| DEPAF CENTE | RTMENT OF HEALTH ERS FOR MEDICARE | AND HUMAN SERV & MEDICAID SERV | ICES ICES | | | FOR | 1: 01/10/2018 MAPPROVED |
|--|---|--|--|---------------------|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB | | | R/CLIA //BER: | 1 | TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01 | OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED | |
| | | 495300 | | B. WING | , | 12/: | 27/2017 |
| | PROVIDER OR SUPPLIER AGE HALL KING GEO | ance: | | | , STATE, ZIP CODE | 1 | |
| 1111111 | AGE TALL KING GE | JRGE | | FOXES W GEORGE, | /AY , VA 22485 | | ļ |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | ATEMENT OF DEFICIENCIE FBE PRECEDED BY FULL F INTIFYING INFORMATION) | S REGULATORY | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY) | lit n ec | (X5) COMPLETION DATE |
| K 00 | 0 INITIAL COMMENT | S | | K 000 | | | |
| | Surveyor: 35700 | | ļ | | | | |
| | The facility is a One construction Type o NFPA wet sprinkler | story building with a f III (211) The facility system. | has a full | | | | |
| | survey was conduct accordance with 42 for long Term Care | Code of Federal Reg Facilities. The facility ance using the 2012 | gulations Was | | | | |
| | with the requirement Medicare and Medic | aid. | ance r | | | | |
| . K 321 SS≔D | | Enclosure | | K 321 | | | |
| LABQHATOI | Hazardous Areas - E 2012 EXISTING Hazardous areas are having 1-hour fire re fire rated doors) or a system in accordance approved automatic option is used, the are other spaces by smo doors in accordance self-closing or autom have nonrated or fiel that do not exceed 4 the door. Describe the floor an hazardous areas that 19.3.2.1 | protected by a fire besistance rating (with sistance rating (with sin automatic fire extince with 8.7.1. When the with 8.4.1 be separationed with 8.4. Doors shall natic-closing and perrod-applied protective particular from the both districtions of the deficient in REM | 3/4-hour aguishing he stem ed from s and be nitted to plates stom of | ATTIBLE | Corrective Action: K: 321 Corrective action taken for the Identified problem The unsealed penetration in the wall of janitor's closet in zone 6 was sealed with 3M CP 25WB+ Intumescent (Red) fire caulking. The Multiple unsealed penetrations in door frame assembly of the janitor's clin zone 6 were sealed with 3M CP 25W Intumescent (Red) fire rated caulking. The Multiple unsealed penetrations in door frame assembly of the janitor's clin zone 7 were sealed with 3M CP 25W Intumescent (Red) fire rated caulking. | ith rated fire oset VB+ fire oset VB+ VB+ | 1-15-18 |
| LABUHATOI | MI A — YO | ER/SUPPLIER REPRESENT | ATIVE'S SIZA | ATURE | TITLE | · (| XB) DATE |
| Apu dofinio | nov statement and its with | | -70 | 10 | | 6- | 1-15-18 |

Any deficiency statement anting 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 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 program participation.

Printed: 01/10/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES Printed: 01/10/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A, BUILDING 01 - MAIN BUILDING 01 COMPLETED 495300 12/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HERITAGE HALL KING GEORGE 10051 FOXES WAY KING GEORGE, VA 22485 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 321 Continued From page 1 K 321 Address how facility will identify Separation N/A Similar occurrences of the problem a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) A 100% audit/inspection was conducted to c. Repair, Maintenance, and Paint Shops review all doors and wall to ensure that d. Soiled Linen Rooms (exceeding 64 gallons) those door, door assembly, and hazard e. Trash Collection Rooms rooms are free of penetrations. All negative (exceeding 64 gallons) findings were corrected. f. Combustible Storage Rooms/Spaces (over 50 square feet) Identify measures/systemic changes to g. Laboratories (if classified as Severe ensure deficient practice will not recur. Hazard - see K322) This REQUIREMENT is not met as evidenced In-service was conducted with the by: maintenance director to review life safety compliance related to rated walls, doors, and Surveyor: 35700 Based on observation the facility failed to ensure door assemblies. that its hazardous areas were properly protected. Indicate how facility will monitor its performance The Findings Include A comprehensive life safety review of the On 12/27/2017 at approximately 11:34 AM It was facility by the Regional Facility Advisor and observed that there was an unsealed penetration the Vice President of Engineering is in the wall of the janitors closet in zone 6. conducted annually. The review of hazard area compliance is part of this survey. On 12/27/2017 at approximately 11:34 AM it was Corrective Action: K: 372 1-15-18 observed that there was unsealed penetrations in the fire door frame assembly of the janitor closet Corrective action taken for the zone 6 Identified problem The Multiple unsealed penetrations above On 12/27/2017 at approximately 11:40 AM it was the ceiling around the pipes and cables in the observed that there was unsealed penetrations in rated wall above the ceiling at fire doors to the fire door frame assembly of the janitor closet zone 6 and 9 were sealed with 3M CP 25WB+ Intumescent (Red) fire rated zone 7. caulking, K 372 Subdivision of Building Spaces - Smoke Barrie K 372 SS⊨D CFR(s): NFPA 101 The multiple unsealed penetrations above the ceiling around the sprinkler pipe and Subdivision of Building Spaces - Smoke Barrier wires above the rated wall at zone 5 fire Construction doors were sealed with 3M CP 25WB+ 2012 EXISTING Intumescent (Red) fire rated caulking.

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

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| AND PHANOF CORRECTION A95300 B. WING | | | I DETAIL BEITTI | <u> </u> | | | <u>OMB</u> No | <u>O. 0938-</u> 039 | |
|--|---|--|--|--|--|--|---|----------------------------|--|
| NAME OF PROVIDER OR SUPPLIER HERITAGE HALL, KING GEORGE 10051 FOXES WAY KING GEORGE, VA 22485 Continued From page 2 Community of the period of the provided of the period of the p | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 | | (X3) DATE : | (X3) DATE SURVEY | |
| STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485 | | | 4 9 5300 | | B. WING | | 12/ | 10/07/0017 | |
| FREETX TAG REACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REACH DEPICIENCY TAG TO THE APPROPRIATE OF THE MUST SHALL BE CONSTRUCTED TO THE APPROPRIATE OF TAG TO THE APPROPRIATE OF | | | DRGE | 10051 F | OXES W | ΔY | 12/2 | 21/2017 | |
| Smoke barriers shall be constructed to a 1/2-hour fife resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an attium 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 REQUIREMENT is not met as evidenced by: Surveyor; 35700 Based on observation the facility failed to maintain its Smoke barriers. The finding Includes: The finding Includes: On 12/27/2017 at approximately 11:13 AM it was observed above ceiling that there was Multiple unsealed penetrations above the cated wall prior to work being done in the facility. Indicate how facility will identify Similar occurrences of the problem A 100% audit/inspection was conducted on all fire/smoke walls to identify any other penetration that were not sealed. All negative areas identified were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking Address how facility will identify Similar occurrences of the problem A 100% audit/inspection was conducted on all fire/smoke walls to identify any other penetration that were not sealed. All negative areas identified were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking Address how facility will identify Similar occurrences of the problem A 100% audit/inspection was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smoke walls to identify any other penetration was conducted on all fire/smo | PREFIX | (EACH DEFICIENCY MUST | BE PRECEDED BY FULL FI | S IEGULATORY | PREFIX | CROSS-REFERENCED TO THE | SHOULD RE | (X5) COMPLETION DATE | |
| On 12/27/2017 at approximately 11:44 AM it was observed above ceiling that there was Multiple unsealed penetrations around sprinkler pipe and wires above ceiling in the rated wall at zone 7-2 fire doors. | | Smoke barriers shall fire resistance rating shall be permitted to Smoke dampers and penetrations in fully an approved sprink smoke compartment barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechain REMARKS. This REQUIREMENT by: Surveyor: 35700 Based on observation maintain its Smoke The finding Includes On 12/27/2017 at apobserved above ceiling in the ratifire doors to zone 6 and cables in the ratifire doors On 12/27/2017 at apobserved above ceiling in doors | all be constructed to a g per 8.5. Smoke bar to terminate at an atrice not required in duct ducted HVAC system is installed at sadjacent to the smaller system is installed at adjacent to the smaller system anical smoke control. It is not met as evident and a smoke control in the facility falled to barriers. Supproximately 11:13 Aning that there was Muns above ceiling around the cell and 9. Supproximately 11:38 Aning that there was Muns around sprinkler pin the rated wall at zor proximately 11:44 Aning that there was Muns around sprinkler pin the rated wall at zor proximately 11:44 Aning that there was Muns around sprinkler pin the rated wall at zor proximately 11:44 Aning that there was Muns around sprinkler pin the around the aroun | riers um wall. Ins where I for noke system enced I it was Iltiple no pipes Iling at I it was Itiple pe and no 5 fire I it was Itiple pe and | K 372 | The multiple unsealed penetratic the ceiling around the sprinkler wires above the rated wall at zo doors were sealed with 3M CP. Intumescent (Red) fire rated can Address how facility will iden Similar occurrences of the property of the pr | pipe and ne 7-2 fire 25WB+ alking tify blem onducted on any other . All ealed with ed) fire rated anges to not recur. tractors uring work wall prior y. tor its iew of the Advisor and ag is of fire/smoke | | |