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

Printed: 03/23/2018 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

495151

B. WING \_\_\_\_

03/15/2018

IAME OF PROVIDER OR SUPPLIER

### **WANTE AT LYNCHBURG**

STREET ADDRESS, CITY, STATE, ZIP CODE

2081 LANGHORNE ROAD

	LYNCH	BURG, VA	24501	
(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)	COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
	Surveyor: 25557  Description of Structure: This is a 1 story structure with a partial basement. Residents use the first floor only.  Construction Type: II (000)  Sprinkler status: Fully Sprinklered  An unannounced recertification Life Safety Code survey was conducted 03/15/2018 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.  The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)		Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health & Safety Code Section 1280 and 42 C.F.R. 405.1907.	
K 161 SS=F	9	K 161		

ORATORY DIRECTOR'S OR PROVIDER SPILLER REPRESENTATIVE'S SIGNATUR

TITLE

30 2014 XATE

Executive Threeful

only deficiency statement ending with an asterlisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other afeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the ate 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 nese documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

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03/15/2018

IAME OF PROVIDER OR SUPPLIER

**AVANTE AT LYNCHBURG** 

STREET ADDRESS, CITY, STATE, ZIP CODE

4) ID REFIX AG	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 161	Continued From page 1 sprinklered  3 II (000) Not allowed	K 161		
	non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)			
	non-sprinklered  Not allowed  Not allowed  Non-sprinklered  Maximum 1 story  Sprinklered  Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)  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.  This REQUIREMENT is not met as evidenced by:		1. Identified combustible wood to be removed by maintenance personnel and replaced with metal stud. 2. Facility wide audit of adjoining walls completed by maintenance personnel. All identified issues have	4/6/2018
	Surveyor: 25557  Based upon observations and interviews the facility failed to maintain the construction type of the facility. This has the ability to affect all occupants in the effected compartment of the building.  The findings include:  On 03-15-2018 at approximately 12:15 PM it was observed that combustible wood is installed above the drop-in ceiling near the ice machine, front corridor.		been addressed.  3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K161 on 3/15/2018. All future construction and/or renovations above drop-in ceilings to be inspected by Maintenance personnel to ensure compliance with K161.  4. Results of audit to be brought to	
	The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.		monthly Safety Committee meeting for review and revisions as necessary.  5. April 6, 2018	

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

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(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

495151

B. WING\_

03/15/2018

IAME OF PROVIDER OR SUPPLIER

**WANTE AT LYNCHBURG** 

STREET ADDRESS, CITY, STATE, ZIP CODE

	LYNCH	HBURG, VA	24501	
(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 321	Discharge from Exits CFR(s): NFPA 101  Discharge from Exits 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.  18.2.7, 19.2.7  This REQUIREMENT is not met as evidenced by:  Surveyor: 25557  Based upon observations and interviews the facility failed to provide a exit discharge that terminates at a public way. This has the ability to affect all occupants using this exit in the building.  The findings include:  On 03-15-2018 at approximately 11:47 AM it was observed that the exterior exit discharge from the front hall corridor near the kitchen, did not terminate at a public way.  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15  PM during the exit interview.  Hazardous Areas - Enclosure  CFR(s): NFPA 101  Hazardous Areas - Enclosure  Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire resistance rating (with 3/4 hour fire resistance rating (with 3/4 hour fire resistance with 8.7.1 or 19.3.5.9. When the approved 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	K 271	<ol> <li>Identified egress completed to public way.</li> <li>Audit of all other exits conducted by maintenance personnel to ensure compliance with K271. No other issues identified.</li> <li>Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K271 on 3/15/2018. Maintenance personnel to monitor exit areas in the event of future construction or renovations to ensure compliance with K271.</li> <li>Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary.</li> <li>April 29, 2018</li> </ol>	4/29/2018

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

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

495151

B. WING \_

03/15/2018

IAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## VANTE AT LYNCHBURG 2081 LANGHORNE ROAD

	LYNCH	IBURG, VA	24501	
REFIX	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
X4) ID REFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION
	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		

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

Printed: 03/23/2018 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

495151

B. WING \_

03/15/2018

IAME OF PROVIDER OR SUPPLIER

### **WANTE AT LYNCHBURG**

STREET ADDRESS, CITY, STATE, ZIP CODE

		LYNCHBURG, VA	24501	
) ID EFIX AG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL LSC IDENTIFYING INFORMATION)	ATORY OR 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 4 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems inspected, tested, and maintained in accord with NFPA 25, Standard for the Inspection, and Maintaining of Water-based Fire Protect Systems. Records of system design, mainteinspection and testing are maintained in a slocation and readily available.  a) Date sprinkler system last checked  b) Who provided system test	are ance Testing, tion enance,	Identified OSY valve and the water motor gong to be repaired by contracted vendor.      All facility OSY valves and water	
	c) Water system supply source  Provide in REMARKS information on covera	age for	motor gongs inspected by maintenance personnel. No other issues were identified.  3. Maintenance personnel were	4/27/2018
	any non-required or partial automatic sprink system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as eviden	ler	educated by representative from State Fire Marshal's office during Life Safety Inspection on K353 on 3/15/2018. OSY valves and water motor gongs to be inspected by maintenance personnel weekly to ensure are in good repair.	
	Surveyor: 25557  Based upon observations and interviews the failed to test and maintain the building fire s system. This has the ability to affect all occ of the building.	prinkler	4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary.  5. April 27, 2018	
	The findings include:  On 03-15-2018 at approximately 10:30 AM is observed and noted during record review the deficiencies on the quarterly fire sprinkler redated 01-22-2018, an OSY valve and the way motor gong, had not been repaired.	at noted port		
	On 03-15-2018 at approximately 11:40 AM is observed that the fire sprinkler head in the known walk-in cooler was obstructed by flexible meaning of the unit.	kitchen		
	The Facility Maintenance Director and Admi witnessed this evidence by interview and observation on 03-15-2018 at	inistrator		

		ND HUMAN SERVIC				FOR	03/23/2018 M APPROVED 0. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		100 (0)	PLE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SU COMPL	RVEY
		495151		B. WING		03/1	5/2018
AME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE		
VANTE	AT LYNCHBURG			NGHORN BURG, VA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST I	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG ITIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETION DATE
K 353	. ,	ge 5 PM during the exit inte	erview.	K 353			
S 600 (400 (400 (400 (400 (400 (400 (400	HVAC CFR(s): NFPA 101	<u> </u>		K 521			
	This REQUIREMEN	T is not met as evide	enced by:		<ol> <li>Fire dampers were tested an maintained by contracted ve</li> <li>No other identified fire dampers in facility.</li> <li>Maintenance personnel were</li> </ol>	ndor. pers reside e educated	
	Surveyor: 25557				by representative from State Marshal's office during Life S Inspection on K521 on 3/15/	afety	3/29/2018
	failed to maintain the conditioning equipme Safety Code. This is	ations and interviews to be heating, ventilation, ent as required by the mas the ability to affect ected smoke comparte	and air Life t all		Maintenance personnel to vi inspect fire dampeners on a basis. Facility contracted vetest and maintain in accorda K521.	sually quarterly endor to	
	The findings include:				<ol> <li>Results of audit to be brough monthly Safety Committee n</li> </ol>		
	observed and noted facility could not prov	oproximately 10:30 AM during record review vide documentation th and maintained. [(NFF 9.4.9)]	that the lat the fire		review and revisions as nece 5. 3/29/2018.	ssary.	
	witnessed this evider	ance Director and Adı nce by interview and 5-2018 at approximate					

Alarm Annunciator

SS=F CFR(s): NFPA 101

PM during the exit interview.

K 916 Electrical Systems - Essential Electric Syste

Electrical Systems - Essential Electric System

A remote annunciator that is storage battery powered is provided to operate outside of the

K 916

Printed: 03/23/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED SENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495151 B. WING 03/15/2018 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **VANTE AT LYNCHBURG** 2081 LANGHORNE ROAD LYNCHBURG, VA 24501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG K 916 Continued From page 6 K 916 generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted Remote annunciator for the Essential for the alarm annunciator. Electrical System to be fixed by 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) contracted vendor. This REQUIREMENT is not met as evidenced by: 2. All remote annunciators for the Essential Electrical Systems to be fixed Surveyor: 25557 by contracted vendor. 3. Maintenance personnel were educated Based on observation and interview, the facility by representative from State Fire failed to maintain the remote annunciator for the Marshal's office during Life Safety Essential Electric System as required by the Life Inspection on K916 on 3/15/2018. Safety Code. This has the ability to affect all Remote annunciators to be inspected 4/27/2018 occupants of the building. by maintenance personnel weekly to ensure compliance with K916. The findings include: 4. Results of audit to be brought to On 03-15-2018 at approximately 2:20 PM it was monthly Safety Committee meeting for observed that the annunciator panel for the review and revisions as necessary.

observed that the annunciator panel for the Essential Electric System was blinking that the system was not in the automatic mode. The Essential Electric System was verified that it was in the automatic mode.

The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.

K 918 Electrical Systems - Essential Electric Syste SS=F CFR(s): NFPA 101

Electrical Systems - Essential Electric System Maintenance and Testing

The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in

. April 27, 2018

K 918

Printed: 03/23/2018

		H AND HUMAN SERVIC E & MEDICAID SERVIC					RM APPROVE NO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NU	MBER:		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COM	100 - 10 Po 10 00 00 00 1
Level Total Control	ROVIDER OR SUPPLIER E AT LYNCHBURG		2081 L	RESS, CITY, STAT ANGHORNE BURG, VA	ROAD		
(X4) ID PREFIX		Y STATEMENT OF DEFICIENCIES JST BE PRECEDED BY FULL REC		ID PREFIX	PROVIDER'S PLAN OF CO	State of the state	(X5) COMPLETION

WANTE AT LYNCHBURG		LYNCHBURG, VA 24501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULA LSC IDENTIFYING INFORMATION)	TORY OR PRE	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	Continued From page 7 accordance with NFPA 110. Generator sets are inspected weekly, exercisunder load 30 minutes 12 times a year in 20-intervals, and exercised once every 36 mont continuous hours. Scheduled test under load conditions include a complete simulated cold and automatic or manual transfer of all EES and are conducted by competent personnel. Maintenance and testing of stored energy posources (Type 3 EES) are in accordance with 111. Main and feeder circuit breakers are insannually, and a program for periodically exert the components is established according to manufacturer requirements. Written records maintenance and testing are maintained and available. EES electrical panels and circuits marked, readily identifiable, and separate fronormal power circuits. Minimizing the possibilidamage of the emergency power source is a consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NF 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidence.	sed 40 day hs for 4 I start loads, wer n NFPA spected cising of readily are m ility of design	(918	<ol> <li>Maintenance personnel have tested and recorded EPSS batteries in accordance with K918.</li> <li>All EPSS batteries are tested and recorded in accordance with K918</li> <li>Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K918 on 3/15/2018. Maintenance personnel to inspect and record EPSS batteries on a weekly basis in accordance with K918.</li> <li>Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary.</li> <li>3/30/2018.</li> </ol>	3/30/2018	
	Based on observation and interview, the faci failed to test and maintain the essential elect system as required by the Life Safety Code. has the ability to affect all occupants of the b The findings include:  On 03-15-2018 at approximately 10:30 AM it observed and noted during record review that facility could not provide documentation that Emergency Power Supply System, EPSS, batelectrolyte specific gravity level is tested and recorded monthly or battery conductance test performed in lieu of specific gravity testing we applicable. (NFPA 110.8.3.7.1)	ric This uilding.  was t the the attery ting is				

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NIEKS FOR MEDICAR	E & MEDICAID SERVIC	ES		OMB NO. 0938-039
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	495151		B. WING	03/15/2018
AME OF PROVIDER OR SUPPLIER		STREET A	DDRESS CITY STATE ZIP CODE	

**AVANTE AT LYNCHBURG** 

2081 LANGHORNE ROAD

		LYNCHBURG, VA 24501			
X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULA LSC IDENTIFYING INFORMATION)	TORY OR PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	Continued From page 8  The Facility Maintenance Director and Admir witnessed this evidence by interview and observation on 03-15-2018 at approximately PM during the exit interview.				

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

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 02 - ADDITION 02

(X3) DATE SURVEY COMPLETED

495151

B. WING

03/15/2018

IAME OF PROVIDER OR SUPPLIER

## *VANTE AT LYNCHBURG*

STREET ADDRESS, CITY, STATE, ZIP CODE

## 2081 LANGHORNE ROAD LYNCHBURG, VA 24501

		LYNCHBURG, VA	24501	
4) ID REFIX AG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULA LSC IDENTIFYING INFORMATION)	TORY OR 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  Surveyor: 25557  Description of Structure: This is a 1 story structure and the structure and the structure are structure. Residents use the floor only.  Construction Type: II (000)  Sprinkler status: Fully Sprinklered	K 000  ucture first	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed	
	An unannounced recertification Life Safety C survey was conducted 03/15/2018 in accorda with 42 Code of Federal Regulation, Part 483 Requirements for Long Term Care Facilities. facility was surveyed for compliance using th 2012 Existing regulations. The facility was no compliance with the Requirements for Participation Medicare and Medicaid.	ance 3: The ee LSC ot in ipation	solely because required by the provisions of Health & Safety Code Section 1280 and 42 C.F.R. 405.1907.	
SS=F	non-compliance with Title 42 Code of Regula 483.70(a) et seq (Life Safety from Fire.)  Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing	K 353	<ol> <li>Identified sprinkler head to be fixed in accordance with K353 by contracted vendor</li> <li>Maintenance personnel completed facility wide audit to ensure sprinkler heads are in compliance with K353.</li> <li>Maintenance personnel were educated by representative from State Fire</li> </ol>	
	Automatic sprinkler and standpipe systems a inspected, tested, and maintained in accorda with NFPA 25, Standard for the Inspection, T and Maintaining of Water-based Fire Protecti Systems. Records of system design, mainter inspection and testing are maintained in a se location and readily available.  a) Date sprinkler system last checked  b) Who provided system test	ence esting, ion nance,	Marshal's office during Life Safety Inspection on K353on 3/15/2018. Maintenance personnel to complete a weekly audit of facility sprinkler heads to ensure compliance with K353.  4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary.  5. April 13, 2018	4/13/2018
	c) Water system supply source  Provide in REMARKS information on coverage of the coverage of t		TITLE	(X6) DATE

deficiency statement ending with an asterisk (\*\* denotes a deficiency which the institution may be excused from correcting providing it is determined that other afeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the ate 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 nese documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

ENTERS FOR MEDICARE & MEDICAID SERVICES

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ADDITION 02

(X3) DATE SURVEY COMPLETED

495151

B. WING

03/15/2018

IAME OF PROVIDER OR SUPPLIER

### **AVANTE AT LYNCHBURG**

STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD

	LYNC	HBURG, VA	24501	
X4) ID REFIX 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
	Continued From page 1 for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 25557  Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.  The findings include:  On 03-15-2018 at approximately 1:58 PM it was observed the fire sprinkler head in the toilet across from patient room 54, was obstructed by the drop-inceiling tile.  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.  Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency powers source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.  6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)  This REQUIREMENT is not met as evidenced by:  Surveyor: 25557  Based on observation and interview, the facility failed to maintain the remote annunciator for the	K 916	<ol> <li>Remote annunciator for the Essential Electrical System to be fixed by contracted vendor.</li> <li>All remote annunciators for the Essential Electrical Systems to be fixed by contracted vendor.</li> <li>Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K916 on 3/15/2018. Remote annunciators to be inspected by maintenance personnel weekly to ensure compliance with K916.</li> <li>Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary.</li> <li>April 27, 2018</li> </ol>	4/27/201

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

Printed: 03/23/2018 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 02 - ADDITION 02

(X3) DATE SURVEY COMPLETED

495151

B. WING\_

03/15/2018

IAME OF PROVIDER OR SUPPLIER

**WANTE AT LYNCHBURG** 

STREET ADDRESS, CITY, STATE, ZIP CODE

associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall		
the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.  Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel.  Maintenance and testing of stored energy power review	tenance personnel have tested ecorded EPSS batteries in dance with K918.  SS batteries are tested and ded in accordance with K918 tenance personnel were educated presentative from State Fire hal's office during Life Safety ection on K918 on 3/15/2018. The same personnel to inspect and deposit EPSS batteries on a weekly basis ordance with K918. The sof audit to be brought to haly Safety Committee meeting for wand revisions as necessary.  1/2018.	3/30/18

# EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

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TATEMENT OF DEFICIENCIES
ND PLAN OF CORRECTION

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STREET ADDRESS, CITY, STATE, ZIP CODE

WANTEATETHORBUNG		LYNCHBURG, VA 24501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL) LSC IDENTIFYING INFORMATION)	ATORY OR	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 918	Continued From page 3 maintenance and testing are maintained and available. EES electrical panels and circuits marked, readily identifiable, and separate fromormal power circuits. Minimizing the possib damage of the emergency power source is a consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NR 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidence.	are om oility of a design	K 918		
	Based on observation and interview, the fact failed to test and maintain the essential elect system as required by the Life Safety Code. has the ability to affect all occupants of the bound of the fact that the ability to affect all occupants of the bound of the fact that the facility could not provide documentation that the facility could not	tric This puilding.  t was at the the attery sting is where			