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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495375	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPORIA MANOR LLC	200 WEAVER AVENUE EMPORIA, VA 23847

(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 1story/stories frame structure with a construction type of V(000) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 02/20/2018 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		
K 223 SS=F	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based upon review of doors with self closing devices are not being tested. Findings include	K 223	K 223 1. Doors with self-closing devises have been observed. 2. All self-closing doors have been inspected by Maintenance 3. Maintenance Director will document all visual inspections monthly and complete repairs if needed 4. Maintenance Director will document all inspections of self-closing doors monthly to assure compliance and Administrator will review and monitor documentation	7-7-18

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

William J Belmonte | Administrator | 3-1-18

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 223	Continued From page 1 On 02/20/2018 between 9:00 AM and 12:00 PM it was observed that the facility does not have documentation for testing doors with self closing devices.. The above deficiency was observed by the Director of Maintenance. .	K 223		
K 291 SS=F	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 This REQUIREMENT is not met as evidenced by: Based upon observations there are areas that do not have the required emergency lighting. Findings include On 02/20/2018 between 9:00 AM and 12:00 PM it is observed that emergency lighting testing of at least 1-1/2 hour duration automatically is not being done.	K 291	K 291 1- Emergency lighting have been observed 2- All emergency lighting will be tested for 1-1/2 hour duration 3- Maintenance Director will document all visual inspections monthly and complete repairs if needed 4- Maintenance will document all inspections of emergency lighting testing of at least 1-1/2 hour duration monthly to assure compliance and Administrator will review and monitor documentation	7-7-18
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply	K 324	K 324 1- Kitchen hood exhaust fan was repaired 2-27-18 2- This is the only kitchen hood exhaust fan in facility and will be observed by Maintenance Director	

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K 324	Continued From page 2 with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based upon observation the kitchen hood exhaust fan out of service. Findings include On 02/20/2018 between 9:00 AM and 12:00 PM it is observed the kitchen hood exhaust fan was out of service. The deficiencies were observed by the Director of Maintenance.	K 324	3- Maintenance Director will document visual inspections monthly and contact company to repair if needed 4- Maintenance will document all visual inspections monthly and Administrator will review and monitor documentation	7-7-18
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, the fire alarm system	K 345	K 345 1- Both sprinkler rooms have been labeled with signage 2- These are the only two sprinkler rooms in facility 3- Maintenance Director will make visual observations assure signage stays in place 4- Maintenance Director and Administrator will monitor that signage is in place	7-7-18

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K 345	Continued From page 3 is not being maintained properly. Findings include On 02/20/2018 between 9:00 AM and 12:00 PM it is observed that both sprinkler rooms are not labeled with signage. The above deficiencies were observed by the Director of Maintenance.	K 345		
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 This REQUIREMENT is not met as evidenced by: Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include	K 353	K 353 1- Sprinkler heads in dining area and throughout facility were cleared of dust that day 2- 100 % inspection of sprinkler heads by Maintenance Director conducted to identify dust for 100 % compliance 3- Maintenance Director will make visual observations weekly and document monthly 4- Administrator will review monthly inspection report to monitor compliance	7-7-18

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K 353	Continued From page 4 On 02/20/2018 between 9:00 AM and 12:00 PM it was observed that in the dining hall several sprinkler heads throughout the facility with dust. The above deficiencies were observed by the Director of Maintenance.	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 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.	K 363	K 363 1. Corridor doors have been observed. 2. Maintenance Director and Contractor will inspect all corridor doors to determine repairs needs 3. Monthly maintenance inspections of the doors will assure compliance. 4. Administrator will review monthly inspections to monitor and assure compliance	7-7-18

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K 363	Continued From page 5 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 a several damaged corridor doors Findings include On 02/20/2018 between 9:00 AM and 12:00 PM, it was observed several corridor doors throughout the facility damaged with cracks and holes. The above deficiency was observed by the Director of Maintenance.	K 363		
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the fire rated smoke barrier walls have penetrations, joints and	K 374	K 374 1- Open penetrations above the smoke doors throughout facility will be repaired 2- Maintenance Director and Contractor will inspect building to determine areas of ceilings penetration above smoke doors for immediate repair 3- Monthly maintenance inspections of the building will assure we maintain compliance. Releases will be signed by all contractors assuring the we have no penetrations occur, or are repaired if they do occur prior to the start of all jobs 4- Administrator will monitor inspection monthly to assure compliance	7-7-18

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K 374	Continued From page 6 openings that are not fire stopped and could allow smoke to pass from one side of the smoke barrier to the other side. Findings include. On 02/20/2018 between 9:00 AM and 12:00 PM, It was observed open penetrations throughout the facility above the smoke doors. The above deficiency was observed by the Maintenance Supervisor	K 374		
K 521 SS=F	HVAC CFR(s): NFPA 101 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 interviews the facility does not have documentation that the fire dampers have been inspected and tested within the last four years. Findings include On 02/20/2018 between 9:00 AM and 12:00 PM it was observed that the facility does not have documentation that the fire dampers have been inspected and tested within the last four years. The above deficiency was observed by the Director of Maintenance.	K 521	K 521 1- Fire dampers were observed 2- Maintenance Director and Contractor will obtain company to inspect all fire dampers 3- Maintenance Director will assure dampers are inspected every four years 4- Administrator will monitor to assure compliance	7-7-18
K 522 SS=F	HVAC - Any Heating Device CFR(s): NFPA 101	K 522		

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K 522	Continued From page 7 HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 This REQUIREMENT is not met as evidenced by: Based upon observations vent/duct returns need to be cleaned. Findings include On 02/20/2018 between 9:00 AM and 12:00 PM, a pattern was observed throughout the facility the vent/duct returns need to be cleaned of dust and debris. The above deficiency was observed by the Director of Maintenance.	K 522	K 522 1- All facility vent/duct returns will be cleaned of dust/debris 2- All vent/ducts are at risk of dust/debris. Maintenance Director and Contractor will obtain company to clean vent/ducts of dust/debris 3- Maintenance Director will conduct monthly inspections 4- Administrator will monitor inspection documentation for compliance	7-7-18
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	K 741	K 741 1- Ash trays were observed by Maintenance Director 2- Smoking areas have been inspected by Maintenance Director, noncombustible material ash trays will be obtained	

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K 741	Continued From page 8 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 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: Based upon observations a self closing metal container was not readily available. Findings include. On 02/20/2018 between 9:00 AM and 12:00 PM The following was observed that an ashtrays of noncombustible material and safe design was not provided in the smoking area and an metal container with a self closing cover device into which ashtrays can be emptied was not readily available where smoking is permitted. The above deficiency was observed by the Maintenance Supervisor.	K 741	3- Maintenance will make visual observations to assure appropriate ash trays are in place 4- Maintenance Director and Administrator will monitor ash trays for compliance	7-7-18
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by	K 914	K 914 1- Resident room receptacles have been observed by Maintenance Director 2- All resident room receptacles will be tested	

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K 914	Continued From page 9 documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line 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: On 02/20/2018 between 9:00 AM and 12:00 PM, it was observed that documentation was not available that the patient room receptacles are not being tested, the above deficiency was observed by the Director of Maintenance.	K 914	3- Annual testing will be conducted bu Maintenance Director 4- Administrator will monitor testing for compliance	7-7-18
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	K 919	K 919 1- Light bulb in indoor storage room replaced same day 2- All areas with light bulbs will be inspected by Maintenance Director	

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K 919	Continued From page 10 by: Based upon observations of the electrical system that the required maintenance of the system is not being maintained. Findings include On 02/20/18 between 9:00 AM and 12:00 PM it was observed an exposed wires from a broken light bulb hanging from the ceiling located inside the indoor storage room. The above deficiencies were observed by the Director of Maintenance.	K 919	3- Maintenance Director will make visual inspections daily and Management weekly Angel Rounds will include light bulb inspections 4- Administrator will monitor angel rounds for compliance	7-7-18