

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2018
NAME OF PROVIDER OR SUPPLIER BIRMINGHAM GREEN		STREET ADDRESS, CITY, STATE, ZIP CODE 8605 CENTREVILLE ROAD MANASSAS, VA 20110		
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K 000	INITIAL COMMENTS Surveyor: 35700 Description of structure: The facility is a one story structure with a construction type of V (111). Sprinkler status: The facility is a fully sprinklered building. An unannounced Life Safety Code recertification survey was conducted on 03/08/2018 in accordance with 42 Code of Federal Regulations, Part 483. 150 and 410 to 480: Requirements 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	The submission of the Plan of Correction does not constitute agreement on the part of Birmingham Green that the deficiencies cited within the report represent deficient practices on the part of Birmingham Green. This plan represents the facility's ongoing pledge to provide quality care that is rendered in accordance with all regulatory requirements. The Plan of Correction shall serve as our allegation of compliance.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ 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	K 353	1) The ceiling tiles in Garden Hill medication room and Garden Hill shower room were replaced on 3/9/18 to eliminate the penetration. 2) Areas around the sprinkler heads will be checked and repaired as required by 4/16/18. 3) Facility Services staff will be re-educated on the proper maintenance of the fire sprinkler system by 3/21/18. 4) An audit for penetrations will be completed for one fire zone per month by Facility Services Director or designee. 5) Results of audits will be forwarded to the monthly Safety Committee meeting and quarterly to the QAPI Committee for review and recommendations. Compliance date: 4/16/18	

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

Patricia Clark, LNHA

TITLE

Administrator

(X6) DATE

3/19/18

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 This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its fire sprinkler system was properly maintained. The Findings Include: On 03/08/2018 at approximately 11:04 AM it was observed that there was penetrations in the ceiling tile around the sprinkler head in the Garden Hill medication room. On 03/08/2018 at approximately 11:11 AM it was observed that there was penetrations in the ceiling tile around the sprinkler heads in the Garden Hill shower room.	K 353		
K 363 SS=D	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	K 363	1) FDR 0025AB Entry door at Cardinal Heights and FDR 081AB Entry door at Cherry Blossom were adjusted by door contractor on 3/8/18. 2) Operations of corridor fire and smoke doors will be checked and repaired if required by 4/16/18. 3) Facility Services staff will be re-educated on fire and smoke door operations by 3/21/18. 4) Monthly audits will be conducted by Facility Services Director or designee to maintain correct operations of corridor smoke and fire doors. 5) Results of audits will be forwarded to the monthly Safety Committee meeting and quarterly to the QAPI Committee for review and recommendations. Compliance date: 4/16/18	

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K 363	Continued From page 2 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 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: Surveyor: 35700 Based on observation the facility failed to properly maintain correct operation of smoke and fire doors. The findings include: On 03/08/2018 at approximately 10:30 AM it was observed that smoke and fire doors at cardinal heights entrance from main lobby not operating properly the doors was not latching. On 03/08/2018 at approximately 11:39 AM it was observed that smoke and fire doors at Cherry Blossom FDR 081AB not operating properly the doors was not latching.	K 363		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101	K 372	1) Corrections: - FDR 0025AB Entry door at Cardinal Heights unapproved spray foam above the ceiling was removed and fire caulked on 3/12/18.	

Printed: 03/09/2018
FORM APPROVED
OMB NO. 0938-0391

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K 372	<p>Continued From page 3</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING</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 properly maintain the integrity of its smoke barriers.</p> <p>The Findings Include:</p> <p>On 03/08/2018 at approximately 10:35 AM it was observed that there was unapproved spray foam at penetrations in the fire rated assembly above ceiling at cardinal heights entrance from main lobby.</p> <p>On 03/08/2018 at approximately 10:35 AM it was observed that there was an unsealed penetration around red fire alarm wire above ceiling at fire doors to cardinal heights.</p> <p>On 03/08/2018 at approximately 10:53 AM it was observed that there was unapproved spray foam at penetrations in the rated assembly above ceiling at fire doors FDR -046AB.</p> <p>On 03/08/2018 at approximately 10:57 AM it was observed that there was unapproved spray foam</p>	K 372	<ul style="list-style-type: none"> - FDR 0025AB Entry door at Cardinal Heights the red fire alarm wire above the ceiling re-caulked on 3/12/18. - FDR 046AB door by dining area on Cardinal Heights unapproved spray foam above the ceiling removed and fire caulked on 3/12/18. - On Cardinal Heights in the electric room unapproved spray foam removed, ceiling tiles replaced and fire caulked on 3/14/18. - On Garden Hill in the electric room and around sprinkler piping in storage area unapproved spray foam removed, ceiling tiles replaced and fire caulked on 3/15/18. - On Blue Ridge in the soiled utility room unapproved spray foam removed, ceiling tiles replaced and fire caulked on 3/16/18. - On Skyline in the linen room above telephone equipment unapproved spray foam removed and fire caulked on 3/19/18. - In the maintenance shop above the sprinkler equipment unapproved spray foam removed ceiling tiles replaced and fire caulked on 3/19/18. <ol style="list-style-type: none"> 2) All areas will be checked for compliance and repaired if required by 4/16/18. 3) Facility Services staff will be re-educated on maintaining penetrations at the ceiling and above the ceiling by 3/21/18. 4) An audit for smoke barriers will be conducted by Facility Services Director or designee for one fire zone per month. 	

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K 372	Continued From page 4 and penetrations above electrical panels in electrical room off of cardinal heights storage room. On 03/08/2018 at approximately 11:18 AM it was observed that there was unapproved spray foam at penetrations above electrical panels in electrical room and sprinkler equipment in Garden Hill electrical room and storage room. On 03/08/2018 at approximately 11:33 AM it was observed that there was unapproved spray foam above sprinkler equipment in ceiling of soiled utility room of Blue Ridge. On 03/08/2018 at approximately 11:33 AM it was observed that there was unapproved spray foam above telephone equipment in linen room of Skyline. On 03/08/2018 at approximately 12:15 PM it was observed that there was unapproved spray foam above sprinkler equipment in maintenance shop.	K 372	5) Results of audits will be forwarded to the monthly Safety Committee meeting and quarterly to the QAPI Committee for review and recommendations. Compliance date 4/16/18	
K 511 SS=D	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) The missing knock out in the junction box above FD045AB was replaced on 3/9/18. 2) All areas will be checked above the ceiling for compliance and repaired if required by 4/16/18. 3) Facility Services staff will be re-educated on maintaining electrical system by 3/21/18. 4) Facility Services Director or designee will monitor any new work to maintain compliance.	

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K 511	Continued From page 5 by: Surveyor: 35700 Based on observation the facility failed to ensure that its electrical system is fully maintained in a manner that reduces the risk of fire. The finding includes: On 03/08/2018 at approximately 11:45 AM it was observed that above FDR 045ab there was a junction box missing a knock out.	K 511	5) Results of audits will be forwarded to the monthly Safety Committee meeting and quarterly to the QAPI Committee for review and recommendations. Compliance date 4/16/18	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5	K 920	1) All identified power taps were removed on 3/9/18 2) All patient care areas were checked for power taps and corrections made on 3/15/18. 3) Facility Services staff will be re-educated on maintaining and proper use of power taps by 3/21/18. Staff will be educated through Safety Huddles by 4/16/18. 4) Facility Services Director or designee will audit the power taps for one neighborhood per month. 5) Results of audits will be forwarded to the monthly Safety Committee meeting and quarterly to the QAPI Committee for review and recommendations. Compliance date 4/16/18	

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K 920	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain its electrical equipment.</p> <p>The Findings Include:</p> <p>On 03/08/2018 at approximately 10:46 AM it was observed there was a relocatable power tap not mounted to a mobile device used for patient care providing power to non-patient care equipment/devices in the patient care vicinity in room 132 between the beds.</p> <p>On 03/08/2018 at approximately 10:54 AM it was observed there was a relocatable power tap not mounted to a mobile device used for patient care providing power to non-patient care equipment/devices in the patient care vicinity in room 151 at front bed.</p> <p>On 03/08/2018 at approximately 11:14 AM it was observed there was a relocatable power tap not mounted to a mobile device used for patient care providing power to non-patient care equipment/devices in the patient care vicinity in room 250 at window bed.</p>	K 920		