

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

Printed: 05/02/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
NAME OF PROVIDER OR SUPPLIER HARBOR'S EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE ONE COLLEY AVENUE NORFOLK, VA 23510		
(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 Code survey was conducted 05/02/2018 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 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:	K 353	Corrective Action: On 5/2/2018 the sprinkler head locking device was removed. A visual inspection of all sprinkler heads was conducted and there were no other deficiencies noted. Identification of Similar Occurrences: Any discrepancy of the sprinkler system shall be brought to the attention of the Plant Operations Director. Communication of the discrepancy identified shall be by E-mail. A detailed description of the issue shall include the following: date, location of deficiencies and name of person reporting deficiencies. Prevent recurrence: All work associated with the sprinkler system shall be monitored by a Harbor's Edge Plant Operations technician.	5-2-2018

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

TITLE

(X6) DATE

[Signature] Health Services Administrator 5/15/18

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 Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include On 05/02/18 between 10:00 AM and 11:30 AM it was observed that in the physical therapy washer/dryer room sprinkler head locked out of service with a safety chuck. The above deficiencies were observed by the Director of Maintenance.	K 353	After the repairs/modifications are complete they shall be inspected by the Plant Operations Director. The results of each repair/modification request shall be documented. Monitoring Performance: The Plant Operations Director shall audit each repair/modification request weekly.	5-2-2018
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING 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. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. 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. Findings include	K 372	Corrective Action: On 5/2/2018 the pipe breaching the smoke barrier was sealed using 3M Fire Barrier Sealant, CP 25WB+. On 5/2/2018 the wall penetrations in the wall have been closed and the smoke barrier established. Identification of Similar Occurrences: Any breach of the smoke barrier shall be brought to the attention of the Plant Operations Director. Communication of the discrepancy identified shall be by E-mail. A detailed description of the issue shall include the following: date, location of deficiencies and name of person reporting deficiencies. Prevent recurrence: All work associated with breaching the smoke barrier shall be monitored by a Harbor's Edge Plant Operations technician. After the repairs/modifications are complete they shall be inspected by the Plant Operations Director. The results of each repair/	5-2-2018

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K 372	Continued From page 2 On 05/02/18 between 10:00 AM and 11:30 AM it is observed wall penetrations in mechanical room near game room and mechanical room across from room 217. The above deficiencies were observed by the Director of Maintenance.	K 372	modification request shall be documented.	5-2-2018
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 that the required maintenance of the system is not being maintained. Findings include On 05/02/18 between 10:00 AM and 11:30 AM it was observed electrical outlet cover plate missing for electrical outlet in social service office. The above deficiencies were observed by the Director of Maintenance.	K 919	Corrective Action: On 5/2/2018 the missing duplex outlet cover was installed. Identification of Similar Occurrences: All convenience outlet not functioning, broken or missing the cover-plate shall be brought to the attention of the Plant Operations Director. Communication of the discrepancy identified shall be by E-mail. A detailed description of the issue shall include the following: date, location of deficiencies and name of person reporting deficiencies. Prevent recurrence: All repairs associated with convenience outlets shall be performed by a qualified Harbor's Edge Plant Operations technician. After the repairs/modifications are complete they shall be inspected by the Plant Operations Director. The results of each repair/modification request shall be documented. Monitoring Performance: The Plant Operations Director shall audit each repair/modification request weekly.	5-2-2018