

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

Printed: 04/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495228	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(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: Main Building 1 is a one (1) story masonry building with a construction type of V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03/15/2018 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 compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	K-000 Wayland Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provisions of quality of care of residents. This Plan of Correction is submitted as a written allegation of compliance.	
K 100 SS=E	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 and interviews the facility failed to maintain components of the roof system in accordance with the Life Safety Code. This has the ability to affect all occupants in the effected compartment of the building. Findings include	K 100	K-100 The structural roof members above the attic corridor ceiling at the housekeeping Office were repaired. No other areas were found to be cut/sawn improperly. The maintenance director will make observation audits of the roof members in the building to ensure further compliance.	4/12/18

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

4/12/18

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 60 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 100	Continued From page 1 On 03/15/2018 at approximately 10:35 am, it is observed and during interview with the Maintenance Director that structural roof members above the attic corridor ceiling at the Housekeeping Office are cut/sawn when HVAC components were previously installed. (LSC 4.2.2) The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 100	Results of the audits will be reported to the members of the Safety Committee at its monthly meeting and forwarded to the QA Committee for monitoring.	4/27/18
K 223 SS-E	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 observations and interviews the facility failed to maintain fire door components in accordance with the Life Safety Code and NFPA 80. This has the ability to affect all occupants in the effected compartment of the building. Findings include	K 223	K-223 The cross corridor door at Room 100 and Room 210 has been adjusted to latch properly. The Short hall clean linen door has been repaired and the broken closure hardware repaired. The unapproved foam was removed from the rabbit of the Soiled Linen Door and replaced with approved material. Other doors in the facility were inspected to ensure proper latching and proper repair. Observational audits will be conducted on a weekly basis by the maintenance director to ensure that doors latch properly and remain in good repair.	4/18/18

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K 223	Continued From page 2 On 03/15/2018 at approximately 9:20 am, it is observed that the cross corridor hallway door at Room 100 and at Room 210 are a rated door that will not close to a latch. At approximately 10:40 pm, it is observed that the Short Hall Clean Linen door has multiple holes, broken closure hardware and not latching. At approximately 12:39 pm, it is observed that an unapproved foam is added to the rabbit of the Soiled Linen Door. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 223	Results of these audits will be submitted to the Safety Committee on a monthly basis to ensure compliance. Safety Committee minutes will be reviewed by the QA Committee on a monthly basis.	3/16/18
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to maintain that exit and directional signs are displayed in accordance with the Life Safety Code. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03/15/2018 at approximately 9:30 am, it is	K 293	K-293 The exit signs at Room 100 and Room 112 were repaired to operate on AC Current. No other exit signs were found to be out of compliance. A weekly observational audit will be conducted by the maintenance director to ensure that all exit signs are functioning properly. Results of the audit will be submitted to the Safety Committee at its monthly	3/16/18

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K 293	Continued From page 3 observed that exit signs located at Room 100 and 112 are not operational on AC current. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 293	meeting for review. The minutes of the Safety Committee will be submitted to the facility's QA Committee for monitoring and guidance.	4/27/18
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 and interviews the facility failed to maintain the fire alarm system components in accordance with the Life Safety Code and NFPA 72. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 3/15/2018 at approximately 9:20 am, it is observed and during interview with the Maintenance Director that the door holding wall hardware on the cross corridor door at Room 100 is in disrepair and waiting on parts and repair from FSLA. On 03/15/2018 at approximately 11:30 am, it is observed and during interview with the Maintenance Director that the fire alarm main and	K 345	K-345 The door holding hardware at Room 100 has been installed properly and the hole sealed. The fire alarm panels were reset and achieved legible normal status display. Documentation was requested from FLSA on repairs and discrepancies found on devices supporting the fire alarm system. The plastic around the smoke alarms in Rooms 323 and 322 was removed. No other issues with the fire alarm system were found. The fire panel will be observed three times a week to ensure proper status display. Any malfunction will be immediately repaired. Documentation will be kept by the maintenance Director of all inspections and repairs to the system.	4/27/18

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K 345	Continued From page 4 remote panels are "initializing" on the screen constantly and not showing a legible normal status display. On 03/15/2018 at approximately 1:30 pm, it is observed and during interview with the Maintenance Director Fire and Life Safety of America completed an annual fire alarm inspection on 07-08-2017 but no documentation found of repairs made to discrepancies found nor documentation of all devices reporting to the fire alarm system to include tamper switches and waterflow switches. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 345	Results of repairs and inspection reports will be reviewed by the Safety Committee at its monthly meeting. K-353 The sprinkler heads located in whirlpool rom A were replaced. The wire to the HVAC components above Room 205 were rerouted from the sprinkler pipe.	4/27/18
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	K 353	Other sections of the building were checked and found to be in compliance with sprinkler heads and wiring. An observation audit will be performed every two weeks by the maintenance director to ensure that sprinkler heads and wiring harnesses are in compliance. Results of these audits and observations will be reported to the Facility Safety committee at its monthly meeting and forwarded to the QA Committee for oversight and further direction.	4/27/18

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K 353	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to maintain the fire sprinkler system components in accordance with the Life Safety Code, NFPA 13 and 25. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03/15/2018 at approximately 10:16 am, it is observed that the sprinkler heads located in the Whirpool Room A are corroded. At approximately 12:48 pm, it is observed that rope/wire to the HVAC components in the attic above Room 205 are being supported on the sprinkler pipe. a) Date sprinkler system last checked 03-09-2017 b) Who provided system test Fire and Life Safety of America c) Water system supply source Public The Administrator and Maintenance Director witnessed this evidences by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 353		
K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		

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K 511	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National Electrical Code. This has the ability to affect all occupants of the building. Findings include On 03/15/2018 at approximately 10:47 am, it is observed that the Electrical Panels "EMA LIFE" , "EMA CRITICAL", and "A Wing" in the Short Hall Electrical Room are missing the legend/directory. (NFPA 70, 408.4; 210.5) At approximately 12:40 pm, it is observed that the Electrical Panels "EMB LIFE SAFETY" , "EMB CRITICAL CARE", and "B Wing" in the B Hall Electrical Room are missing the legend/directory. (NFPA 70, 408.4; 210.5) The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 511	K-511 The facility contracted a certified electrician to replace and update the legend/directory for the Electrical Panels in the facility. Electrical panels throughout the building will be observed to determine that proper legend/directory information is no longer missing. The maintenance director will inspect the Electrical panels monthly to ensure that proper labelling is available. A report of such actions will be reported to the Facility's safety Committee for review and further direction.	4/17/18
K 911 SS-D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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.	K 911		

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K 911	<p>Continued From page 7 Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to maintain electrical systems in accordance with the Life Safety Code and NFPA 99 and 70. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>Findings include</p> <p>On 03/15/2018 at approximately 10:35 AM, it is observed that there are multiple MC cables that are not supported according to NFPA 70 and laying on sprinkler pipe; and HVAC breaker panel conduit wire loose above the ceiling in the corridor above the Housekeeping Office.</p> <p>At approximately 12:32 pm, it is observed that there is a flexible cord coming through a cabinet in Room 203 serving an unsupported outlet.</p> <p>At approximately 1:07 pm, it is observed that there is a missing outlet cover in the Staff Break Room filing room.</p> <p>The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.</p>	K 911	<p>K-911</p> <p>The cables laying on the Sprinkler pipes have been re-routed. The HVAC breaker panel conduit wire has been repaired. The flexible cord in Room 203 has been repaired and the outlet secured. The outlet cover in the Staff Break room has been replaced.</p> <p>An observation audit was conducted by the maintenance director for any other non-compliant areas. Repairs were made as needed.</p> <p>Observation audits by the maintenance director will continue on a weekly basis to ensure continuing compliance with regulations.</p> <p>Results of the audits will be submitted to the facility's safety committee for monitoring and review. The minutes of the Safety Committee will be reported monthly to the QA Committee for guidance and input.</p>	4/27/18
K 918 SS=D	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>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</p>	K 918		

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K 918	<p>Continued From page 8</p> <p>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.</p> <p>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 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, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations and interviews the facility failed to maintain generator components in accordance with the Life Safety Code, NFPA 99 and 110. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>Findings include On 03/15/2018 at approximately 12:53 pm, it is observed and during interview with the</p>	K 918	<p>K-918</p> <p>The generator remote station located in the Front main Nurse Station was serviced and is working properly.</p> <p>Other generator panels and stations were found to be in good order.</p> <p>The generator service contractor will be called to perform a complete system check and service call on the generator units. This will be done in addition to the routine annual service.</p> <p>A copy of the service call and repairs will be kept by the maintenance Director and submitted to the Safety Committee at its monthly meeting.</p>	4/27/18

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K 918	Continued From page 9 Maintenance Director that the generator remote station located in the Front Main Nurse Station is not working and being maintained to NFPA 99 and 110 The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 918		
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. 10.2.3.6 (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: Based upon observations and interviews the facility failed to maintain approved relocatable tap	K 920	K-920 The unapproved power strips in Room 116, Room 205, and the temporary Therapy area were removed and discarded. An observation audit was done to locate any other unacceptable power strips and extension cords. The maintenance Director will conduct an observation audit of resident rooms and common areas on a weekly basis to ensure compliance with the proper use of relocatable taps. Any unapproved taps will be removed and given to the administrator for safe keeping. The results of the audit will be submitted to the facility Safety Committee for review and oversight.	4/27/18

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K 920	Continued From page 10 components in accordance with the Life Safety Code, NFPA 99 and CMS. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03/15/2018 approximately 09:50 am, it is observed and during interview with the Maintenance Director that non-approved relocatable taps are found in Room 116,, temporary Therapy Rec. Area, and Room 205. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 920		
K 921 SS=D	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	K 921		

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NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(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 11</p> <p>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: Based upon observations and interviews the facility failed to test and record receptacles in accordance with the Life Safety Code and NFPA 99. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>Findings include On 03/15/2018 at approximately 1:30 pm, through observation and interview that previously scheduled and completed receptacle testing per NFPA 99 is not being documented per Section 6.3.4.2.</p> <p>The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.</p>	K 921	<p>K-921</p> <p>A Receptacle testing device was purchased for the maintenance department.</p> <p>Receptacles throughout the facility have been tested and documentation maintained.</p> <p>Sections of the building will be divided and tested so that the full building will undergo receptacle testing each month. Documentation of testing results will be kept in the maintenance director's office. Any receptacle not meeting standards will be tagged out and replaced as soon as possible.</p> <p>Results of the monthly tests will be submitted to the Facility's safety committee for review and guidance</p>	4/27/18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495226	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947
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(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: Building 2 is a one (1) story masonry building with a construction type of V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03/15/2018 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 compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	K-000 Wayland Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provisions of quality of care of residents. This Plan of Correction is submitted as a written allegation of compliance.	
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 and interviews the facility failed to maintain the fire alarm system components in accordance with the Life Safety Code and NFPA 72. This has the ability to affect all occupants in the effected compartment of the	K 345	K-345 The door holding hardware at Room 100 has been installed properly and the hole sealed. The fire alarm panels were reset and achieved legible normal status display. Documentation was requested from FLSA on repairs and discrepancies found on devices supporting the fire alarm system. The plastic around the smoke alarms in Rooms 323 and 322 was removed.	4/27/18

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

TITLE

(X6) DATE

[Signature]

Administrator

4/12/18

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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NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
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K 345	Continued From page 1 building. Findings include On 03/15/2018 at approximately 11:30 am, it is observed and during interview with the Maintenance Director that the fire alarm main and remote panels are "initializing" on the screen constantly and not showing a legible normal status display. On 03/15/2018 at approximately 11:40 am, it is observed and during interview with the Maintenance Director that smoke alarms found in Rooms 323 and 322 were found with plastic around the device. During the interview, the Maintenance Director stated that a sprinkler pipe burst in January and cause water damage to unoccupied rooms and therapy department. On 03/15/2018 at approximately 1:30 pm, it is observed and during interview with the Maintenance Director Fire and Life Safety of America completed an annual fire alarm inspection on 07-06-2017 but no documentation found of repairs made to discrepancies found nor documentation of all devices reporting to the fire alarm system to include tamper switches and waterflow switches. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 345	No other issues with the fire alarm system were found. The fire panel will be observed three times a week to ensure proper status display. Any malfunction will be immediately repaired. Documentation will be kept by the maintenance Director of all inspections and repairs to the system. Results of repairs and inspection reports will be reviewed by the Safety Committee at its monthly meeting.	8/1/2018
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	K 353		

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NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C		STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
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K 353	<p>Continued From page 2 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: Based upon observations and interviews the facility failed to maintain the fire sprinkler system components in accordance with the Life Safety Code, NFPA 13 and 25. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>Findings include On 03/15/2018 at 11:00 AM, it is observed that there are multiple MC cables that are not supported according to NFPA 70 and laying on sprinkler pipe above the ceiling in the corridor near the Room 301</p> <p>On 03/15/2018 at approximately 11:52 am, it is observed that documentation is not available indicating the weekly and monthly Fire Pump maintenance is not being performed.</p> <p>a) Date sprinkler system last checked 03-09-2017 b) Who provided system test Fire and Life</p>	K 353	<p>K-353</p> <p>The MC Cable above the corridor near Room 301 was rerouted and no longer is laying on the sprinkler pipe. Documentation of weekly and Monthly Fire Pump maintenance was provided.</p> <p>Other sections of the building were checked and found to be in compliance with sprinkler, wiring, and Fire Pump documentation requirements.</p> <p>An observation audit will be performed every two weeks by the maintenance director to ensure that sprinkler and wiring are in compliance.</p> <p>Results of these audits and observations will be reported to the Facility Safety committee at its monthly meeting and forwarded to the QA Committee for oversight and further direction.</p> <p><i>R. Way We, Admin</i></p>	<p>4/27/18</p> <p>5/16/18</p>

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K 353	Continued From page 3 Safety of America c) Water system supply source Public The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview.	K 353		
K 511 SS-E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National Electrical Code. This has the ability to affect all occupants of the building. Findings include On 03/15/2018 at approximately 12:02 pm, it is observed with the Maintenance Director that the Electrical Panels "A", "EH", and "EC" in the Main Electrical Room are missing the legend/directory. (NFPA 70, 408.4; 210.5) The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00	K 511	K-511 The facility contracted a certified electrician to replace and update the legend/directory for the Electrical Panels in the facility. Electrical panels throughout the building will be observed to determine that proper legend/directory information is no longer missing. The maintenance director will inspect the Electrical panels monthly to ensure that proper labelling is available. A report of such actions will be reported to the Facility's safety Committee for review and further direction.	4/27/18

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K 511	Continued From page 4 pm during the exit interview.	K 511		