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

Printed: 08/31/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		495273		B. WING		1	R 1/2017
	ROVIDER OR SUPPLIER ATE HEALTH CAR	E OF NORFOLK	3900 LL	EWELLYN			
	1			LK, VA 23	3504		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE T BE PRECEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{K 000}	INITIAL COMMEN	TS		{K 000}			
	Surveyor: 22353						
	Description of struc Sprinkler status: Fu	cture: 2 Story V (111) ully Sprinklered	Building				
	conducted on 08/3 standard survey co compliance in according Federal Regulation Long Term Care Fasurveyed for compl Existing regulations compliance with the Participation Medic outstanding K-341	ife Safety Code revising 1/2017 in follow up to inducted 06/23/2017 ordance with 42 Code in Part 483: Requirent acilities. The facility was not be Requirements for are and Medicaid durag which is under a iciencies are identifie	the to verify of of nents for eas 2012 tin et to the TLW. All				
{K 341}	·	m System - Installati	on	{K 341}			
SS=E	components appro- accordance with Ni Code, and NFPA 72 provide effective wa building. In areas n detection is installe unit. In new occupa at notification applia and supervising sta Fire alarm system op paths are monitored 18.3.4.1, 19.3.4.1, 9	is installed with syst yed for the purpose in FPA 70, National Elect 2, National Fire Alarmarning of fire in any pot continuously occupd at each fire alarm cance, detection is also ance circuit power exation transmitting equiviring or other transmit for integrity.	n ctric n Code to art of the bied, control o installed tenders, ipment. nission				
		ot met as evidenced					
LABORATOR	RY DIRECTOR'S OR PROV	TIDER/SUPPLIER REPRESE	NTATIVE'S SIGN	NATURE	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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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495273 B. WING_ 08/31/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CONSULATE HEALTH CARE OF NORFOLK 3900 LLEWELLYN AVE NORFOLK, VA 23504					
(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 341}	Continued From page 1 Surveyor: 22353	{K 341}			
	NFPA 101 Electrical Systems - Essential Electric Syste	{K 916}			
{K 918}	Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 22353 NFPA 101 Electrical Systems - Essential Electric	{K 918}			
	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 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				
	2567/02 00) Provious Versions Charlets	l	LI24L22 If continuation	sheet Page 2 of 3	

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	495273	B. WING	R 08/31/2017

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STREET ADDRESS, CITY, STATE, ZIP CODE

CONSULATE HEALTH CARE OF NORFOLK

3900 LIEWELLYN AVE

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{K 918}	Continued From page 2 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 and readily identifiable. Minimizing the positive of damage of the emergency power source is a design consideration for pow installations. 6.4.4, 6.5.4, 6.6.4 OFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This Standard is not met as evidenced by: Surveyor: 2235.2	{K 918}			