Printed: 04/27/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED
		495230		B. WING		02/28/2018
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	ATE, ZIP CODE	
ENVOY A	AT THE VILLAGE			MES MAD NION, VA	SON HIGHWAY 23055	
(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 FLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE COMPLETION
K 000	INITIAL COMMENT	S		K 000		
		ture: This is a 1 story,				
	,	of protected construct	tion.			
	Construction Type: \	. ,		•		
	survey was conducted with 42 Code of Fed Requirements for Lofacility was surveyed 2012 Existing regular compliance with the Medicare and Medicare an	certification Life Safet ed 02/28/2018 in according Regulation, Part ong Term Care Faciliti if for compliance using ations. The facility was Requirements for Paraid. low demonstrate in Title 42 Code of Reg ie Safety from Fire.)	ordance 483; es. The g the LSC a not in dicipation	K 161	The unprotected penetrations of the assembly system in the kitchen to the the cooking exhaust hood, in the laun	right of
	19.1.6.1, unless other through 19.1.6.7 19.1.6.4, 19.1.6.5	n type and stories med erwise permitted by 19	9.1.6.2 mber of prinklered		the dryers, and in the therapy staff are repaired. 2 Additional roof assembly systems we reviewed for unprotected penetration. 3 The Executive Director educated the Maintenance Director on the Importation NFPA 101 Building Construction Type pertaining to unprotected penetration assembly. 4 Any findings will be reported to the QAPI Committee for further review.	vere ns. e nce of and Height ns of roof
	A	_			5 Date of Compliance =	4/13/2018
LABORATOR	DIRECTOR'S OR PROVIDE	VSUPPLIER REPRESENTATI	VE'S SIGNATURE		TITLE	(X6) DATE
	Mad St	UNIO		Ex	ceculive Director	3-21-18

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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		(X1) PROVIDER/SUPPLIER/O		I	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		495230		B. WING		02/28	02/28/2018	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	DRESS, CITY, STATE, ZIP CODE				
ENVOY A	T THE VILLAGE	;	4238 JAN	WES MAD	SON HIGHWAY		i	
FORK			FORK U	NION, VA	23055			
(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 SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X6) COMPLETION DATE	
K 161	Continued From page 1			K 161				
	3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH)							
							:	
	6 V (111)							
	7 III (200) non-sprinklered 8 V (000)	Not allowed Maximum 1 stor	,					
	sprinklered	nust be sprinklered th	·					
	accordance with sec	ervised automatic system 9.7. (See 19.3.5)				:		
	construction, the nur	lon, in REMARKS, of mber of stories, includ n which patlents are k	ling			•		
	location of smoke or approval. Complete:	fire barriers and date sketch or attach smal	s of					
	of the bullding as ap This REQUIREMEN	propriate. Tils not met as evide	nced by:					
	Surveyor: 25557 Based upon observations and interviews the facility failed to maintain the construction type to meet the requirements of the Life Safety Code. This has the ability to affect all occupants in the building.							
						3		
	The findings include:	:						
	On 02/28/2018 at approximately 11:10 AM it was observed that there was an unprotected penetration of the roof ceiling assembly by an electrical wire, in the kitchen to the right of the cooking exhaust hood. On 02/28/2018 at approximately 11:35 AM it was observed that there was an unprotected penetration of the roof ceiling assembly by a gas line, in the laundry, rear of the dryers.							

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CENTER	S FOR MEDICARE 8	<u>MEDICAID SERVIC</u>	ES			OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		495230		B. WING		02/28	3/2018
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE		
ENVOY A	AT THE VILLAGE			AMES MAD JNION, VA	SON HIGHWAY 23055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JED BE	(X5) COMPLETION DATE
K 161	Continued From pa	ge 2		K 161		-	
	On 02/28/2018 at approximately 11:35 AM it wa observed that there was an unprotected penetra of the roof ceiling assembly by a metal pipe, the staff area. The Facility Maintenance Director and Administrates designee witnessed this evidence by interview a		enetration				
	designee witnessed	this evidence by inter 8/2018 at approximate	view and				
	Hazardous Areas - I CFR(s): NFPA 101	Enclosure		K 321	1 The door between the kitchen area that did not latch, the door	to the 400	
	having 1-hour fire re- fire rated doors) or a system in accordance the approved autom option is used, the a other spaces by small doors in accordance self-closing or autom have nonrated or fie	Enclosure e protected by a fire besistance rating (with 3 an automatic fire exting ce with 8.7.1 or 19.3.5 at the fire extinguishing areas shall be separate oke resisting partitions with 8.4. Doors shall natic-closing and permeld-applied protective perches from the bottom	8/4 hour guishing .9. When system ed from a and be altted to plates that		Hall soiled utility room with the ulatch and excessive gap between and frame, the door to the mechanical room with the discloser, the door to the 400 Hall room with the excessive gap be door and frame, and the document of the door and frame, and the document of the door excessive gap between the door have been repaired.	O2/28/201 TION ULD BE TE DEFICIENCY) To the 400 unapproved en the door ne therapy sabled door mechanical etween the por to the n with the r and frame doors were existing one lucated the portance of Enclosure existing one rdous areas, accordance	
	areas that are defici 19,3,2.1, 19.3.5.9			1	2 Additional hazardous area of reviewed for maintaining the element hour fire resistive rating.		D2/28/2018 D2/28/2018 COMPLETION DATE Ing DOO Ped Door Door Cal The
	Area Automatic Sprinkler Separation N/A 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. Laboratorles (if classified as Severe Hazard - see K322)				3 The Executive Director ed Maintenance Director on the importance Director on the importance of the maintaining the end of the maintaining in hazar and will continue to monitor in with NFPA standards. 4 Any findings will be reportance.	portance of Enclosure existing one dous areas, accordance	
	This REQUIREMENT is not met as evidenced				monthly QAPI Committee f	or further	

review.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
	495230			B. WING		02/28	/2018
ENVOY AT THE VILLAGE 4238 J					SON HIGHWAY		
(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 CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETION DATE
K 321	falled to maintain the rating in a hazardou affect all occupants the bullding. The findings include On 02/28/2018 at as observed that the dodining area did not I On 02/28/2018 at as observed that the dorom did not have a had an excessive grame. On 02/28/2018 at as observed that the dorom, had an install disabled. On 02/28/2018 at as observed that the dorom, had an install disabled.	ations and Interviews at existing one hour first area. This has the sin the effected company: pproximately 11:12 All por between the kitching and interviews.	e resistive ability to artment of artment of artment of art was and the art was chanical as	K 321	5 Date of Compliance =		4/13/2018
ļ	On 02/28/2018 at approximately 11:47 AM it was observed that the door to the 200/300 hall mechanical room had an excessive gap between the door and the frame.						:
	designee witnessed	nance Director and Ad this evidence by Inte 8/2018 at approximat nterview.	rview and				
	Fire Drills CFR(s): NFPA 101			K 712	Documented fire drills will be cond- quarterly and on each shift during the period, and have been added to the fi	survey	

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		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		495230		B. WING02/			/2018	
ENVOY AT THE VILLAGE 4238 J			4238 JAI	DRESS, CITY, STATE, ZIP CODE JAMES MADSON HIGHWAY KUNION, VA 23055				
(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 CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	DBE !	(X5) COMPLETION DATE	
K 712	Fire Drills Fire drills include the signal and simulation Fire drills are held a times under varying each shift. The staff is aware that drills at Where drills are con 6:00 AM, a coded at instead of audible at 19.7.1.4 through 19. This REQUIREMENT Surveyor: 25557 Based on observation falled to conduct fire shift, as required by the ability to affect at The findings include On 02/28/2018 at apobserved and noted facility could not prodrills are being conditioned with the surveyor the Facility Maintern designee witnessed	e transmission of a fire of the conditions, at least quills familiar with proceduced between 9:00 mouncement may be arms. 7.1.7 This not met as evided the Life Safety Code. Il occupants of the build occupants occu	ected uarterly on dures and routine. PM and used enced by: ectellity ly on each This has ilding. It was that the nat fire n each ministrator view and	K 712	TELS preventative maintenance prograted and interest of the desired reviewed relating to fire drills being or quarterly and on each shift during the period. 3 The Executive Director educated the Maintenance Director on the important NFPA 101 Fire Drills pertaining to fire conducted quarterly and on each shift continue to monitor in accordance with standards. 4 Any findings will be reported to the QAPI Committee for further review. 5 Date of Compliance =	was enducted survey ence of drills being , and will th NFPA	4/13/2018	
K 918 SS≔F	CFR(s): NFPA 101 Electrical Systems - Maintenance and Te The generator or of associated equipme	her alternate power sent is capable of supple conds, If the 10-secor	etem ource and ying	K 918	1 The Emergency Power Supply Syste battery conductance testing has been implemented, and added to the facility preventative maintenance program. 2 The facility only has one EPSS with I requiring conductance testing, therefore additional reviews were needed.	y's TELS batteries		

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CENTER:	S FOR MEDICARE &	<u> MEDICAID SERVIC</u>	ES			OMB NO	<u>. 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		1. ,	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		495230		B. WING		02/28	/2018
NAME OF PR	OVIDER OR SUPPLIER	**	STREET ADDR	ESS, CITY, STA	TE, ZIP CODE		
	T THE VILLAGE			MES MAD	SON HIGHWAY		
-		·		•		<u></u>	6485
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APPROPR	(XB) COMPLETION DATE	
K 918	< 918 Continued From page 5			K 918	3 The Executive Director educated	Itho	
	test, a process shall be provided to annually confirm			Maintenance Director on the Impo			
		e life safety and critica			•		
		ince and testing of the			NFPA 101 Electrical Systems - Esse		
		es are performed in ac	cordance		Systems pertaining to generator ba		
	with NFPA 110.)			conductance testing, and will cont		
		Inspected weekly, exe tes 12 times a year in			monitor in accordance with NFPA	standards.	
	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 foads, and are conducted by competent personnel. Maintenance and testing of stored energy power		onths for 4		4 Any findings will be reported to the monthly		
					QAPI Committee for further review	۷,	
				5 Date of Compilance =		4/13/2018	
	sources (Type 3 EE	S) are in accordance	with NFPA				
	111. Main and feed	er circuit breakers are	inspected				
		gram for periodically e					Į
		established according					i
		rements. Written recor					
		esting are maintained					
		trical panels and circu					
		ntifiable, and separate its. Minimizing the pos					
		rgency power source					
	consideration for ne		is a design				
		NFPA 98), NFPA 110,	NFPA				
	111, 700.10 (NFPA						
		NT is not met as evide	nced by:				
	, , , , , , , , , , , , , , , , , , ,		.		:		
	Surveyor: 25557						
	Based on observati	on and interview, the	facility				
	failed to test and ma	aintain the essential e	lectric				
	system as required	by the Life Safety Co	de. This				
	has the ability to aff	fect all occupants of the	e building.				
	The findings include	e:					
	On 02/28/2018 at a	pproximately 10:00 Al	M it was				
	observed and noted	during record review	that the				
	facility could not pro	ovide documentation t	hat the				
	Emergency Power	Supply System, EPSS	s, battery				
	1		Ì		1		1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		CLIA ER:	1	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SUR COMPLETE	VEY	
		495230		B, WING		02/28	//2018
ENVOY AT THE VILLAGE 4238 J					SON HIGHWAY		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	ULD BE	(X6) COMPLETION DATE
K 918	recorded monthly or performed in lieu of applicable. (NFPA The Facility Mainten designee witnessed	gravity level is tested a battery conductance specific gravity testing 110.8.3.7.1) nance Director and Ad this evidence by inter 8/2018 at approximate	testing is g where ministrator view and	K 918			