

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

Printed: 05/16/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/15/2019
NAME OF PROVIDER OR SUPPLIER BEACON SHORES NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		
(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: The facility is 1 story/stories frame structure with a construction type of II (000) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 05/15/2019 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	{K 000}			
{K 741} SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.	{K 741}	<p>K741 NFPA LIFE SAFETY CODE STANDARD</p> <p>(1) Address the corrective action taken for the identified problem.</p> <p>A. The Combustible containers were removed on 5/15/19.</p> <p>B. New ashtrays with closing cover devices were put in the smoking areas for residents to use on 5/23/19.</p> <p>(2) Address how the facility will identify similar occurrences of the problem.</p> <p>A. Administrative staff will monitor the smoking area for cigarette butts not disposed of in the proper receptacle.</p> <p>B. Housekeeping will clean the smoking area twice daily as well as emptying the ashtrays.</p> <p>(3) Identify measures/systemic changes to ensure deficient practice will not recur.</p> <p>A. Designated person will log on a tracking sheet the date, time and location the ashtrays are emptied.</p> <p>B. Identified smokers will be educated on where and how to dispose of the cigarette butts.</p> <p>(4) How the facility will monitor its corrective actions to ensure the deficient practice does not recur.</p> <p>A. The Director of Maintenance will present the findings of the monitoring tool and compliance to the monthly QAPI committee for further recommendations and/or follow up as needed.</p> <p>(5) Completion date: 06/14/19</p>		

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

TITLE

(X6) DATE

Sue H. Myatt CEO

6-6-19

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 741}	<p>Continued From page 1</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations a self closing metal container was not readily available.</p> <p>Findings include.</p> <p>On 05/15/19 between 10:00 AM and 12:00 PM it was observed the facility has a smoking area for staff and residents, ashtrays of noncombustible material of safe design was provided in some of the smoking area but were observed to have been dismantled exposing used cigarettes butts on the table and ground.. It was noted that there were several combustible containers being used as ashtrays without an metal container with a self closing cover device. The above deficiency was observed by the Director of Maintenance.</p>	{K 741}			