

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 IDENTIFICATION NUMBER: 495300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/27/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL KING GEORGE			STREET ADDRESS, CITY, STATE, ZIP CODE 10051 FOXES WAY KING GEORGE, VA 22485		
(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 The facility is a One story building with a construction Type of III (211) The facility has a full NFPA wet sprinkler system. An unannounced Life Safety Code recertification survey was conducted on 12/27/2017 in accordance with 42 Code of Federal Regulations for long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code Existing Regulations. The facility was found not to be in compliance with the requirements for Participation for Medicare and Medicaid.	K 000			
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 2012 EXISTING 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. 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 Area Automatic Sprinkler	K 321	Corrective Action: K: 321 Corrective action taken for the Identified problem The unsealed penetration in the wall of the janitor's closet in zone 6 was sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking. The Multiple unsealed penetrations in fire door frame assembly of the janitor's closet in zone 6 were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking. The Multiple unsealed penetrations in fire door frame assembly of the janitor's closet in zone 7 were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking.	1-15-18	

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

TITLE

(X6) DATE

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 321	Continued From page 1 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 by: Surveyor: 35700 Based on observation the facility failed to ensure that its hazardous areas were properly protected. The Findings Include On 12/27/2017 at approximately 11:34 AM it was observed that there was an unsealed penetration in the wall of the janitors closet in zone 6. On 12/27/2017 at approximately 11:34 AM it was observed that there was unsealed penetrations in the fire door frame assembly of the janitor closet zone 6 On 12/27/2017 at approximately 11:40 AM it was observed that there was unsealed penetrations in the fire door frame assembly of the janitor closet zone 7.	K 321	Address how facility will identify Similar occurrences of the problem A 100% audit/inspection was conducted to review all doors and wall to ensure that those door, door assembly, and hazard rooms are free of penetrations. All negative findings were corrected. Identify measures/systemic changes to ensure deficient practice will not recur. In-service was conducted with the maintenance director to review life safety compliance related to rated walls, doors, and door assemblies. Indicate how facility will monitor its performance A comprehensive life safety review of the facility by the Regional Facility Advisor and the Vice President of Engineering is conducted annually. The review of hazard area compliance is part of this survey. Corrective Action: K: 372 Corrective action taken for the Identified problem The Multiple unsealed penetrations above the ceiling around the pipes and cables in the rated wall above the ceiling at fire doors to zone 6 and 9 were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking. The multiple unsealed penetrations above the ceiling around the sprinkler pipe and wires above the rated wall at zone 5 fire doors were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking.	1-15-18	
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING	K 372			

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K 372	<p>Continued From page 2</p> <p>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.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35700</p> <p>Based on observation the facility failed to maintain its Smoke barriers.</p> <p>The finding Includes:</p> <p>On 12/27/2017 at approximately 11:13 AM it was observed above ceiling that there was Multiple unsealed penetrations above ceiling around pipes and cables in the rated wall above the ceiling at fire doors to zone 6 and 9.</p> <p>On 12/27/2017 at approximately 11:38 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 5 fire doors</p> <p>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.</p>	K 372	<p>The multiple unsealed penetrations above the ceiling around the sprinkler pipe and wires above the rated wall at zone 7-2 fire doors were sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking</p> <p>Address how facility will identify Similar occurrences of the problem</p> <p>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</p> <p>Identify measures/systemic changes to ensure deficient practice will not recur.</p> <p>Maintenance will meet with contractors related to sealing penetrations during work that involves penetrating a rated wall prior to work being done in the facility.</p> <p>Indicate how facility will monitor its performance</p> <p>A comprehensive life safety review of the facility by the Regional Facility Advisor and the Vice President of Engineering is conducted annually. The review of fire/smoke wall integrity is conducted during this survey.</p>		