DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			Printed: 01/23/2018 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			PLE CONSTRUCTION G 01 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED	
495420		B. WING_		01/05/2018	
	ROVIDER OR SUPPLIER			RESS, CITY, STATE, ZIP CODE	
ALBEMA	ARLE HEALTH AND		FOUNDERS LOTTESV <b>I</b> I	PLACE LE, VA 22902	
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES THE PRECEDED BY FULL REGULATOR INTIFYING INFORMATION)	PAEFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	TITO BE COMPLETION
Κ 351 SS=E	facility. The Facility and is fully sprinkled and is fully sprinkled and is fully sprinkled accordance with 42 Part 483.150 and 4 Long Term Care Fa not to be in complian Participation for Me  The Findings that for non-compliance with Part 483.150 and 4 Fire).  On 01/05/2018 durity Fire Watch Log was Sprinkler System - In CFR(s): NFPA 101  Spinkler System - In 2012 EXISTING Nursing homes, and construction type, at approved automatic accordance with NF Installation of Sprinkler In Type I and II consmeasures are permisprinkler protection in local regulations in hospitals, sprinkled closets of patient sleep of the closet does no sprinkler coverage	gle story dualty certified is Type V (111) construction red.  If e Safety Code complaint ted on 01/05/2018 in Code of Federal Regulations, 10 to 480: Requirements for clitias. The Facility was found note with the Requirements for dicare and Medicaid.  If the Value of Regulations of the Value of Regulation of Regulat		The statements made on this plat correction are not an admission to do not constitute an agreement walleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the set forth in the following plan of correction. The following plan of correction constitutes the center's altegation of compliance. All aller deficiencies cited have been or we corrected by the date or dates indicated.  K351 Incident 1 (Sprinkler head damage 1. Dry Pendant Sprinkler ordered and will be inston 2/8/18 by contractor Second contract compascheduled to rework/add of insulation and tent pedrawing to be complete 2/19/18.  2. Through winter months areas to be checked we monitoring integrity of insulation and tenting by Maintenance Director/Designee  3. Sprinkler contractor will for damage/shifting of Insulation on the Quarter	o and with the actions actions aged will be alled alled attic celly y the look arty
1		DEMOCRACION NECESTRALIZATION DE SIL	INAI UKE	TIFLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a delicioncy which the institution may be excused from correcting providing it is determined that other 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 clied, an approved plan of correction is requisite to continued program participation.

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

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING COMPLETED 495420 01/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1540 FOUNDERS PLACE ALBEMARLE HEALTH AND REHABILITATION CHARLOTTESVILLE, VA 22902 (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Continued From page 1 K 351 K 351 inspections and report finding required by NFPA 13. Standard for Installation of to Maintenance Director. All finding are to be reported Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, to QA/Safety Committee for 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) compliance and immediate This REQUIREMENT is not met as evidenced action if noncompliance is noted. Surveyor: 35701 Date of correction 2/19/18 Based on observation and interview, the facility failed to properly install the sprinkler system in accordance with NFPA 13. This has the potential K351 to affect all residents and staff. Incident 2 (300 Neighborhood) 1. Damaged sprinkler pipe The Findings include: replaced and leak checked 2/8/18. Roof top unit fault The sprinkler system that is protecting the 300 was reset to start unit for hallway, 400 hallway, the laundry room, kitchen heating cycle 2/8/18. Area and the exterior sidewalk that is covered by a had a 12" insulation base canopy is a wet system. The sprinkler pipes blown in and put back in located above ceiling in the kitchen area and service 1/26/18.. Insulation back wall are installed in an area that cannot contractor will start 2/12/18 maintain an ambient air temperature of 40 and complete by 2/19/18. degrees Fahrenheit. The sprinkler head that was 2. Maintenance damaged has been removed and no other sprinkler head located on the exterior of the Director/Designee will building was affected by the weather conditions. monitor heating RTU's The administrator revealed the plan of action is to weekly to ensure proper repair the sprinkler system, insulate the pipes operation and check attic affected and return it back to service with further insulation/tenting. plans to convert the section of the sprinkler 3. Sprinkler will check Quarterly system to a dry system. when inspections are being done for integrity of tenting An interview with the administrator on 01/05/2018 /insulation. at approximately 10:00 AM revealed the piping for 4. Finding will be reported to the wet sprinkler system located above the QA/Safety Committee for kitchen area above ceiling in addition to the area compliance. that protects the sidewalk porticove area was 5. Date of Correction 2/19/18 installed in an area that is subject to freezing and cannot reliably be maintained at or above 40 degrees fahrenheit. Observation revealed access panels located in the hard ceiling of the kitchen

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ALBEMARLE HEALTH AND REHABILITATION 1540 FOUNDERS PLACE CHARLOTTESVILLE, VA 22902							
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K 351	Continued From page 2			K 351	.4		
	area was open to allow warm air to travel into the						
	area where the spri	nkler pipes was insta	illea.				
	On 01/06/2018 at a	pproximately 6:00 PM	v1 the				
		ed above ceiling in th					
		ghborhood burst. Th he 300 neighborhood					
		vatch for the affected					
	A phone interview with the administrator on						
		ed the facility was or					
	watch due to anoth	er sprinkler pipe burs	iting. A				
		h the sprinkler compa 1/2018 at approximate					
		rinkler pipe located a					
	ceiling in the 300 no	eighborhood above c	eiling and				
		to the patio was inst ect to freezing and ca					
		ed at or above 40 de			¥		
	fahrenheit.						
	NFPA 13 2010						
	8.16.4.1 Protection of Piping Against Freezing. 8.16.4.1.1 Unless the requirements of 8.16.4.1.2				_		
			.16.4.1.2				
	are met, where portions of s	ystems are subject to	freezing				
	and temperatures	•					
		naintained at or abov	e 40°F	:			
	(4℃), sprinklers shall be i	installed as a dry pipe	e or				
	preaction system.						
	8.16.4.1.2 Small un be protected	heated areas are pe	rmitted to				
		ms or by other syster	ns				
	specifically	•					
	listed for this purpo listed heat	se, including but not	ilmited to				
	tracing systems.				36		
		boveground water-fil	led supply		-		
	pipes, risers,						

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K 351	Continued From pa	age 3	K 351	-				
	system risers, or fe	ed mains pass through open						
		areas, cold rooms, passageways, or other areas exposed to						
	temperatures belov	v 40 °F						
		I be protected against freezing						
	by insulating	of casings, listed heat tracing						
	systems, or other							
		able of maintaining a minimum						
	temperature	) and 120°F (48.9°C).						
	551115511 16 1 (1 5	, and 120 : (10.0 0).						
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				41				