

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

Printed: 05/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495358</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/18/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>AMELIA NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8830 VIRGINIA STREET AMELIA, VA 23002</b>		
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K 000	INITIAL COMMENTS  Description of structure: The facility is a one story structure Type II (111).  Sprinkler Status: Fully sprinklered - NFPA 13  An unannounced Standard Recertification Life Safety Code Survey was conducted on 4/18/2019 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.  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 222 SS=D	Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	K 222	Corrective Action(s): The secondary lock that prevents egress from the room without special knowledge will be removed and plugged with a metal plate on both sides of the door. The main lock will be a lever style lock and will be fire rated. Work was completed on May 07, 2019. P.O. # 804816.	6-13-19

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

TITLE

(X6) DATE

*Roger Fracker, LHA* *ROGER FRACKER* *ADMINISTRATOR* *MAY 9, 2019*

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 222	<p>Continued From page 1</p> <p><b>SPECIAL NEEDS LOCKING ARRANGEMENTS</b> Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p><b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p><b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p><b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p>	K 222	<p><b>Identification of Deficient Practices &amp; Corrective Action(s):</b> A lock was installed on the door that restricted the full operation of the door without special knowledge so occupants could egress to an exit. Maintenance Department personnel will receive corrective in-service no later than completion date for Life Safety Code K222: Egress Doors; NFPA 101, CLINICAL NEEDS OR SECURITY THREAT LOCKING; SPECIAL NEEDS LOCKING ARRANGEMENTS; DELAYED-EGRESS LOCKING ARRANGEMENTS - 7.2.1.6.1; ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS-7.2.1.6.2; and ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS-7.2.1.6.3</p> <p><b>Systemic Changes:</b> Maintenance department will be in-serviced to identify fire rated hardware on fire doors.</p> <p><b>Monitoring:</b> Maintenance staff are responsible for completing: Test Operation of Doors and Locks on a monthly basis and is scheduled in TELS maintenance work order system. Administrator will ensure all doors in the facility have fire rated hardware by conducting an audit of all doors no later than completion date. The Administrator will closely monitor the progress of work in order to ensure issues are fixed in a timely manner.</p>	<b>6-13-19</b>

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K 222	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based upon observations there are items that are installed on the doors that restricts the full operation of the doors so occupants can egress to an exit.  Findings include:  Between 10:35 AM and 11:55 AM on 4/18/2019 during our walkthrough it is observed that rated laundry room dor has a secondary lock that prevents egress from the room without special knowledge.	K 222		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101  Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based upon observations there are areas that do not have the required emergency lighting inspection reports.  Findings include  Between 10:00 AM and 10:30 AM on 4/18/2019 during document review it is observed that there was no monthly or annual inspection documentation of the emergency egress lights.	K 291	<b>Corrective Action(s):</b> Documentation proving a monthly or annual inspection of emergency lighting was not found.  <b>Identification of Deficient Practices &amp; Corrective Action(s):</b> Maintenance Department personnel were not aware of how to conduct this test for the emergency lighting; they thought power to the entire building had to be shut down for 1.5 hours. Maintenance personnel will receive corrective in-service no later than completion date for Life Safety Code K291. Emergency Lighting: NFPA 101 (2012), in accordance with 7.9.18.2.9.1, 19.2.9.1 This test was completed on May 7, 2019 and results were documented.  <b>Systemic Changes:</b> Maintenance department will be in-serviced in order to understand how to conduct this emergency lighting test. Maintenance personnel have located the breaker switch to the emergency lighting in order to conduct this 1-1/2 hour test without shutting down power to the entire facility.  <b>Monitoring:</b> Maintenance staff are responsible for completing: Emergency Lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 on a monthly basis. Task is scheduled in TELS maintenance work order system. Administrator will ensure task is completed by no later than completion date and results are properly documented.	6-13-19
K 293 SS=F	Exit Signage CFR(s): NFPA 101  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination	K 293	<b>Corrective Action(s):</b> Documentation proving a monthly or annual inspection of Exit Signage was not found.	6-13-19

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K 293	Continued From page 3 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 on observations during the document review of EXIT sign inspections:  Findings include:  Between 10:00 AM and 10:30 AM on 4/18/2019 during document review it is observed that there was no documentation of the monthly or annual EXITsign inspections.	K 293	<b>Identification of Deficient Practices &amp; Corrective Action(s):</b> Maintenance Director had a part-time maintenance person conducting this test on emergency lighting equipment / Exit Signage, but the director did not ensure the test results were placed in the appropriate binder for survey inspection. Maintenance Director will receive corrective in-service on how to ensure task are being completed in TELS and where test results should be maintained no later than completion date for Life Safety Code K293: Exit Signage; NFPA 101 (2012), in accordance with 7.10 and 19.2.10.1. This 1-1/2 test was completed on May 8, 2019 and documented.	
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101  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  Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321	<b>Systemic Changes:</b> Maintenance Director has had ample time to learn the TELS workorder task tracking system, and to know where test results should be maintained for survey inspections. There exists a pre-Life Safety K Tag inspection checklist which the Maintenance Director could have used to prepare for the Life Safety survey in order to prevent this deficiency. Administrator will ensure pre-inspection checklist are conducted quarterly.  <b>Monitoring:</b> Administrator will require Maintenance Director to provide a list of weekly tasks to be completed during Monday Stand-Up meetings, and provide monthly task to be completed at the beginning of each month. Maintenance Director will provide to the Administrator the results of task completed for both weekly and monthly task. Administrator will ensure completed task documentation is maintained by Maintenance Director.	

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K 293	Continued From page 3 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 on observations during the document review of EXIT sign inspections:  Findings include:  Between 10:00 AM and 10:30 AM on 4/18/2019 during document review it is observed that there was no documentation of the monthly or annual EXIT sign inspections.	K 293		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101  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  Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321	<b>Corrective Action(s):</b> Rated door to the clean linen room by the beauty shop had non-fire rated hardware. Rated door to the soiled linen room inside the laundry room had non-fire rated hardware. Rated door to the storage room by laundry room was not self-closing and latching.  <b>Identification of Deficient Practices &amp; Corrective Action(s):</b> Maintenance department personnel were unaware hardware on rated doors were not in compliance with regulations. Maintenance department personnel will receive corrective in-service on identifying rated hardware on rated fire doors no later than completion date for Life Safety Code K321: Hazardous Area - Enclosure; NFPA 101 (2012), in accordance with 8.7.1 or 19.3.5.9 and 19.3.2.1. Correct hardware was installed on clean linen room door next to the beauty shop and the soiled linen room door inside the laundry room on May 6, 2019 and properly documented. The storage room door will be replaced with a new door no later than the completion date.	6-13-19

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K 321	<p>Continued From page 4</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include</p> <p>Between 10:35 AM and 11:55 AM on 4/18/2019 during our walkthrough it is observed that the rated door to the clean linen room yt the beauty shop had non-rated hardware.</p> <p>Between 10:35 AM and 11:55 AM on 4/18/2019 during our walkthrough it is observed that the rated door to the soiled linen room inside the laundry room had non-rated hardware.</p> <p>Between 10:35 AM and 11:55 AM on 4/18/2019 during our walkthrough it is observed that the rated door to the storage room by laundry room was not self closing and latching.</p>	K 321	<p><b>Systemic Changes:</b></p> <p>Maintenance department personnel were untrained in identifying proper fire rated hardware installed on fire rated doors. Maintenance department personnel will be required to demonstrate knowledge on identifying proper fire rated hardware to the Administrator.</p> <p><b>Monitoring:</b></p> <p>Administrator will require maintenance department personnel to conduct an audit of all hardware on fire rated doors and document findings no later than the completion date.</p>	
K 363 SS=D	<p>Corridor - Doors</p> <p>CFR(s): NFPA 101</p> <p>Corridor - Doors</p> <p>Doors protecting corridor openings in other than</p>	K 363	<p><b>K363</b></p> <p><b>Corrective Action(s):</b></p> <p>Door to resident room 112 was not latching in the closed position.</p>	6-13-19

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K 363	<p>Continued From page 5</p> <p>required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations of all corridor doors there are doors found that did not have positive</p>	K 363	<p><b>Identification of Deficient Practices &amp; Corrective Action(s):</b> Once the deficiency was identified, a new door knob was purchased through HD Supply company, order number 134636319; PO Number: 804801. New door knob was installed April 26, 2019.</p> <p><b>Systemic Changes:</b> Maintenance department personnel conduct a test of all doors latching capabilities on a monthly basis which is a task on the TELS maintenance workorder system. Maintenance department personnel will continue to conduct this task on a monthly basis in order to continue identifying doors that are not in compliance.</p> <p><b>Monitoring:</b> Administrator will require maintenance department personnel to conduct an audit of the latching capabilities of all resident doors in the facility. Findings will be recorded and documented no later than the completion date.</p>		

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K 363	Continued From page 6 latching that could allow smoke to pass through the doors.  Findings include:  Between 10:35 AM and 11:55 AM on 4/18/2019 during our walkthrough it is observed that the door to patient room 112 was not latching in the closed position.	K 363		
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based upon observations there is not documentation for the 4 year fire damper inspections.  Findings include Between 10:00 AM and 10:30 AM on 4/18/2019 during document review it is observed that there was no documentation for the 4 year fire damper inspections.	K 372	<b>Corrective Action(s):</b> No documentation for the 4-year fire damper inspections.  <b>Identification of Deficient Practices &amp; Corrective Action(s):</b> Maintenance director was unaware of regulation K372: Subdivision of Building Spaces – Smoke Barrier Construction, NFPA 101, 19.3.7.3, 8.6.7.1(1)  <b>Systemic Changes:</b> Maintenance Director and maintenance personnel need formal training in NFPA 101 regulations. Maintenance Director is making arrangements to have the dampers inspected no later than the completion date.  <b>Monitoring:</b> Administrator will require Maintenance Director to add this task into the TFLS workorder and task tracking system and in order for the task to be conducted every four (4) years. Administrator will ensure this task will be completed by a contracted company no later than the completion date.	<b>6-13-19</b>