



River Pointe
4142 Bonney Road
Virginia Beach, VA 23452

5/24/2018

State Fire Marshall's Office
Tide Water Division
102 Pratt Street, Suite 101
Ft. Monroe, VA. 23651

Dear Mr. Rusty Chase,

Please find attached the Life Safety inspection of 05/16/2018 at River Pointe, and associated CMS 2567 plan of corrections (POC).

Sincerely

Felix Nwogbo

Executive Director

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

Printed: 05/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495241	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
NAME OF PROVIDER OR SUPPLIER CONCORDIA TRANSITIONAL CARE AND REH.		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 BONNEY ROAD VIRGINIA BEACH, VA 23452		
(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: The facility is 1 story/stories frame structure with a construction type of V(000) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Codesurvey was conducted 05/16/2018 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 100 SS=D	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Based upon observations the electrical equipment rooms are not maintained clear of combustible material. Findings include Between 9:00 AM and 1:00 PM on 05/16/18 it is observed that there is combustible material stored in the Mechanical Room 1 in front of the panel boxes, the above deficiency was observed by the Maintenance Staff.	K 100	K100 <ol style="list-style-type: none">1. The combustible material was removed from in front of the panel box in Mechanical room 1.2. All mechanical rooms were checked to ensure no materials were stored in front of panel boxes.3. The maintenance director or designee will monitor mechanical rooms to ensure panel areas are clear.4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee.	

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

TITLE

(X6) DATE

[Signature]

EXECUTIVE DIRECTOR

5/24/2018

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 362 SS=D	<p>Corridors - Construction of Walls CFR(s): NFPA 101</p> <p>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 the fire rated smoke barrier walls have penetrations, joints and openings that are not fire stopped and could allow smoke to pass from one side of the smoke barrier to the other side.</p> <p>Findings include</p> <p>Between 9:00 AM and 1:00 PM on 05/16/18 it is observed that there a above ceiling penetration above the smoke doors on Fine Hall near room 308 to 100 lobby. The above deficiency was observed by the Maintenance Staff.</p>	K 362	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
K 521 SS=F	<p>HVAC CFR(s): NFPA 101</p>	K 521	<p>1. The fire rated smoke barrier wall was repaired above the smoke doors on Fine Hall near room 308 to 100 lobby.</p> <p>2. All smoke barrier walls were checked to ensure no walls have penetrations, joint and openings.</p> <p>3. The maintenance director or designee will continue to monitor the smoke barriers for integrity.</p> <p>4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee.</p>	

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K 521	Continued From page 2 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based upon observations vent/duct returns need to be cleaned. Findings include Between 9:00 AM and 1:00 PM on 05/16/18 it is observed that there is dust in the vent/duct returns throughout the facility. The above deficiency was observed by the Maintenance Staff.	K 521	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> K 521 1. The vent/ducts throughout the facility were cleaned. 2. All vent/ducts were checked to ensure they were cleaned. 3. The maintenance director or designee will check the vent/ducts to ensure they are dust free monthly x 6 months. 4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee. 5. 5/24/18 <i>This Plan of Correction is the center's credible allegation of compliance.</i>	
K 741 SS=D	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.	K 741	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> K741 1. Ashtrays of noncombustible material and safe design as well as metal containers with self closing cover devices into which ashtrays can be emptied were purchased and put in use in the resident smoking area. 2. Equipment in the smoking area now meets the requirement. 3. The maintenance director or designee will monitor the smoking area to ensure equipment is in use. 4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee. 5. 5/24/18	

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K 914	Continued From page 4 Isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations patient room receptacles are not being tested. Findings include: Between 9:00 AM and 1:00 PM on 05/16/18 it is observed that documentation was not available that the patient room receptacles are being tested at intervals not exceeding 12 months. The above deficiency was observed by the Maintenance Staff.	K 914	K 914 1. Documentation is now available on patient room receptacle testing every 12 months. All patient room receptacles were checked for working condition. 2. The maintenance director or designee will test 25 receptacles in patient rooms monthly for working condition x 6 months and document findings.. 3. The Maintenance director or designee will report audit findings monthly x 3 months to QAPI committee. 4. 5/24/18 <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations of the electrical system	K 919	K 919 1. Junction boxes without covers in the ceiling above the smoke doors on Fine hall have repaired. 2. All junction boxes were checked to ensure they were enclosed. 3. The maintenance director or designee will monitor the junction boxes to ensure they remain covered. 4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee 5. 5/24/18

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K 919	Continued From page 5 that the required maintenance of the system is not being maintained. Findings include Between 9:00 AM and 1:00 PM on 05/16/18 it is observed open junction boxes without covers in the ceiling above the smoke doors on the Fine Hall. The above deficiencies were observed by the Maintenance Staff..	K 919		
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. 10.2.8.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:	K 920	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> K. 920 1. The power cord located in the Assistant Directors office was removed immediately. 2. The facility was checked for any other non approved power strips. 3. The maintenance director or designee will monitor use of power cords throughout the facility. 4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee 5. 5/24/18	

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K 920	Continued From page 6 Based upon observations the electrical systems that there is non-approved power strips being used in patient care areas. Findings include Between 9:00 AM and 1:00 PM on 05/16/18 it is observed that there is a non approved power strip located in the Assistant Director of Nursing office. The above deficiency was observed by the Maintenance Staff.	K 920		
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101	K 923		

	Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.8.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES)		<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
		K 923	<ol style="list-style-type: none"> 1. Empty size E oxygen tanks were remove to another storage area. 2. There is now a storage area for full E oxygen tanks and empty E oxygen tanks. 3. The RT will monitor for proper storage of the E oxygen tanks. 4. The Maintenance director or designee will report findings monthly x 3 months to QAPI committee. 5. 5/24/18 	



Walker, Joyce <joycea.walker@vdh.virginia.gov>

Re: CMS 2567 POC

1 message

Cullinane, John <john.cullinane@vdfp.virginia.gov>
To: Joyce Walker <joycea.walker@vdh.virginia.gov>

Mon, Jun 25, 2018 at 11:45 AM

On Mon, Jun 25, 2018 at 11:40 AM, Joseph Chase <rusty.chase@vdfp.virginia.gov> wrote:

----- Forwarded message -----

From: Felix Nwogbo <Felix.Nwogbo@concordiacare.net>
Date: Mon, Jun 25, 2018 at 11:26 AM
Subject: RE: CMS 2567 POC
To: Joseph Chase <rusty.chase@vdfp.virginia.gov>
CC: Cullinane, John <john.cullinane@vdfp.virginia.gov>

Good morning Rusty,

Attached is the entire K tag POC. Tag K 923 continued from page 7, and into page 8. Issue on K 923 Tag was addressed on page 7. Page # 8 is blank having addressed issue on page #7.

Let me know if you have further questions.

Thanks,



Felix O. Nwogbo, LNHA

Executive Director

Tel: 757-340-0620

Fax: 757-288-2109

Cell: 443-668-2151

Felix.nwogbo@concordiacare.net

From: Joseph Chase <rusty.chase@vdfp.virginia.gov>
Sent: Monday, June 25, 2018 9:36 AM
To: Felix Nwogbo <Felix.Nwogbo@concordiacare.net>
Cc: Cullinane, John <john.cullinane@vdfp.virginia.gov>

Subject: Re: CMS 2567 POC

Good morning Flex,

I hope all is well Sir, VDH has contacted me and advised your page 8 of the POC is missing? Can you please resend your signed POC with all 8 pages.

Thank you and have a great day!

On Thu, May 24, 2018 at 7:43 PM Felix Nwogbo <Felix.Nwogbo@concordiacare.net> wrote:

Dear Rusty Chase,

Please review the attached CMS 2567 POC from River Pointe

Thanks,



Felix O. Nwogbo, LNHA

Executive Director

Tel: 757-340-0620

Fax: 757-288-2109

Cell: 443-668-2151

Felix.nwogbo@concordiacare.net

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Rusty Chase
Deputy State Fire Marshal
Virginia State Fire Marshal's Office
Division 5 Office
102 Pratt Street, Suite 101
Fort Monroe, VA 23651

Office: 757.848.5828
Fax: 757.848.5813
Cell: 757.406.0512
rusty.chase@vdfp.virginia.gov

Inline image

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Rusty Chase
Deputy State Fire Marshal
Virginia State Fire Marshal's Office
Division 5 Office
102 Pratt Street, Suite 101
Fort Monroe, VA 23651

Office: 757.848.5828
Fax: 757.848.5813
Cell: 757.406.0512
rusty.chase@vdfp.virginia.gov

Inline image

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John Cullinane

RCIP-LSC-Explosives Administrator

State Fire Marshal's office

1005 Technology Park Drive

Glen Allen, VA 23059

804-612-7270

804-371-3367 Fax

john.cullinane@vdfp.virginia.gov

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