

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2018
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, 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 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, fully sprinklered building of protected construction. Construction Type: V(III) Sprinkler status: Fully Sprinklered. An unannounced recertification Life Safety Code survey was conducted 02/28/2018 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.)	K 000		
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered	K 161	1 The unprotected penetrations of the roof assembly system in the kitchen to the right of the cooking exhaust hood, in the laundry rear of the dryers, and in the therapy staff area were repaired. 2 Additional roof assembly systems were reviewed for unprotected penetrations. 3 The Executive Director educated the Maintenance Director on the importance of NFPA 101 Building Construction Type and Height pertaining to unprotected penetrations of roof assembly. 4 Any findings will be reported to the monthly QAPI Committee for further review. 5 Date of Compliance =	4/13/2018

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

TITLE

(X6) DATE

[Signature]

Executive 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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K 161	<p>Continued From page 1</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>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:</p> <p>Surveyor: 25557</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p>	K 161		

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K 161	Continued From page 2 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 metal pipe, therapy staff area. The Facility Maintenance Director and Administrator designee witnessed this evidence by interview and observation on 02/28/2018 at approximately 12:30 PM during the exit interview.	K 161		
K 321 SS=F	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 rated doors) or an 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 automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 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. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced	K 321	1 The door between the kitchen and dining area that did not latch, the door to the 400 Hall soiled utility room with the unapproved latch and excessive gap between the door and frame, the door to the therapy mechanical room with the disabled door closer, the door to the 400 Hall mechanical room with the excessive gap between the door and frame, and the door to the 200/300 hall mechanical room with the excessive gap between the door and frame have been repaired. 2 Additional hazardous area doors were reviewed for maintaining the existing one hour fire resistive rating. 3 The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Area - Enclosure pertaining to maintaining the existing one hour fire resistive rating in hazardous areas, and will continue to monitor in accordance with NFPA standards. 4 Any findings will be reported to the monthly QAPI Committee for further review.	

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K 321	Continued From page 3 by: Surveyor: 25557 Based upon observations and interviews the facility failed to maintain the existing one hour fire resistive rating in a hazardous area. This has the ability to affect all occupants in the effected compartment of the building. The findings include: On 02/28/2018 at approximately 11:12 AM it was observed that the door between the kitchen and the dining area did not latch closed. On 02/28/2018 at approximately 11:27 AM it was observed that the door to the 400 hall soiled utility room did not have an approved latch and the door had an excessive gap between the door and the frame. On 02/28/2018 at approximately 11:39 AM it was observed that the door to the therapy mechanical room, had an installed door closer that was disabled. On 02/28/2018 at approximately 11:47 AM it was observed that the door to the 400 hall mechanical room had an excessive gap between the door and the frame. 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. The Facility Maintenance Director and Administrator designee witnessed this evidence by interview and observation on 02/28/2018 at approximately 12:30 PM during the exit interview.	K 321	5 Date of Compliance =	4/13/2018
K 712 SS=F	Fire Drills CFR(s): NFPA 101	K 712	1 Documented fire drills will be conducted quarterly and on each shift during the survey period, and have been added to the facility's	

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K 712	<p>Continued From page 4</p> <p>Fire Drills 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 established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to conduct fire drills at least quarterly on each shift, as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 02/28/2018 at approximately 10:00 AM it was observed and noted during record review that the facility could not provide documentation that fire drills are being conducted quarterly and on each shift during the survey period.</p> <p>The Facility Maintenance Director and Administrator designee witnessed this evidence by interview and observation on 02/28/2018 at approximately 12:30 PM during the exit interview.</p>	K 712	<p>TELS preventative maintenance program.</p> <p>2 Additional fire drill documentation was reviewed relating to fire drills being conducted quarterly and on each shift during the survey period.</p> <p>3 The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Drills pertaining to fire drills being conducted quarterly and on each shift, and will continue to monitor in accordance with NFPA standards.</p> <p>4 Any findings will be reported to the monthly QAPI Committee for further review.</p> <p>5 Date of Compliance =</p>	4/13/2018
K 918 SS=F	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>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</p>	K 918	<p>1 The Emergency Power Supply System, EPSS, battery conductance testing has been implemented, and added to the facility's TELS preventative maintenance program.</p> <p>2 The facility only has one EPSS with batteries requiring conductance testing, therefore no additional reviews were needed.</p>	

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If continuation sheet Page 6 of 7

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K 918	Continued From page 6 electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NFPA 110.8.3.7.1) The Facility Maintenance Director and Administrator designee witnessed this evidence by interview and observation on 02/28/2018 at approximately 12:30 PM during the exit interview.	K 918		