sprinkler protection for the hydraulic elevator pit and an exterior combustible overhang that exceeded 4' in accordance with 42 CFR 483.70(a)(8), NFPA 13, 2010 Edition, Section 8.15.5 and 8.15.7, and LSC Section 19.1.6.1, 19.1.6.2. through 19.1.6.7. The deficient practice could affect two of two floors, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Interview on 01/23/2017 at approximately 2:00 pm during the facility entrance conference with the facility Maintenance Director and Administrator identified the nursing home as two story without a basement and an attic. The building (building 0202) is a two story building with no basement and an attic, was determined to be a mix of concrete, brick, metal and wood stud, exposed wood truss roof assembly, Type III(211) construction required to be fully sprinkler protected. Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the building as fully sprinkler | K 161 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| K 161 | Continued From page 5<br>protected with the exception of the hydraulic elevator pit and the exterior overhang from the upper floor resident dining room which exceeded 4' protecting the outside stairway designated exit discharge path. Interview with the Maintenance Director at the time of observation confirmed that there was no identified sprinkler in the hydraulic elevator pits or any exterior sprinkler protecting the overhang at the upper floor exit discharge stairway from the resident dining room. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler reports dated 10/12/2016 (quarterly currently due at the time of survey), 07/19/2016, 05/10/2016 (with another date of 04/12/2016), 01/14/2016 and 10/06/2015. Of the records reviewed, none of the records were identified as annual inspections documenting a full inspection of the sprinkler system (and identifying the sprinkler status as fully sprinklered per NFPA 13, 2010 Edition). The building construction type and lack of a sprinkler in the hydraulic elevator pits and overhang exceeding 4' reduced the sprinkler coverage from fully to partially sprinkler protected in accordance with 42 CFR 483.70(a)(8), NFPA 13, 2010 Edition, Section 8.15.5 and 8.15.7, and LSC Section 19.1.6.1, 19.1.6.2. and 19.1.6.7.<br><br>The findings were verified by the Maintenance Director at the times of observation. | K 161 | | |
| K 223<br>SS=D | Doors with Self-Closing Devices<br>CFR(s): NFPA 101<br><br>Doors with Self-Closing Devices<br>Doors in an exit passageway, stairway enclosure, | K 223 | | 1/24/17 |

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| K 223 | Continued From page 6<br>or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:<br>* Required manual fire alarm system; and<br>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and<br>* Automatic sprinkler system, if installed; and<br>* Loss of power.<br>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation, Record Review and Interview, the facility failed to protect the two hour fire barrier from one open fire barrier door in the attic in accordance with LSC Section 7.2.1.8.2, 19.2.2.2.7 and 19.2.2.2.8. This deficient practice could affect one of one fire barrier doors in the attic, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the facility was separated into two buildings with a 2 hour fire barrier between the buildings, identified on the facility floor plan with an exit from the one story building (0102) at the upper floor of the second building (0202). Observation on 01/24/2017 at approximately 9:40 am to 11:30 am identified the fire barrier door in the attic between building 0102 and building 0202 was open (not closed to latch). Interview with the Maintenance Director at the time of observation concurred that | K 223 | | |

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|---|---|---|---|---|
| K 223 | Continued From page 7<br>the fire barrier door was open and confirmed that contractors had been in the attic working as evidenced by open electrical junction boxes in the attic space. At the time of observation, no contractors were present in the attic. This did not meet the requirement of LSC Section 7.2.1.8.2, 19.2.2.2.7 and 19.2.2.2.8.<br><br>The finding was verified by the Maintenance Director at the time of observation.<br>Based on Observation, Record Review and Interview, the facility failed to protect the two hour fire barrier from one open fire barrier door in the attic in accordance with LSC Section 7.2.1.8.2, 19.2.2.2.7 and 19.2.2.2.8. This deficient practice could affect one of one fire barrier doors in the attic, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the facility was separated into two buildings with a 2 hour fire barrier between the buildings, identified on the facility floor plan with an exit from the one story building (0102) at the upper floor of the second building (0202). Observation on 01/24/2017 at approximately 9:40 am to 11:30 am identified the fire barrier door in the attic between building 0202 and building 0102 was open (not closed to latch). Interview with the Maintenance Director at the time of observation concurred that the fire barrier door was open and confirmed that contractors had been in the attic working as evidenced by open electrical junction boxes in the attic space. At the time of observation, no contractors were present in the attic. This did not | K 223 | | |

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| K 223 | Continued From page 8<br>meet the requirement of LSC Section 7.2.1.8.2, 19.2.2.2.7 and 19.2.2.2.8.<br><br>The finding was verified by the Maintenance Director at the time of observation. | K 223 | | |
| K 271<br>SS=D | Discharge from Exits<br>CFR(s): NFPA 101<br><br>Discharge from Exits<br>Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.<br>18.2.7, 19.2.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation, Record Review and Interview, the facility failed to provide discharge from an exit that was a level walking surface of hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38, LSC 7.7, 7.1.7 and 19.2.7. This deficient practice could affect exiting from the resident dining room on the upper floor, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the facility designated exit from the upper floor resident dining room exited down a set of stairs to a grass covered lawn with no hard path to the public way. Interview at the time of observation with the Maintenance Director confirmed that the | K 271 | | 10/1/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| K 271 | Continued From page 9<br>exit was across the lawn to the rear of the facility. Building 0102 and 0202 are connected on the upper floor of building 0202, sloped sight, with exit to grade from building 0202 at the lower level. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am with the Maintenance Director identified the facility floor plans marked with an arrow the exit discharge pathway as both primary evacuation route from the resident dining room and main evacuation route on the facility floor plans from the kitchen which is on the upper floor (closest exit for anyone in the kitchen). The facility failed to provide a discharge from an exit that was a level walking surface of hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38, LSC 7.7, 7.1.7 and 19.2.7.<br><br>The finding was verified by the Maintenance Director at the time of observation. | K 271 | | |
| K 351 SS=E | Sprinkler System - Installation<br>CFR(s): NFPA 101<br><br>Spinkler System - Installation<br>2012 EXISTING<br>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.<br>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.<br>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area | K 351 | | 10/1/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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|---|---|---|---|---|
| K 351 | Continued From page 10<br>of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.<br>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation, Record Review and Interview, the facility failed to provide sprinkler protection for the hydraulic elevator pit and an exterior combustible overhang that exceeded 4' in accordance with 42 CFR 483.70(a)(8), NFPA 13, 2010 Edition, Section 8.15.5 and 8.15.7, and LSC Section 19.3.5.1, 19.3.5.4 and 9.7.1.1. The deficient practice could affect two of two floors, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Interview on 01/23/2017 at approximately 2:00 pm during the facility entrance conference with the facility Maintenance Director and Administrator identified the nursing home as two story without a basement and an attic. The building (building 0202) is a two story building with no basement and an attic, was determined to be a mix of concrete, brick, metal and wood stud, exposed wood truss roof assembly, Type III(211) construction required to be fully sprinkler protected. Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the building as fully sprinkler protected with the exception of the hydraulic elevator pit and the exterior overhang from the upper floor resident dining room which exceeded 4' protecting the outside stairway designated exit discharge path. Interview with the Maintenance | K 351 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| K 351 | Continued From page 11<br>Director at the time of observation confirmed that there was no identified sprinkler in the hydraulic elevator pit or any exterior sprinkler protecting the overhang at the upper floor exit discharge stairway from the resident dining room. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler reports dated 10/12/2016 (quarterly currently due at the time of survey), 07/19/2016, 05/10/2016 (with another date of 04/12/2016), 01/14/2016 and 10/06/2015. Of the records reviewed, none of the records were identified as annual inspections documenting a full inspection of the sprinkler system or identifying the sprinkler status as fully sprinklered per NFPA 13, 2010 Edition. The lack of a sprinkler in the hydraulic elevator pit and overhang exceeding 4' reduced the sprinkler coverage from fully sprinkler protected to partially sprinkler protected two story building construction type not permitted to be partially sprinkler protected in accordance with 42 CFR 483.70(a)(8), NFPA 13, 2010 Edition, Section 8.15.5 and 8.15.7, and LSC Section 19.3.5.1, 19.3.5.4 and 9.7.1.1.<br><br>The findings were verified by the Maintenance Director at the times of observation. | K 351 | | |
| K 353 SS=F | Sprinkler System - Maintenance and Testing<br>CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing<br>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire | K 353 | | 9/1/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

| (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 353 | Continued From page 12<br>Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation, Record Review and Interview, the facility failed to maintain the sprinklers free from obstruction/risk of damage, escutcheons not properly fitting, the sprinkler box not having the correct replacement sprinklers available and not having full inspection records in accordance with LSC Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, and NFPA 25, 2011 Edition. The deficient practice could affect 60 of 60 residents, as well as an indeterminable number of staff and visitors.<br><br>Findings Include:<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the physical therapy room had two findings of storage of items within 18" of the sprinkler risking damage to the sprinkler and blocked sprinkler spray pattern. Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and | K 353 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| K 353 | Continued From page 13<br>01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, under Section, Inspection Summary, stated only 3 sprinklers were inspected (6.52%). Record review did not show an annual inspection of sprinklers from the floor level. In addition, the report 10/12/2016 report page 2 of 24 stated 46 devices counted, 97.83% tested, 93.33% passed and 6.67% failed with no documentation of what failed and/or what was corrected. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1, and 5.2.1.2.<br><br>The findings were verified by the Maintenance Director at the times of observation.<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the physical therapy room had two findings of sprinkler escutcheons not properly fitting to the ceiling allowing hot gasses and smoke past the sprinkler into the space above. Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, under Section, Inspection Summary, stated only 3 sprinklers were inspected (6.52%) and did not conduct an annual inspection of sprinklers from the floor level. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1, 5.2.1.2 and 5.2.2.<br><br>The findings were verified by the Maintenance Director at the times of observation. | K 353 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 353 | Continued From page 14<br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the facility sprinkler box for both buildings did not have spare sprinklers for each type used in the facility (no quick response spares in the sprinkler box at the time of review). Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, on page 9 of 24 stated the sprinkler box was inspected and listed the inspection under the section as Passed. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.4 and 5.4.1.5.<br><br>The findings were verified by the Maintenance Director at the times of observation.<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler reports dated 10/12/2016 (quarterly currently due at the time of survey), 07/19/2016, 05/10/2016 (with another date of 04/12/2016), 01/14/2016 and 10/06/2015). Of the records reviewed, none of the records were identified as annual inspections. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1.1, and 5.2.3.<br>Based on Observation, Record Review and Interview, the facility failed to maintain the sprinklers free from obstruction/risk of damage, the sprinkler box not having the correct replacement sprinklers available and not having | K 353 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 353 | Continued From page 15<br>full inspection records in accordance with LSC Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, and NFPA 25, 2011 Edition. The deficient practice could affect two of two floors, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the walk in coolers/refrigerators in the upper floor kitchen had findings of storage of items within 18" of the sprinkler risking damage to the sprinkler and blocked sprinkler spray pattern. Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, under Section, Inspection Summary, stated only 3 sprinklers were inspected (6.52%). Record review did not show an annual inspection of sprinklers from the floor level. In addition, the report 10/12/2016 report page 2 of 24 stated 46 devices counted, 97.83% tested, 93.33% passed and 6.67% failed with no documentation of what failed and/or what was corrected. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1, and 5.2.1.2.<br><br>The findings were verified by the Maintenance Director at the times of observation.<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the facility sprinkler box for both buildings did not | K 353 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 353 | Continued From page 16<br>have spare sprinklers for each type used in the facility (no quick response spares in the sprinkler box at the time of review). Interview with the Maintenance Director verified the findings at the time of observation. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection report dated 10/12/2016, on page 9 of 24 stated the sprinkler box was inspected and listed the inspection under the section as Passed. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.4 and 5.4.1.5.<br><br>The findings were verified by the Maintenance Director at the times of observation.<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the Fire & Life Safety America (FLSA) sprinkler system inspection reports identified sprinkler reports dated 10/12/2016 (quarterly currently due at the time of survey), 07/19/2016, 05/10/2016 (with another date of 04/12/2016), 01/14/2016 and 10/06/2015. Of the records reviewed, none of the records were identified as annual inspections. This did not meet the requirement for NFPA 25, 2011 Edition, Section 5.1.1, 5.2.1.1, and 5.2.3. | K 353 | | |
| K 355 SS=D | Portable Fire Extinguishers<br>CFR(s): NFPA 101<br><br>Portable Fire Extinguishers<br>Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire | K 355 | | 1/24/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 355 | Continued From page 17<br>Extinguishers.<br>18.3.5.12, 19.3.5.12, NFPA 10<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation and Interview, the facility failed to provide maintenance of fire extinguishers free for use in emergency situations in accordance with LSC Section 9.7.4.1, 19.3.5.12 and NFPA 10, 2010 Edition. This deficiency could affect one fire extinguisher, as well as an indeterminable number of residents, staff and visitors.<br><br>Finding Includes:<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the fire extinguisher at resident room 7 was blocked by equipment stored in the corridor. Interview with the Maintenance Director at the time of observation concurred with the finding of the fire extinguisher being blocked at the time of observation. This did not meet regulations for fire extinguishers in accordance with LSC Section 9.7.4.1, 19.3.5.12 and NFPA 10, 2010 Edition.<br><br>The finding was verified by the Maintenance Director at the time of observation. | K 355 | | |
| K 712<br>SS=F | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of | K 712 | | 7/28/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 712 | Continued From page 18<br>established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.<br>19.7.1.4 through 19.7.1.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on Record Review and Interview, the facility failed to conduct fire drills at varied times in accordance with LSC Sections 19.7.1.4 through 19.7.1.7. This deficient practice could affect 60 of 60 residents, as well as an indeterminable number of staff and visitors.<br><br>Findings Include:<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drill records from all three shifts had documented fire drills not conducted at varied times. Interview on 01/23/2017 at approximately 2:00 pm at the facility entrance conference with the facility Administrator stated that the facility has three shifts and stated the shifts are 6:00 am to 2:00 pm, 2:00 pm to 10:00 pm and 10:00 pm to 6:00 am. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drills for the 6:00 am to 2:00 pm shift dated 08/28/2016 was conducted at 1:25 pm, and 11/28/2016 was conducted at 12:55 pm (two of four fire drills conducted between 12:55 pm and 1:25 pm). Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drills for the 2:00 pm to 10:00 pm shift dated 03/28/2016 was conducted at 2:51 pm, 06/28/2016 was conducted at 2:29 pm, | K 712 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 712 | Continued From page 19<br>09/30/2016 was conducted at 2:23 pm and 12/30/2016 was conducted at 2:25 pm (four of four fire drills with in a time frame from 2:23 pm to 2:51 pm). Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drills for the 10:00 pm to 6:00 am shift dated 01/29/2016 and dated 04/22/2016 were both conducted at 5:05 am, 07/08/2016 was conducted at 4:45 am and 10/27/2016 was conducted at 5:40 am (four of four with in a time frame from 4:45 am to 5:40 am with two of four at 5:05 am). The documentation for fire drills not at varied times is not in accordance with LSC Sections 19.7.1.4 through 19.7.1.7.<br><br>The findings were verified with the Maintenance Director at the time of Record Review.<br>Based on Record Review and Interview, the facility failed to conduct fire drills at varied times in accordance with LSC Sections 19.7.1.4 through 19.7.1.7. This deficient practice could affect 60 of 60 residents, as well as an indeterminable number of staff and visitors.<br><br>Findings Include:<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drill records from all three shifts had documented fire drills not conducted at varied times. Interview on 01/23/2017 at approximately 2:00 pm at the facility entrance conference with the facility Administrator stated that the facility has three shifts and stated the shifts are 6:00 am to 2:00 pm, 2:00 pm to 10:00 pm and 10:00 pm to 6:00 am. Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and | K 712 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 712 | Continued From page 20<br>01/24/2017 at approximately 8:00 am to 9:30 am identified fire drills for the 6:00 am to 2:00 pm shift dated 08/28/2016 was conducted at 1:25 pm, and 11/28/2016 was conducted at 12:55 pm (two of four fire drills conducted between 12:55 pm and 1:25 pm). Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drills for the 2:00 pm to 10:00 pm shift dated 03/28/2016 was conducted at 2:51 pm, 06/28/2016 was conducted at 2:29 pm, 09/30/2016 was conducted at 2:23 pm and 12/30/2016 was conducted at 2:25 pm (four of four fire drills with in a time frame from 2:23 pm to 2:51 pm). Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified fire drills for the 10:00 pm to 6:00 am shift dated 01/29/2016 and dated 04/22/2016 were both conducted at 5:05 am, 07/08/2016 was conducted at 4:45 am and 10/27/2016 was conducted at 5:40 am (four of four with in a time frame from 4:45 am to 5:40 am with two of four at 5:05 am). The documentation for fire drills not at varied times is not in accordance with LSC Sections 19.7.1.4 through 19.7.1.7.<br><br>The findings were verified with the Maintenance Director at the time of Record Review. | K 712 | | |
| K 901<br>SS=F | Fundamentals - Building System Categories<br>CFR(s): NFPA 101<br><br>Fundamentals - Building System Categories<br>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. | K 901 | | 2/28/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 901 | Continued From page 21<br>Chapter 4 (NFPA 99)<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on Record Review and Interview, the facility failed to have a formal risk assessment in accordance with NFPA 99, 2012 Edition, Chapter 4. This deficient practice could affect 60 of 60 residents, as well as an indeterminable number of staff and visitors.<br><br>Findings Include:<br><br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the facility had no formal risk assessment in accordance with NFPA 99, 2012 Edition, Chapter 4. Interview on 01/24/2017 at approximately 9:00 am during record review with the Maintenance Director verified the lack of a formal risk assessment (NFPA 99, 2012 Edition, Chapter 4). This did not meet the requirement of NFPA 99, 2012 Edition, Chapter 4.<br><br>The finding was verified by the Maintenance Director at the time of record review.<br>Based on Record Review and Interview, the facility failed to have a formal risk assessment in accordance with NFPA 99, 2012 Edition, Chapter 4. This deficient practice could affect 60 of 60 residents, as well as an indeterminable number of staff and visitors.<br><br>Findings Include: | K 901 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 901 | Continued From page 22<br>Record review on 01/23/2017 at approximately 2:20 pm to 3:45 pm and 01/24/2017 at approximately 8:00 am to 9:30 am identified the facility had no formal risk assessment in accordance with NFPA 99, 2012 Edition, Chapter 4. Interview on 01/24/2017 at approximately 9:00 am during record review with the Maintenance Director verified the lack of a formal risk assessment (NFPA 99, 2012 Edition, Chapter 4). This did not meet the requirement of NFPA 99, 2012 Edition, Chapter 4.<br><br>The finding was verified by the Maintenance Director at the time of record review. | K 901 | | |
| K 911<br>SS=E | Electrical Systems - Other<br>CFR(s): NFPA 101<br><br>Electrical Systems - Other<br>List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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.<br>Chapter 6 (NFPA 99)<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation and Interview, the facility failed to protect electrical outlets/junction boxes in accordance with NFPA 99, 2012 Edition, Section 6.3.2.2.2.4, NFPA 70, 2011 Edition, Section 314.28(C) and LSC Section 9.1.2. This deficient practice could affect the attic, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include: | K 911 | | 1/24/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

| (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 911 | Continued From page 23<br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the attic had 14 open electrical junction boxes. Interview at the time of observation with the Maintenance Director verified the outlets/junction boxes were not covered and no individuals were in the attic working on the electrical system at the time of observation. This did not meet the requirement of NFPA 99, 2012 Edition, Section 6.3.2.2.2.4, NFPA 70, 2011 Edition, Section 314.28(C) and LSC Section 9.1.2.<br><br>The findings were verified by the Maintenance Director at the time of observations. | K 911 | | |
| K 912 SS=E | Electrical Systems - Receptacles<br>CFR(s): NFPA 101<br><br>Electrical Systems - Receptacles<br>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.<br>If used in patient care room, ground-fault circuit interrupters (GFCI) are listed.<br>6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation and Interview, the facility failed to be able to verify electrical outlets near water sources were ground-fault circuit interrupters (GFCI) in accordance with NFPA 99, 2012 Edition, Section 6.3.2.5. and LSC Section 7.4.2 and Section 9.1.2. This deficient practice could affect two rooms, as well as an indeterminable number of residents, staff and | K 912 | | 1/27/17 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495188 | A. BUILDING **01, 02**<br>B. WING _____ | **01/24/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **APPOMATTOX HEALTH AND REHABILITATON CENTER** | **235 EVERGREEN AVE**<br>**APPOMATTOX, VA 24522** |

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|---|---|---|---|---|
| K 912 | Continued From page 24<br>visitors.<br><br>Findings Include:<br><br>Observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the utility room at the nursing station had electrical outlets near water that could not be identified at the electrical outlet as ground-fault circuit interrupters (GFCI). Interview at the time of observation with the Maintenance Director verified the outlets were not marked/labeled or identified as GFCI outlets, and verified the electrical panel would not identify the outlets as GFCI. In addition, observation on 01/24/2017 at approximately 9:40 am to 11:30 am during the facility tour identified the physical therapy room had electrical outlets near a water dispenser that could not be identified at the electrical outlet as ground-fault circuit interrupters (GFCI). This did not meet the requirement of NFPA 99, 2012 Edition, Section 6.3.2.5. and LSC Section 7.4.2 and Section 9.1.2.<br><br>The findings were verified by the Maintenance Director at the time of observations. | K 912 | | |