

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

Printed: 06/20/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER <b>CHESAPEAKE HEALTH AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>688 KINGSBOROUGH SQUARE CHESAPEAKE, VA 23320</b>
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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 06/19/2019 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 100 SS=D	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 the electrical equipment rooms are not maintained clear of combustible material.  Findings include  On 06/19/19 between 12:00 PM and 3:00 PM it is observed that there is excessive storage of combustible material stored in the brief room. The above deficiency was observed by the Director of Maintenance.	K 100	K-100  The brief storage room has been cleared of excessive storage of combustible material  The brief storage room will be maintained to be free of empty cardboard boxes.  Upon delivery of the supplies, the Central Supply Coordinator will break down empty cardboard boxes and place them in the designated trash container for removal. The Central Supply Coordinator will notify the Housekeeping Director by placing a work order in the computer to remove the trash container of the empty boxes, and assure that the container is returned to the brief storage room.  The brief storage room will be monitored on a weekly basis by the DON/designee to assure that boxes are removed timely.  This monitoring will be continued on an on going basis.	7/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Shey Yast* TITLE: *administrator* (X6) DATE: *6/25/19*

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 355 K 355 SS=D	Continued From page 1 Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based upon observations, there is evidence that the fire extinguishers are not being maintained properly.  Findings include  On 06/19/19 between 12:00 PM and 3:00 PM, it was observed that the K-Fire Extinguisher located in the Rehab ADL kitchen was out of date. The above deficiency was observed by the Director of Maintenance.	K 355 K 355	K-355  The K-fire extinguisher in the ADL kitchen has been inspected.  All fire extinguishers have been inspected  A schematic of the building showing the locations of all fire extinguishers will be given to the contract company at time of inspection. They will turn in paperwork showing all have been inspected.  Maintenance department will check inspection dates when they do their monthly check of the fire extinguishers.	7/31/19
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	K 741	This will be monitored by the Maintenance Director.	

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K 741	Continued From page 2 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. (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  This REQUIREMENT is not met as evidenced by: Based upon observations a self closing metal container was not readily available.  Findings include.  On 06/19/19 between 12:00 PM and 3:00 PM it was observed staff and residents smoking behind the facility. Observed numerous cigarette butts on the ground in the general area of the smokers, observed cigarettes being extinguished on the brick wall, bench and on the ground. It was observed that an ashtrays of noncombustible material of safe design was not provided in the smoking area and an metal container with a self closing cover device into which ashtrays can be emptied was not readily available. It was observed that a fire extinguisher was not readily available in the smoking area. The The above deficiency was observed by the Maintenance Director.	K 741	K-741  Appropriate Non Combustible smoking containers will be purchased to replace existing containers.  Self-closing covered metal containers to empty ashtrays will be purchased to replace existing containers  A fire extinguisher we be purchased and mounted in the designated smoking area.  Area will be cleaned daily and monitored by Maintenance Director and Housekeeping Director.	7/31/19
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and	K 923		

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K 923	<p>Continued From page 3</p> <p>ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>&gt;300 but &lt;3,000 cubic feet</p> <p>Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier.</p> <p>Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations improper cylinder storage</p> <p>Findings include:</p>	K 923	<p>K923</p> <p>O2 storage will have no more than 12 full O2 tanks at one time.</p> <p>All Empty O2 tanks will be stored in a separate room in the facility</p> <p>A sign will be added to the outside of room which reads oxidizing gases stored within no Smoking.</p> <p>This will be monitored on a random weekly basis by Nurse Unit Managers.</p>	7/31/19

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K 923	Continued From page 4 On 06/19/19 between 12:00 PM and 3:00 PM it was observed that more then 300 cubic feet of full and empty size E oxym tanks in storage. The above deficiency was observed by the Director of Maintenance.	K 923		