

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495416	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2017
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		
(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>A Life Safety Code (LSC) comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on July 13, 2017 following a State Agency survey that was conducted on May 30, 2017. At this comparative Federal Monitoring Survey, Ashby Ponds, CCN 495416 was found in 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.</p> <p>Ashby Ponds is a four story building, Type II (222) with the nursing facilities located on the first floor. Originally constructed in 2013, the building has not undergone any major renovations since its initial construction.</p> <p>The building is fully sprinkler protected with a wet sprinkler system. The sprinkler system is on municipal water with no fire pump. Emergency backup power to the building was supplied by a 350kW diesel generator. The facility does not admit residents on life support, however, they do admit bariatric residents. The facility has a capacity of 44 beds with a census of 42 at the time of the survey.</p> <p>Based upon review of facility documentation, staff interview, observations and performance testing it was determined that the facility is without waivers and in compliance with the provisions of NFPA 101, Life Safety Code, 1981 Existing.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

08/17/2017

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.