

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 20696 Construction Type: V (111) Despection of Structure: The facility is a one story wood framed building on a concrete slab floor. The facility is divided into three smoke zones.</p> <p>Sprinkler Status: The facility is fully sprinklered with a NFPA 13 system of wet and dry pipe systems. The systems are supplied by municipal water.</p> <p>An unannounced routine Life Safety Code survey was conducted 05/08/2018 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 not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000		
K 100 SS=F	<p>General Requirements - Other CFR(s): NFPA 101</p> <p>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: The Standard is not met as evidenced by: Surveyor: 20696</p>	K 100		

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

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.

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 100	<p>Continued From page 1</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining rated for door assembly and damper service in accordance of NFPA 80 and NFPA 105.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - On 05/08/2018 at 03:40 pm, it was observed during records review and observation there were no documentation on hand at the time of inspection of required service being provided: 1) No documentation on hand that rated door assemblies are having annual service and repair be provided within the last twelve months per NFPA 80. 2) No documentation on hand that fire, smoke, and fire & smoke dampers are being serviced and activation testing every four years per NFPA 80 and NFPA 105. 3) Observations found both cross corridor 90 minute rated doors near room 204 protecting openings of two hour rated assembly has damaged bottom bolt on left door leaf and both doors will not close and positively latch when closed together per NFPA 80. 4) Observations found several rated doors throughout dragging on floor, hitting other doors and / or door frames, or not closing and latching on their own. Some of these same doors have hardware damage and missing parts. All doors throughout the facility require service. <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p>	K 100	<p>K 100</p> <ol style="list-style-type: none"> 1. Annual fire door safety inspections, to include proper closure inspection and fire / smoke damper four year testing are all scheduled to be completed during compliance window of 45 days. 2. All facility doors will be inspected / dampers will be inspected for compliance. 3. Maintenance Director has been in serviced on the above referenced deficiencies and documentation has been created with schedules for completion. 4. Maintenance director and / or the Administrator will audit compliance and report to the safety committee monthly for 6 months. 5. June 20, 2018 	
K 223 SS=F	Doors with Self-Closing Devices CFR(s): NFPA 101	K 223		

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 223	Continued From page 2 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: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining doors with self-closing devices in accordance of NFPA 101. Findings include: - On 05/08/2018 from 01:00 and 4:00 pm, it was observed during observations there were several rated doors with self-closing devices throughout the facility that were being improperly held open by wedges. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 223	K223 1. All wedges have been removed. 2. All doors with closing devices will be inspected for compliance. 3. Weekly visual inspections will be made by the maintenance director and leadership team to ensure compliance. 4. Observations will be reported to the safety committee monthly. June 20,2018	
K 353	Sprinkler System - Maintenance and Testing	K 353		

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 353 SS=F	<p>Continued From page 3 CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining the sprinkler system in accordance of NFPA 25.</p> <p>Findings include: - On 05/08/2018 at 03:05 pm, it was observed during review listed two deficiencies listed with no documentation they have been corrected: 1) Laundry area has eight corroded sprinkler heads and trim rings requiring replacement. 2) Resident rooms have quick response sprinkler heads that need 20 year sample testing due.</p>	K 353	<p>K353</p> <ol style="list-style-type: none"> 1. Sprinkler contractor has been engaged to replace 8 corroded sprinkler heads and trim rings in laundry as well as complete 20 year testing on the quick response heads. 2. The facility will be inspected for corroded heads. 3. Facility staff will work with sprinkler contractor for scheduled inspections. 4. Maintenance director will report findings to the safety committee quarterly. <p>June 20,2018</p>	

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 353	Continued From page 4	K 353		
K 355 SS=F	<p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p> <p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining portable fire extinguishers in accordance of NFPA 10.</p> <p>Findings include: - On 05/08/2018 from 01:00 and 04:00 pm, it was observed during records review and observation there were no documentation on hand at the time of inspection of portable fire extinguishers are having six year maintenance and twelve year hrdrostatic service being provided within the last twelve years. All extinguishers throughout the facility was last six year maintenance tagged 03/2001.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p>	K 355	<p>K355</p> <ol style="list-style-type: none"> 1. Extinguisher contractor contacted to come to facility and correct extinguisher deficiencies. 2. All extinguishers in facility to be inspected / corrected by contractor. 3. Will ensure all extinguisher contractor practices are current and per NFPA 101. 4. Contractor inspections will be reported to the safety committee following said service. <p>June 20, 2018</p>	

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 355	Continued From page 5 The Director of Maintenance acknowledged these findings through observation and interview.	K 355			
K 712 SS=F	<p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of conducting required fire drills in accordance of NFPA 101.</p> <p>Findings include: - On 05/08/2018 at 03:12 pm, it was observed during records review and observation there were no documentation on hand at the time of inspection to reflect one fire drill per quarter - per shift had been conducted for each of the four quarters over the last twelve months.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these</p>	K 712	K 712		
			<ol style="list-style-type: none"> 1. Maintenance director has been properly in-serviced on the regulations pertaining to fire drills. One per shift per quarter at a minimum utilizing various times. 2. This is a past noncompliance and is being corrected. 3. Monthly drills will be properly conducted and recorded to prevent recurrence. 4. Fire drill reporting will be monitored by the safety committee monthly. 5. June 20,2018 		

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 712	Continued From page 6 findings through observation and interview.	K 712		
K 921 SS=F	Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and	K 921	K 921 1. PCREE testing is scheduled to bring facility in compliance. 2. Very specific tag, no other similar occurrence to document. 3. Annual PCREE testing will be done annually with a target month of June with oversight from Maintenance Director and Administrator. 4. Annual PCREE testing will be reported to the safety committee in the month following the test. 5. June 20, 2018.	

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

Printed: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(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 921	<p>Continued From page 7</p> <p>interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining portable patient-care related electrical equipment (PCREE) in accordance of NFPA 99.</p> <p>Findings include: - On 05/08/2018 at 03:14 pm, it was observed during records review and observation there were no documentation on hand at the time of inspection of portable patient-care related electrical equipment (PCREE) annual testing.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p>	K 921			