STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495253	A. BUILDING 01 - MAIN BUILDING 01 B. WING	R 05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF NORFOLK	1401 HALSTEAD AVENUE NORFOLK, VA 23502

(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 Description of structure: 1 Story V (111) Sprinkler status: Fully Sprinklered An unannounced Life Safety Code survey was conducted 05/21/2018 to verify compliance 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 222} SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the	{K 222}	K 222 Egress Doors 1.The door from the laundry room to the corridor was adjusted on 5/22/18 by maintenance to ensure that the doors closed properly. 2.All egress doors have the potential to be affected. 3.The Maintenance Director or designee will check the laundry room door for proper closure monthly with documentation and identify any needed corrections made. 4.Results of the monthly inspections will be reviewed at the monthly QAPI meeting to ensure compliance. 5.May 22, 2018	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Paul E. Clements — Administrator — 5-25-18

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 222}	Continued From page 1 safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:	{K 222}		

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{K 222}	Continued From page 2 Based on observations, interviews, & discussions there was a door found that did not close and latch properly. Findings inlude that between the hours of 1 pm and 3 pm on 5/21/18 accompanied by the Facilities Maintenance Director the door from the laundry room to the corridor would not close and latch properly. The Facilities Maintenance Director confirmed these findings. 24 of the 27 doors found on 3/2/18 had been corrected and were working properly. The other three doors have been ordered for replacement and were addressed in a Time Limited Waiver. Based upon observations, interviews & discussions there are doors that were found that did not close & latch properly. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: 27 doors from patient rooms & the corridor failed to close and latch properly. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	{K 222}		
{K 291} SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1	{K 291}		

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{K 291}	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based upon observations, interviews & discussions emergency lights/exit lights (which had a back up battery power source)had no records of annual testing. Findings include that between the hours of 1 pm and 3 pm on 5/21/18 accompanied by the Facilities Maintenance Director the following item was noted: no records of the annual testing (90 minutes) of emergency lights/exit lights (which had a back up battery power source) was provided at the time of the survey. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	{K 291}	K 291 Emergency Lighting 1.All emergency lights/exit lights will be tested for 90 minutes. 2.All emergency lights/exit lights have the potential to be affected. 3.The Maintenance Director or designee will ensure that all emergency lights/exit lights will be tested for 90 minutes annually with appropriate documentation. 4.Results of the annual testing will be reviewed at the monthly QAPI meeting to ensure compliance. 5.May 31, 2018	
{K 345} SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based upon observations, interviews & discussions the Fire Alarm System records indicate all of the Fire Alarm and associated ancillary equipment attached to it are not being properly tested annually. Findings include that between the hours of 1 pm and 3 pm on 5/21/18 accompanied by the	{K 345}	K 345 Fire Alarm System-Testing and Maintenance 1.Fire alarm system maintenance records will identify the locations of the horns and strobes. 2.All fire alarm systems have the potential to be affected. 3.The Maintenance Director or designee will work with the fire alarm contractor to ensure that records are complete, including the identification of the locations of the horns and strobes.	

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{K 345}	Continued From page 4 Facilities Maintenance Director the following item was noted: at the time of this survey, the Fire Alarm System maintenance records were incomplete. The records did not include the locations of the horns and strobes. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	{K 345}	4.Results of the fire alarm testing will be reviewed at the monthly QAPI meeting to ensure compliance. 5.May 31, 2018	
{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 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: Based upon observations & discussions there are open penetrations in the attic rated ceilings which will allow the passage of smoke & flames from one smoke compartment to another.	{K 362}	K 362 Corridors-Construction of walls 1.Open penetrations in the attic and the sprinkler control valve room around the wires leading to the attic have been re-sealed with an approved sealant. 2.All walls with fire ratings have the potential to be affected. 3.The Maintenance Director or designee will communicate and follow up with all contractors to assure that all penetrations be sealed with an approved sealant. The Maintenance Director or designee will conduct monthly documented inspections of the attic areas to ensure compliance. 4.Results of monthly inspections/ documentation will be reviewed at the monthly QAPI meeting to ensure compliance. 5.May 31, 2018	

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{K 362}	Continued From page 5 Findings include that between the hours of 1 pm and 3 pm on 5/21/18 accompanied by the Facilities Maintenance Director the following item was noted: penetrations in the attic rated ceilings was incorrectly sealed with flamable foam sealant and observed in the attic and the sprinkler control valve room around wires leading into the attic. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	{K 362}		
{K 363} SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames	{K 363}	K 363 Corridors-Doors REFER TO TIME LIMITED WAIVER dated May 25, 2018 1.The corridor doors by rooms 100 and 101 will be repaired to ensure the gap at the bottom of the doors does not exceed the life safety code requirement. 2.All corridor doors have the potential to be at risk. 3.The Maintenance Director or designee will audit corridor doors monthly for 12 months to verify gaps do not exceed the allowable limit. 4.Results of audits will be reviewed at the monthly QAPI meeting to ensure compliance. 5.May 31, 2018	

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{K 363}	Continued From page 6 shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based upon observations the smoke rated doors do not seal properly and have larger than allowed gaps that would allow smoke to pass through the doors. Findings include that between the hours of 1 pm and 3 pm on 03/02/18 and 9 am and 2 pm on 03/06/18 accompanied by the Facilities Maintenance Director the following item was noted: at the time of this survey, the gap under the rated doors in the corridor by rooms 100 & 101exceeded the allowed gap which could allow for the passage of smoke and gasses from one smoke compartment to another. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	{K 363}		
K 911 SS=B	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but	K 911		

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

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K 911	Continued From page 7 are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations, interviews & discussions there was an open electrical junction box in the attic. Findings include that between the hours of 1 pm and 3 pm on 5/21/18 accompanied by the Facilities Maintenance Director an open junction box was found in the attic. The Facilities Maintenance Director confirmed thise findings.	K 911	K 911 Electrical Systems-Other 1.The open junction box was repaired on 5/22/18. 2.All junction boxes have the potential to be affected. 3.The Maintenance Director or designee will include the inspection of junction boxes with the monthly facility maintenance audit checklist. 4.Results of monthly inspections will be reviewed at the monthly QAPI meetings to ensure compliance. 5.May 31, 2018	