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

(X2) MULTIPLE CONSTRUCTION X31 DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING 01 - MAIN BUILDING 01 COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: B. WING 495226 03/15/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C **KEYSVILLE, VA 23947** (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX DATE OF LSC IDENTIFYING INFORMATION) DAT DEFICIENCY) INITIAL COMMENTS K 000 K 000 K-000 Description of Structure: Main Building 1 is a one Wayland Nursing and (1) story masonary building with a construction Rehabilitation Center type of V (111). acknowledges receipt of the Sprinkler Status: Fully sprinklered - NFPA 13 Statement of Deficiencies and proposes this Plan of An unannounced Standard Recertification Life Correction to the extent that Safety Code Survey was conducted on the summary of findings is 03/15/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for factually correct and in order Long Term Care Facilities. The facility was to maintain compliance with surveyed for compliance using the LSC 2012 the applicable rules and Existing regulations. The facility was not compliance with the Requirements for provisions of quality of care of Participation Medicare and Medicaid. residents. This Plan of Correction is submitted as a The findings that follow demonstrate non-compliance with Title 42 Code of written allegation of Regulations, compliance. 483.70(a) et seq (Life Safety from Fire.) K-100 K 100 K 100 General Requirements - Other SS=E CFR(s): NFPA 101 The structural roof members above the attic corridor ceiling General Requirements - Other List in the REMARKS section any LSC Section at the housekeeping Office 18.1 and 19.1 General Requirements that are not were repaired. addressed by the provided K-tags, but are deficient. This information, along with the No other areas were found to applicable Life Safety Code or NFPA standard be cut/sawn improperly. citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced The maintenance director will by: Based upon observations and interviews the make observation audits of facility failed to maintain components of the roof the roof members in the system in accordance with the Life Safety Code. building to ensure further This has the ability to affect all occupants in the compliance. effected compartment of the building. Findings include

Any deficiency statement encing 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.

TITLE

LABOMATORY DIRECTON'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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

495226 B. WING. 03/15/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **DAT** DEFICIENCY) K 100 K 100 Continued From page 1 Results of the audits will be On 03/15/2018 at approximately 10:35 am, it is reported to the members of observed and during interview with the the Safety Committee at its Maintenance Director that structural roof monthly meeting and members above the attic corridor ceiling at the Housekeeping Office are cut/sawn when HVAC forwarded to the QA components were previously installed. (LSC Committee for monitoring. 4,2.2) The Administrator and Maintenance Director witnessed this evidence by interview and K-223 observation on 03-15-2018 at approximately 2:00 pm during the exit interview. The cross corridor door at K 223 K 223 Doors with Self-Closing Devices Room 100 and Room 210 has SS-E CFR(s): NFPA 101 been adjusted to latch properly. The Short hall clean Doors with Self-Closing Devices linen door has been repaired Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous and the broken closure area enclosure are self-closing and kept in the hardware repaired. The closed position, unless held open by a release unapproved foam was device complying with 7,2,1.8.2 that automatically closes all such doors throughout the smoke removed from the rabbit of compartment or entire facility upon activation of: the Soiled Linen Door and * Required manual fire alarm system; and replaced with approved * Local smoke detectors designed to detect smoke passing through the opening or a required material. smoke detection system; and * Automatic sprinkler system, if Installed; and Other doors in the facility * Loss of power. were inspected to ensure 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 proper latching and proper This REQUIREMENT is not met as evidenced repair. Based upon observations and interviews the Observational audits will be facility failed to maintain fire door components in conducted on a weekly basis accordance with the Life Safety Code and NFPA 80. This has the ability to affect all occupants in by the maintenance director the effected compartment of the building. to ensure that doors latch properly and remain in good

Findings include

repair.

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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		
495226			B. WING		03/15/2018			
NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C TO STREET ADDRESS, CITY, STATE, ZIP CODE TO SUPPLIER TO STREET ADDRESS, CITY, STATE, ZIP CODE TO SUPPLIER KEYSVILLE, VA 23947								
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	On 03/15/2018 at a observed that the observed that I Short Hall Clean Libroken closure har At approximately 1 unapproved foam Soiled Linen Door. The Administrator witnessed this evid observation on 03-pm during the exit Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directiona accordance with 7 also served by the 19.2.10.1 (Indicate N/A in on with less than 30 obtravel is obvious.) This REQUIREMED by: Based upon obserfacility failed to massigns are displayed Safety Code. This occupants in the ebuilding.	approximately 9:20 at cross corridor hallway Room 210 are a rated atch. 0:40 pm, it is observe nen door has multiple dware and not latching 2:39 pm, it is observe a added to the rabbit and Maintenance Dir lence by interview and 15-2018 at approxim	in contact description of the color description of exit denced we the color description of exit denced we the color denced d	K 223	Results of these audits we submitted to the Safety Committee on a monthly to ensure compliance. So Committee minutes will reviewed by the QA Committee on a monthly basis. K-293 The exit signs at Room 1 and Room 112 were reput operate on AC Current No other exit signs were found to be out of compliance. A weekly observational will be conducted by the maintenance director to ensure that all exit signs functioning properly. Results of the audit will submitted to the Safety Committee at its month	be be be		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA A. BUILDING 01 - MAIN BUILDING 01 COMPLETED IDENTIFICATION NUMBER: 495226 03/15/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ADDITIONAL (X5) COMPLETION DATE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX OF LISC IDENTIFYING INFORMATION) TAG TAG meeting for review. The K 293 Continued From page 3 K 293 minutes of the Safety observed that exit signs located at Room 100 and Committee will be submitted 112 are not operational on AC current. to the facility's QA Committee The Administrator and Maintenance Director for monitoring and guidance. witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 pm during the exit interview. K-345 Fire Alarm System - Testing and Maintenance K 345 K 345 CFR(s): NFPA 101 SS=D The door holding hardware at Room 100 has been installed Fire Alarm System - Testing and Maintenance properly and the hole sealed. A fire alarm system is tested and maintained in accordance with an approved program complying The fire alarm panels were with the requirements of NFPA 70, National reset and achieved legible Electric Code, and NFPA 72, National Fire Alarm normal status display. and Signaling Code. Records of system acceptance, maintenance and testing are readily Documentation was available. requested from FLSA on 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 repairs and discrepancies This REQUIREMENT is not met as evidenced found on devices supporting ρA: Based upon observations and interviews the the fire alarm system. The facility failed to maintain the fire alarm system plastic around the smoke components in accordance with the Life Safety alarms in Rooms 323 and 322 Code and NFPA72. This has the ability to affect all occupants in the effected compartment of the was removed. building. No other issues with the fire Findings include alarm system were found. On 3/15/2018 at approximately 9:20 am, it is The fire panel will be observed and during interview with the observed three times a week Maintenance Director that the door holding wall hardware on the cross corridor door at Room 100 to ensure proper status

from FSLA.

is in disrepair and waiting on parts and repair

On 03/15/2018 at approximately 11:30 am, it is

Maintenance Director that the fire alarm main and

observed and during interview with the

display. Any malfunction will

by the maintenance Director

of all inspections and repairs

to the system.

be immediately repaired. Documentation will be kept

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIÁ IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01 03/15/2018 495226 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C 730 LUNENBURG HIGHW KEYSVILLE, VA 23947 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 345 Continued From page 4 Results of repairs and remote panels are "initializing" on the screen inspection reports will be constantly and not showing a legible normal reviewed by the Safety status display. Committee at its monthly On 03/15/2018 at approximately 1:30 pm, it is meeting. 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 K-353 found of repairs made to discepancies found nor documentation of all devices reporting to the fire The sprinkler heads located in alarm system to include tamper switches and whirlpool rom A were. waterflow switches. replaced. The wire to the The Administrator and Maintenance Director **HVAC** components above witnessed this evidence by interview and Room 205 were rerouted observation on 03-15-2018 at approximately 2:00 from the sprinkler pipe. pm during the exit interview. K 353 K 353 Sprinkler System - Maintenance and Testing Other sections of the building SS=D CFR(s): NFPA 101 were checked and found to be in compliance with sprinkler Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are heads and wiring. inspected, tested, and maintained in accordance An observation audit will be with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire performed every two weeks Protection Systems. Records of system design. by the maintenance director . maintenance, inspection and testing are to ensure that sprinkler heads maintained in a secure location and readily available. and wiring harnesses are in a) Date sprinkler system last checked compliance. b) Who provided system test Results of these audits and

observations will be reported

meeting and forwarded to the

on cheet Page 5 of 12 באנייניינייני

QA Committee for oversight

committee at its monthly

and further direction.

to the Facility Safety

system.

c) Water system supply source

9.7.5, 9.7.7, 9.7.8, and NFPA 25

Provide in REMARKS information on coverage

for any non-required or partial automatic sprinkler

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	
÷	495226			03/15/2018	
NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND R	EHABILITATION C 730 LU	RESS, CITY, S' NENBURG VILLE, VA 2			
PREFIX LEAGH DEFICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE DOWN ZETION	
by: Based upon observed facility failed to mail components in according to the pullding. Findings include On 03/15/2018 at a observed that the sign whiripool Room A at approximately 12 rope/wire to the HW above Room 205 at sprinkler pipe. a) Date sprinkler sign of America of Water system sign of Water S	ations and interviews the ntain the fire sprinkler system ordance with the Life Safety if 25. This has the ability to in the effected compartment proximately 10:16 am, it is prinkler heads located in the are corroded. 2:48 pm, it is observed that AC components in the attic re being supported on the system test. Fire and Life supply source. Public and Maintenance Director ence by interview and 15-2018 at approximately 2:00 interview. Electric Electric Electric Electric cas or related gas piping A 54, National Fuel Gas Code, it equipment complies with Electric Code. Existing intinue in service provided no	K 353			

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CENTER	S FOR MEDICARE	& MEDICAID SERVI	CES			TAND IAM	. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495226		R/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		B. WING		03/15/2018			
	ROVIDER OR SUPPLIER ID NURSING AND F	REHABILITATION C	730 LU	RESS, CITY, S' NENBURG (LLE, VA 2			
(X4) ID PREFIX TAG	EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIE THE PRECEDED BY FULL I ENTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	AD BE	(X5) COMPLETION DATE
K 511	Continued From pa	age 6		K 511			
	by: Based upon observed facility falled to ensure and equipment con Electrical Code. To occupants of the bull occupants occu	approximately 10:47 and "A Wing" in the emissing the legend 210.5) 2:40 pm, it is observed and "B Wing" in the emissing the legend 210.5) and "B Wing" in the emissing the legend 210.5) and Maintenance Dirlence by interview and 15-2018 at approxim	s the I wiring National affect all am, it is IA LIFE", Short Hall /directory. ed that the , "EMB B Hall /directory.		K-511 The facility contracted certified electrician to and update the legend/directory for the Electrical Panels in the Electrical panels through the building will be obsito determine that proplegend/directory informis no longer missing. The maintenance directing monthly to ensure that labelling is available. A report of such action be reported to the Facilisafety Committee for mand further direction.	e facility. ghout served ser mation tor will anels proper swill lity's	4/12/1/8
	Electrical Systems CFR(s): NFPA 101 Electrical Systems List in the REMARI Chapter 6 Electrica are not addressed are deficient. This	- Other	ents that igs, but th the	K 911			

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(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA A BUILDING 01 - MAIN BUILDING 01 IDENTIFICATION NUMBER: 03/15/2018 495226 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 911 K 911 Continued From page 7 K-911 Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced The cables laying on the Sprinkler pipes have been Based upon observations and interviews the re=routed. The HVAC breaker facility failed to maintain electrical systems in panel conduit wire has been accordance with the Life Safety Code and NFPA 99 and 70. This has the ability to affect all repaired. The flexible cord in occupants in the effected compartment of the Room 203 has been repaired building. and the outlet secured. The outlet cover in the Staff Break Findings include room has been replaced. On 03/15/2018 at approximately 10:35 AM, it is observed that there are multiple MC cables that An observation audit was are not supported according to NFPA 70 and conducted by the laying on sprinkler pipe; and HVAC breaker panel maintenance director for any conduit wire loose above the ceiling in the corridor above the Housekeeping Office. other non-compliant areas. Repairs were made as At approximately 12:32 pm, it is observed that needed. there is a flexible cord coming through a cabinet in Room 203 serving an unsupported outlet. Observation audits by the maintenance director will At approximately 1:07 pm, it is observed that there is a missing outlet cover in the Staff Break continue on a weekly basis to Room filing room. ensure continuing compliance with regulations. The Administrator and Maintenance Director witnessed this evidence by interview and Results of the audits will be observation on 03-15-2018 at approximately 2:00 submitted to the facility's om during the exit interview. safety committee for K 918 K 918 Electrical Systems - Essential Electric Syste monitoring and review. The SS=D CFR(s): NFPA 101 minutes of the Safety Electrical Systems - Essential Electric System Committee will be reported Maintenance and Testing monthly to the QA Committee The generator or other alternate power source and associated equipment is capable of supplying for guidance and input. service within 10 seconds. If the 10-second

criterion is not met during the monthly test, a

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(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA A, BUILDING 01 - MAIN BUILDING 01 AND PLAN OF CORRECTION DENTIFICATION NUMBER: 03/15/2018 B. WING 495226 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 (X6) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 918 K 918 Continued From page 8 K-918 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 The generator remote station with NFPA 110. located in the Front main Generator sets are inspected weekly, exercised Nurse Station was serviced under load 30 minutes 12 times a year in 20-40 and is working properly. day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test Other generator panels and under load conditions include a complete simulated cold start and automatic or manual stations were found to be in transfer of all EES loads, and are conducted by good order. competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in The generator service accordance with NFPA 111. Main and feeder contractor will be called to circuit breakers are inspected annually, and a program for periodically exercising the perform a complete system components is established according to check and service call on the manufacturer requirements. Written records of generator units. This will be maintenance and testing are maintained and readily available. EES electrical panels and done in addition to the circuits are marked, readily identifiable, and routine annual service. separate from normal power circuits. Minimizing the possibility of damage of the emergency power A copy of the service call and source is a design consideration for new repairs will be kept by the installations. maintenance Director and 6.4.4. 6.5.4. 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) submitted to the Safety This REQUIREMENT is not met as evidenced Committee at its monthly meeting. 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 buildina. Findings include On 03/15/2018 at approximately 12:53 pm, it is observed and during interview with the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES COMPLETED A. BUILDING **01 - MAIN BUILDING 0**1 AND PLAN OF CORRECTION 03/15/2018 495226 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY K 918 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 K-920 The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-15-2018 at approximately 2:00 The unapproved power strips pm during the exit interview. in Room 116, Room 205, and K 920 Electrical Equipment - Power Cords and Extens K 920 the temporary Therapy area SS-D CFR(s): NFPA 101 were removed and discarded. Electrical Equipment - Power Cords and An observation audit was **Extension Cords** done to locate any other Power strips in a patient care vicinity are only unacceptable power strips used for components of movable patient-care-related electrical equipment and extension cords. (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of The maintenance Director will 10.2.3.6. Power strips in the patient care vicinity conduct an observation audit may not be used for non-PCREE (e.g., personal of resident rooms and electronics), except in long-term care resident rooms that do not use PCREE. Power strips for common areas on a weekly PCREE meet UL 1363A or UL 60601-1. Power basis to ensure compliance strips for non-PCREE in the patient care rooms with the proper use of (outside of vicinity) meet UL 1363. In non-patient relocatable taps. Any care rooms, power strips meet other UL standards. All power strips are used with general unapproved taps will be precautions. Extension cords are not used as a removed and given to the substitute for fixed wiring of a structure. administrator for safe Extension cords used temporarily are removed keeping. immediately upon completion of the purpose for which it was installed and meets the conditions of The results of the audit will be 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 submitted to the facility (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5

Safety Committee for review

and oversight.

This REQUIREMENT is not met as evidenced

Based upon observations and interviews the facility failed to maintain approved relocatable tap

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,	495226		s. WING		03/1	03/15/2018	
NAME OF P	ROVIDER OR SUPPLIER	s	TREET ADD	RESS, CITY, S	TATE, ZIP CODE		
		REHABILITATION C		NENBURG			
			KEYSV	ILLE, VA 2			
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K 920	components in acc Code, NFPA 99 and affect all occupants of the building. Findings include On 03/15/2018 app observed and durin Maintenance Direct relocatable taps and temporary Therapy The Administrator a witnessed this evid	ordance with the Life S of CMS. This has the as in the effected comparation of the effected comparation of the effected comparation of the effected comparation of the effected effected in Room 116, and Room and Maintenance Directed ence by interview and 15-2018 at approximate	bility to riment t is 205.	K 920			
K 921 SS=D	CFR(s): NFPA 101 Electrical Equipme Requirements The physical integr current, and touch portable patient-ca (PCREE) is perforr Testing intervals ar protocols. All PCRI is tested in accorda before being put in or modification. An electrical appliance with NFPA 99 as a manuals, instructio by the manufacture required by 10.5.3. development of a p equipment mainter instructions and ma available, and safe	nt - Testing and Mainte nt - Testing and Mainte ity, resistance, leakage current tests for fixed a re related electrical equi ned as required in 10.3 e established with polic EE used in patient care ance with 10.3.5.4 or 10 to service and after any y system consisting of es demonstrates complete system. Ser ins, and procedures pro- er include information a 1.1 and are considered program for electrical lance. Electrical equipraintenance are ty labels and condense ons on the appliance are	enance and uipment 3. cies and o rooms 0.3.6 y repair several liance vice ovided us i in the ment re readliy	K 921			

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(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (XI) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES A, BUILDING 01 - MAIN BUILDING 01 ... COMPLETED AND PLAN OF CORRECTION 03/15/2018 495226 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 921 Continued From page 11 K 921 legible. A record of electrical equipment tests, repairs, and modifications is maintained for a K-921 period of time to demonstrate compliance in accordance with the facility's policy. Personnel A Receptacle testing device responsible for the testing, maintenance and use of electrical appliances receive continuous was purchased for the training. maintenance department. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 Receptacles throughout the This REQUIREMENT is not met as evidenced facility have been tested and documentation maintained. Based upon observations and interviews the facility failed to test and record receptacles in Sections of the building will be accordance with the Life Safety Code and NFPA 99. This has the ability to affect all occupants in divided and tested so that the the effected compartment of the building. full building will undergo receptacle testing each Findings include On 03/15/2018 at approximately 1:30 pm, through month. Documentation of observation and interview that previously testing results will be kept in scheduled and completed receptacle testing per the maintenance director's NFPA 99 is not being documented per Section office. Any receptacle not 6.3.4.2. meeting standards will be The Administrator and Maintenance Director. tagged out and replaced as witnessed this evidence by interview and soon as possible. observation on 03-15-2018 at approximately 2:00 pm during the exit interview. Results of the monthly tests will be submitted to the Facility's safety committee for review and guidance

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION CX1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2		(X3) DATE SURVEY COMPLETED			
495226		B. WING		03/15/2018			
NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C T30 LUNENBURG HIGHW KEYSVILLE, VA 23947							
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LOSE COMPLETION		
K 000	INITIAL COMMEN	TS	K 000	K-000	The state of the s		
- And Andrews -	story masonary but of V (111).	cture: Building 2 is a one (1) Iding with a construction type		Wayland Nursing and Rehabilitation Center acknowledges receipt of Statement of Deficiencies			
	An unannounced S Safety Code Surve 03/15/2018 in accordance Federal Regulation Long Term Care Fi surveyed for comp Existing regulation compliance with th Participation Medic The findings that fo non-compliance wi Regulations.	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 compiliance 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		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.			
SS=D				K-345 The door holding hardw Room 100 has been inst properly and the hole so The fire alarm panels we reset and achieved legible normal status display. Documentation was requested from FLSA on repairs and discrepancie found on devices support the fire alarm system. The plastic around the smok alarms in Rooms 323 and was removed.	alled ealed. ere ele s ting ne e		

Any deliciency statement ending with an asterisk (*) denotes a deliciency which the inattrution 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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CENTERS FOR MEDICARE & MEDICARD SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES A. BUILDING 02 - BUILDING 2 COMPLETED AND PLAN OF CORRECTION 495226 03/15/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUEATORY PREFIX CHOSS-REFERENCED TO THE APPROPRIATE TAG OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 345 K 345 Continued From page 1 No other issues with the fire building. alarm system were found. Findings include The fire panel will be On 03/15/2018 at approximately 11:30 am, it is observed three times a week observed and during interview with the to ensure proper status Maintenance Director that the fire alarm main and display. Any malfunction will remote panels are "initializing" on the screen constantly and not showing a legible normal be immediately repaired. status display. Documentation will be kept by the maintenance Director On 03/15/2018 at approximately 11:40 am, it is of all inspections and repairs observed and during interview with the Maintenance Director that smoke alarms found in to the system. Rooms 323 and 322 were found with plastic around the device. During the interview, the Results of repairs and Maintenance Director stated that a sprinkler pipe inspection reports will be burst in January and cause water damage to reviewed by the Safety unoccupied rooms and therapy department. Committee at its monthly On 03/15/2018 at approximately 1:30 pm, it is meeting. 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 discepancies 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 om during the exit interview. K 353 Sprinkler System - Maintenance and Testing K 353 SS=D CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing

Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance

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STATEMENT OF DEFICIENCIES	XIV PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		į.		03/15/2018	
	495226		ATE, ZIP CODE	03/13/2010	
NAME OF PROVIDER OR SUPPLIES	`	NENBURG			
WAYLAND NURSING AND	KEYSV	ILLE, VA 2	3947		
ARED VEACH DESIGNER MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL PEGULATORY DENTIFYING INFORMATION)	ID P REFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	
K 353 Continued From	page 2	K 353			
with NFPA 25, St Testing, and Mair Protection System	andard for the inspection, ntaining of Water-based Fire ns. Records of system design, pection and testing are	**	к-353		
maintained in a s	ecure location and readily	·	The MC Cable above the		
available.	r system last checked	And the second s	corridor near Room 301 wa	as	
a) Date spilitie	i System last chooked		rerouted and no longer is	aged der visit	
b) Who provide	d system test	dia constantina di co	laying on the sprinkler pipe	1 1	
A) Meter quater	n supply source		Documentation of weekly	and	
			Monthly Fire Pump		
Provide in REMA	ARKS information on coverage		maintenance was provided		
	ired or partial automatic sprinkler		Other sections of the build	ing	
system. 9.7.5, 9.7.7, 9.7.5	8. and NFPA 25		were checked and found to	o be	
This REQUIREM	IENT is not met as evidenced	WW	in compliance with sprinkle	er,	
by:	and the second s		wiring, and Fire Pump	0,	
facility failed to s	ervations and interviews the naintain the fire sprinkler system	- AND CARREST CONTRACT CONTRAC	documentation requireme	nts. De ks	
components in a	and 25. This has the ability to		An observation audit will b	e C	
affect all occupa	nts in the effected compartment		performed every two wee	ks \\\	
of the building.		4	by the maintenance direct	or	
Plantana lasti ida			to ensure that sprinkler an	d	
Findings include On 03/15/2018 a	at 11:00 AM, it is observed that	:	wiring are in compliance.	- 14.	
there are multiple	e MC cables that are not ding to NFPA 70 and laying on	· F	Results of these audits and		
sprinkler pipe at	gove the ceiling in the corridor		observations will be repor	ted	
near the Room		1	to the Facility Safety		
On 03/15/2018 a	at approximately 11:52 am, it is	•	committee at its monthly		
observed that do	ocumentation is not available		meeting and forwarded to		
indicating the we	eekly and monthly Fire Pump not being performed.		QA Committee for oversig and further direction.	ht '	
	er system last checked				
03-09-2017 b) Who provide	ed system test. Fire and Life		Kun we to	Ivnin 5/16/18	

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(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A. BUILDING 02 - BUILDING 2 DENTIFICATION NUMBER: AND PLAN OF CORRECTION 03/15/2018 495226 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 730 LUNENBURG HIGHW WAYLAND NURSING AND REHABILITATION C KEYSVILLE, VA 23947 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) DAT TAG DEFICIENCY) K 353 Continued From page 3 K 353 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 511 K 511 Utilitles - Gas and Electric SS=E CFR(s): NFPA 101 K-511 Utilities - Gas and Electric The facility contracted a Equipment using gas or related gas piping certified electrician to replace complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with and update the NFPA 70, National Electric Code. Existing legend/directory for the installations can continue in service provided no Electrical Panels in the facility. hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Electrical panels throughout the building will be observed to determine that proper legend/directory information This REQUIREMENT is not met as evidenced is no longer missing. Based upon observations and interviews the The maintenance director will facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National inspect the Electrical panels Electrical Code. This has the ability to affect all monthly to ensure that proper occupants of the building. labelling is available. Findings include A report of such actions will On 03/15/2018 at approximately 12:02 pm, it is be reported to the Facility's observed with the Maintenance Director that the Electrical Panels "A", "EH", and "EC" in the Main safety Committee for review Electrical Room are missing the legend/directory. and further direction. . (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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROCENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938							
	(X3) DATE SURVEY COMPLETED						
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NAME OF PROVIDER OR SUPPLIER WAYLAND NURSING AND REHABILITATION C T30 LUNENBURG HIGHW KEYSVILLE, VA 23947							
(X4) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD PREFIX TAG OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD PREFIX TAG CROSS-REFERENCED TO THE APPROPRIES OF T	DISE COMPLETION						
K 511 Continued From page 4 K 511							
pm during the exit interview.	- Annie de la company de la co						
	Anna derinante de la companya de la						
	rockine reserve						
	*						