

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495420	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2019
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NAME OF PROVIDER OR SUPPLIER ALBEMARLE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 FOUNDERS PLACE CHARLOTTESVILLE, VA 22902
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a 1 story, fully sprinklered building of protected construction.</p> <p>Construction Type: V(III)</p> <p>Sprinkler status: Fully Sprinklered, NFPA 13 System, Quick Response Heads.</p> <p>An unannounced recertification Life Safety Code survey was conducted 05/21/2019 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	<p>K000</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p>	
K 321 SS=F	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p>	K 321		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mark Tahl</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/3/2019</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 321	<p>Continued From page 1</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to maintain the smoke resisting partitions and doors in a hazardous area. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>The findings include:</p> <p>On 05/21/2019 at approximately 2:35 PM it was observed that the ceiling in 100 central supply was not smoke resisting.</p> <p>On 05/21/2019 at approximately 4:08 PM it was observed that door to the 200 central supply was not smoke resisting, there was a gap between the door and frame, on the lower half of the door.</p> <p>On 05/21/2019 at approximately 4:40 PM it was observed that the ceiling in laundry room was not smoke resisting.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/21/2019 at approximately 5:00 PM during the exit interview.</p>	K 321	<p>K321</p> <p>1 A. Sheet rock used to repair hole in ceiling on 100 central supply to make smoke resisting. 5/23/19 B. Door on 200 Central Supply was adjusted to decrease gap for smoke resisting. 5/23/19 C. Sheetrock replaced in Laundry ceiling to make smoke resisting. 5/24/19</p> <p>2. Doors will be checked monthly per PM's, and ceiling for fire penetrations will be checked Quarterly per PM's to ensure smoke resistance.</p> <p>3. Maintenance Director will check and educate staff and contractors to report any deficiency noted.</p> <p>4. Any findings noted will be reported at Safety/QA monthly meeting to ensure compliance.</p> <p>5. Date of correction 5/24/19</p>	
K 918	Electrical Systems - Essential Electric Syste	K 918		

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K 918 SS=F	<p>Continued From page 2</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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 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. 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>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the</p>	K 918	<p>K918</p> <ol style="list-style-type: none"> Emergency lights (battery back up) lights added to both Emergency Transfer switch rooms listed. 6/7/19 All units will be checked monthly to ensure units installed and working properly. Maint. Director to check monthly and document for compliance. Finding will be reported at monthly Safety/QA to ensure compliance. Date of correction 6/7/19 	

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K 918	<p>Continued From page 3 building.</p> <p>The findings include:</p> <p>On 05/21/2019 at approximately 3:50 PM it was observed that the emergency power system equipment room, emergency transfer switch room inside the building, was not provided with battery powered emergency lighting. (NFPA 110.7.3.1)</p> <p>On 05/21/2019 at approximately 3:50 PM it was observed that the emergency power system equipment room, main electrical/emergency transfer switch room, was not provided with battery powered emergency lighting. (NFPA 110.7.3.1)</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/21/2019 at approximately 5:00 PM during the exit interview.</p>	K 918		