



Gainesville
Health & Rehab Center

Living made better.

November 20, 2017

Jimmy Csizmadia
Virginia Department of Fire Programs
State Fire Marshal's Office
471 James Madison Highway, Suite 101
Culpeper, VA 22701

Dear Mr. Csizmadia:

Please find the enclosed Plan of Correction for the Life Safety Inspection conducted on October 20, 2017.

After you have an opportunity to review, please let me know if you have any questions or concerns. Thank you for your assistance.

Sincerely,

Honor T. Chriscoe
Administrator

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

Printed: 10/26/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495388	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2017
NAME OF PROVIDER OR SUPPLIER GAINESVILLE HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7501 HERITAGE VILLAGE PLAZA GAINESVILLE, VA 20155		
(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: 35700 Description of Structure: The building is a one story Type V (111) structure with a NFPA 13 Sprinkler system. An unannounced Life Safety Code recertification survey was conducted on 10/20/2017 in accordance with 42 Code of Federal Regulations, Part 483. 150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code Existing Regulations.	K 000			
K 161 SS=D	NFPA 101 Building Construction Type and Height 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 3 II (000) Not allowed	K 161	1. The holes in the hard lid have since been sealed with fire caulking per standards. 2. It is determined that any area of the hard lid has the potential to be affected. 3. The maintenance director has been educated to ensure that all penetrations of the hard lid are sealed with fire caulking per standards. 4. The maintenance director or designee will inspect random portions of the hard lid weekly x 8 weeks to ensure no further unsealed penetrations exist. 5. November 19, 2017		

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

Handwritten signature

TITLE

Administrator

(X6) DATE

11/19/17

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>non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 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)</p> <p>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.</p> <p>This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain the integrity of the building construction type.</p> <p>The Finding Includes:</p> <p>On 10/20/2017 at approximately 12:15 PM it was observed throughout the facility corridors and rooms it was observed that there were multiple holes and improperly sealed penetrations of the hard lid (above suspended Ceiling) that is a component of the rated ceiling assembly.</p>	K 161			
K 372 SS=D	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING</p>	K 372			

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K 372	Continued From page 2 Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain the integrity of its smoke barriers. The Finding Includes: On 10/20/2017 at approximately 12:30 PM it was observed in the back hallway of Fairview side compartment C that there was an unsealed penetration around data cable above ceiling in rated wall.	K 372	1. The penetration around the data cable has since been properly fire caulked. 2. Any area of the smoke barrier has the potential to be affected. An inspection was conducted of all data cabling and no further issues were identified. 3. The maintenance director has been educated to ensure that all penetrations of smoke barriers are properly sealed. 4. The maintenance director or designee will inspect random portions of the hard lid weekly x 8 weeks to ensure no further unsealed penetrations exist. 5. November 19, 2017	
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms	K 920		

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K 920	Continued From page 3 (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain its electrical equipment. The Findings Include: On 10/20/2017 at approximately 12:17 PM it was observed that there was a multi tap in use next to the Bed by the window.	K 920	1. The multi-tap identified was removed. 2. Any resident room has the potential to be affected. They have all been inspected and any other power blocks were removed. 3. The maintenance director was educated to ensure that power strips are only used for components of movable patient-care related electrical equipment. Residents will be reminded of this requirement in resident council. 4. The maintenance director will inspect random patient rooms weekly x 8 weeks to ensure that power strips are used only as permitted by code. 5. November 19, 2017		
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum	K 923	1. Signage was immediately placed outside of the room where the concentrator was in use. 2. Any cylinder and container storage area has the potential to be affected and is in compliance. 3. Required signage is in place for storage areas affected by this regulation. 4. The maintenance director or designee will randomly audit oxygen cylinder and equipment storage areas weekly x 8 weeks to ensure proper signage is in place. 5. November 19, 2017		

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K 923	<p>Continued From page 4</p> <p>1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly identify rooms where oxygen was in use.</p> <p>The Finding Includes:</p> <p>On 10/20/2017 at approximately 12:26 PM it was observed in room 224 there was an oxygen concentrator in use with no signage on the entry door or door frame.</p>	K 923			