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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495404	A. BUILDING 01 - THE GLEBE B. WING ______	02/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GLEBE	250 GLEBE ROAD DALEVILLE, VA 24083

(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: 34730 Construction Type : V (111) Description of structure: The facility is a single story building of wood frame construction with concrete slab floors. Sprinkler status: The facility is fully sprinklered. The system is supplied by municipal water supply. An unannounced recertification Life Safety Code survey was conducted 02/23/2018 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	This Plan of Correction is our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly.	
K 362 SS=F	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are	K 362	K 362 SS=F Corridors- Construction of Walls CFR(s): NFPA 101 On 2-23-18 at approximately 10:52am and 11:26am, the Fire Marshall, Administrator, and Director of Facilities noted unprotected penetrations to the corridor wall above room H 205 & H 230.	3/8/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brandon Evans	Director of Health Services	3/8/18

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 362	Continued From page 1 in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating ____________ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain corridor walls. This has the ability to affect all occupants of the building. Findings include: On 2-23-18 at approximately 10:52 am it was observed through observation and inspection that there are unprotected through penetrations to the corridor wall above the ceiling tiles above Room H 205. On 2-23-18 at approximately 11:26 am it was observed through observation and inspection that there are unprotected through penetrations to the corridor wall above the ceiling tiles above Room H 230. The facility Administrator and Maintenance staff witnessed this evidence by observation and interview.	K 362	These two identified areas were repaired with the correct amount and type of fire caulk immediately, prior to the Fire Marshall's exit. The facility completed a comprehensive review of the corridor walls and assessed for additional areas needing repair. There were no additional areas requiring improvement. The facility has initiated a monthly inspection of all corridor walls. Any areas needing repair will be repaired immediately, and a recording of the inspections along with repairs will be maintained by the facility's maintenance department. The inspections will be recorded and reported the facility's Risk Safety Committee. The facility's Quality Assurance and Performance Improvement Committee will be responsible for monitoring and oversight.	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial	K 914	K914 SS=F Electrical Systems-Maintenance and Testing CFR(s): NFPA 101	3/8/2018

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K 914	Continued From page 2 installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the electrical system. This has the ability to affect all occupants of the building. Findings include: On 2-23-18 at approximately 10:00 am during the record review it was observed through observation and inspection that the facility could not provide documentation for the testing of hospital grade receptacles. The facility Administrator and Maintenance staff witnessed this evidence by observation and interview.	K 914	On 2-23-2018 at approximately 10:00am the Fire Marshall spoke with the Director of Facilities regarding routinely testing at resident bed locations. The Director of Facilities stated that the facility has conducted receptacle testing in 2017; however, failed to provide the Fire Marshal with a record of the testing. The facility's maintenance department, completed an assessment of all receptacles located on the Health Care Center and documented the results. There were no receptacles that required replacement or manipulation. Should repairs be required or renovations occur each affected receptacle will be retested and this will be documented accordingly. The facility has labeled each receptacle on the actual receptacle to assist with management and future testing. All of this information, along with the testing of each receptacle, is now documented and will be discussed monthly in the facility's Risk Safety Meeting. The facility's Quality Assurance and Performance Improvement Committee will be responsible for monitoring and oversight.	
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage	K 923	K923 SS=E Gas Equipment- Cylinder and Container Storage CFR(s): NPFA 101	3/8/2018

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K 923	Continued From page 3 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 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 REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain a proper oxygen sign. This has	K 923	On 2-23-2018 at approximately 11:14am the Fire Marshall, Director of Facilities, and Administrator noticed the oxygen room was missing a sign that specifically stated, "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING". The room was labeled with signs indication the room contained oxygen, stated no smoking; however, failed to stated oxidizing gas(es) stored within. A sign a was immediately placed on the door prior to the Fire Marshal exiting the facility. There are no other rooms permitted to house oxidizing gas(es) on the Health Care Unit; therefore, there are no other occurrences similar to the problem. The facility has ordered a sign to be permanently affixed to the door to meet this requirement and will conduct routine rounding to ensure the temporary sign maintains in place until the permanent sign can be securely attached. The facility's Quality Assurance and Performance Improvement Committee will be responsible for monitoring and oversight.	

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K 923	Continued From page 4 the ability to affect all occupants of the building. Findings include: On 2-23-18 at approximately 11:14 am it was observed through observation and inspection that the Oxygen storage room does not have 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 ". The Administrator and Maintenance Director witnessed this evidence through observation and interview.	K 923		