

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

Printed: 04/11/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/28/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>AVANTE AT WAYNESBORO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1221 ROSSER AVE WAYNESBORO, VA 22980</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a 1 story, fully sprinklered building of unprotected non-combustible construction. Interior walls are metal studs with gypsum wallboard. Roof is metal decking over steel bar joists with a suspended acoustical ceiling system.</p> <p>Construction Type: II(000)</p> <p>Sprinkler status: Fully Sprinklered.</p> <p>An unannounced recertification Life Safety Code survey was conducted 03/28/2018 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000		
K 353 SS=F	<p><b>Sprinkler System - Maintenance and Testing</b></p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p>	K 353	<p>1. The deficiencies noted on the facilities quarterly fire sprinkler report were corrected on 4/10/2018. Current documentation is located in the Life Safety Manual.</p> <p>2. No additional issues noted and last quarterly inspection was completed 4/10/2018.</p>	4/20/18

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

TITLE

(X6) DATE

*John Queen*

*Executive Director*

*4/18/18*

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 353	Continued From page 1 c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 25557  Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.  The findings include:  On 03/28/2018 at approximately 11:40 AM it was observed and noted during record review that noted deficiencies on the quarterly fire sprinkler report dated 10/27/2017 and 01/19/2018, had not been repaired.  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/28/2018 at approximately 4:30 PM during the exit interview.	K 353	3. Administrator and Maintenance Director was in- served on 3/28/2018 on K353.  4. Audits for the quarterly fire sprinkler inspections will be completed periodically by the maintenance director and/ or administrator to ensure deficient items are completed timely.  5. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	4/20/18
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2  This REQUIREMENT is not met as evidenced	K 511	1. Maintenance Director and maintenance assistant installed the electrical outlet as not to protrude through smoke barrier (drop ceiling) in the kitchen and dish room.  2. No other issues noted in the facility where flexible electric cords were run through holes in the drop in ceiling tiles.	

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K 511	Continued From page 2 by: Surveyor: 25557  Based upon observations and interviews the facility failed to ensure that the electrical wiring complies with the National Electrical Code. This has the ability to affect all occupants of the building.  The findings include:  On 03/28/2018 at approximately 2:55 PM it was observed that flexible electrical cords to kitchen appliances was run through holes in the drop-in ceiling tiles in the kitchen and dish washing rooms. [NFPA 70, 400-8]  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/28/2018 at approximately 4:30 PM during the exit interview.	K 511	3. Administrator and Maintenance Director were in-serviced on 3/28/2018 by the Fire Marshall regarding K511.  4. On a monthly bases, the Maintenance Director and/ or designee will review and complete facility smoke barrier and fire wall inspections.  5. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	
K 741 SS=F	Smoking Regulations CFR(s): NFPA 101  Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe	K 741	1. The facility cleaned up the employee smoking area by picking up cigarettes discarded on the ground and ordered more smoking ashtrays.  2. No other citations noted with K741.  3. Administrator and Maintenance Director was in-serviced on 3/28/18 by the Fire Marshall regarding K741.	4/20/18

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K 741	Continued From page 3 design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4  This REQUIREMENT is not met as evidenced by: Surveyor: 25557  Based upon observations and interviews the facility failed to adopt smoking regulations in accordance with the Life Safety Code. This has the ability to affect all occupants of the building.  The findings include:  On 03/28/2018 at approximately 2:45 PM, it was observed that smoking material had been disposed of on the ground, in the employee smoking area, rear of the building.  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/28/2018 at approximately 4:30 PM during the exit interview.	K 741	4. The Maintenance Director and / or designee will complete weekly audits to ensure employee smoking area is clean and free from disposed cigarettes on the ground.  5. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised	K 918	1. The facility will maintain proper documentation regarding the Emergency Power Supply System (EPSS), battery electrolyte gravity level is tested.  2. No other citations noted with K 918 and proper documentation will be kept in the facility Life Safety Manual.	4/20/18

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K 918	<p>Continued From page 4</p> <p>under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03/28/2018 at approximately 11:40 AM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply System, EPSS, battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NFPA 110.8.3.7.1)</p> <p>The Facility Maintenance Director and</p>	K 918	<p>3. Administrator and Maintenance Director was in-serviced on 3/28/18 by the Fire Marshall regarding K918.</p> <p>4. An audit will be completed on a monthly basis for 6 months to ensure battery testing is conducted on the EPSS. Maintenance director will ensure compliance on a quarterly basis.</p> <p>5. Results of the evaluation will be discussed and revised as needed during the Monthly Safety Committee Meetings.</p>	

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K 918	Continued From page 5 Administrator witnessed this evidence by interview and observation on 03/28/2018 at approximately 4:30 PM during the exit interview.	K 918			