

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

Printed: 03/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495115	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
NAME OF PROVIDER OR SUPPLIER COLONIAL HEIGHTS HEALTH CARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 831 ELLERSLIE AVE COLONIAL HEIGHTS, VA 23834		
(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 a one story with a construction of Type II (000) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 3/14/19 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 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	The filing of this plan of correction does not constitute an admission that the alleged deficiencies did, in fact, exist. This plan of correction if filed as evidence to comply with requirements of participation and continue to provide high quality resident centered-care.	
K 321 SS=D	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	K 321	K321 1. The fire rated laundry room door will be replaced by Southern Specialty Company to meet the NFPA 80 requirement of the fire rated door when closed has no gap opening > 1/8 inches. 2. An audit of the other fire rated doors were conducted and are in compliance with no gap opening > 1/8 inches when closed .	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jeanette Broome RN-LWHA* TITLE *Administrator* (X6) DATE *3/28/2019*

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 321	Continued From page 1 Area Automatic Sprinkler Separation N/A 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: 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 have gaps that are greater than allowed in NFPA 80 that could allow smoke and hot gasses to pass through the doors. Findings include Between 10:00 AM and 12:30 PM on 3/14/19, it is observed that the gap between the fire rated laundry room door and the doorframe is greater than 1/8" plus or minus 1/16".	K 321	K321 Continued 3. The environmental service staff will be in-serviced by the Administrator or designee on the NFPA 80 requirement for fire rated doors cannot have a gap opening > 1/8 inches to prevent smoke and/or gases passing through when closed. 4. A weekly audit x 4 weeks will be conducted by the Environmental Service Director or designee to evaluate the fire rated doors are in compliance and do not have a gap opening > 1/8 inches when closed . The findings will be reviewed and revised as needed in the QAPI (Quality Assurance Performance Improvement) meeting monthly x 3 months. 5. Date of compliance: 4/25/19		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than 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	K 363	K363 1. The corridor door to the kitchen was adjusted to self-close and latch by the Environmental Service Director at time of finding by the Fire Marshall.		

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K 363	<p>Continued From page 2</p> <p>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:</p> <p>Based upon observations of all corridor doors there are doors found that did not have positive latching that could allow smoke to pass through the doors.</p> <p>Findings include</p>	K 363	<p>K363 Continued</p> <p>2. An audit of the other self-closing doors were conducted and are in compliance with doors self-closing and latching .</p> <p>3. The Environmental Service Staff will be in-serviced by the Administrator or designee on the requirement self-closing doors are able to self-close and latch and will adjust setting to self-close and latch as identified.</p> <p>4. A weekly audit x 4 weeks will be conducted by the Environmental Service Director or designee to evaluate the self-closing doors do self-close and latch. The findings will be reviewed and revised as needed in the QAPI meeting monthly x 3 months.</p> <p>5. Date of compliance: 3/27/19</p>		

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K 363	Continued From page 3 Between 10:00 AM and 12:30 PM on 3/14/19, it is observed that the corridor door to the kitchen is not self-closing and latching.	K 363		
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors have gaps between the door that could allow smoke to pass through the doors observed at one out of three smoke barrier doors. Findings include Between 10:00 AM and 12:30 PM on 3/14/19, it is observed that the gap between the fire rated cross-corridor smoke barrier doors is greater than 1/8" plus or minus 1/16" near rooms 114, 301 and 322.	K 374	K374 1. The fire rated cross-corridor smoke barrier doors are > 1/8 inches gap opening near rooms 114,301and 322. The doors will be corrected by Southern Specialty Company with the use fire rated edge door guards to meet the requirements of the gap opening no > 1/8 inch when door closed. 2. An audit of the other fire rated cross-corridor smoke barrier doors were conducted and are in compliance. 3. The Environmental Service Staff will be in-service by the Administrator or designee on the requirements the fire rated cross-corridor smoke barrier doors cannot have a > 1/8 inches gap opening when doors are closed. 4. A weekly audit x 4 weeks will be conducted by the Director or designee to evaluate the fire rated cross-corridor smoke barrier doors are in compliance with gap opening not > 1/8 inches when closed. The findings will be reviewed and revised as needed in the QAPI meeting monthly x 3 months.	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source	K 918		

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K 918	<p>Continued From page 4 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based upon review of documentation that there is not complete documentation of the testing and inspection of the emergency generator according NFPA 110.</p> <p>Findings include</p>	K 918	<p>K374 Continued 5. Date of compliance: may exceed 45 days -4/26/19 We are requesting a Time Limited Waiver Request if the identified fire rated cross-corridor smoke barrier doors must be replaced ,ordered and installed . We will be in compliance within the 45 days if approval by the Fire Marshall to use the fire rated door guards for these identified doors. The information on the fire rated door guards is attached. Thank you</p> <hr/> <p>K 918 1. The emergency generator documentation report was not complete with the testing and running of the generator for 4 hours within the last 3 years. The Stand-by Company was called by the Director of Environmental Services and scheduled the company to perform the testing and running of the generator for 4 hours to meet requirements. 2. The generator testing and running was performed for 4 hours by the Stand-by Company and is in compliance with a documented report maintained.</p>	

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K 918	Continued From page 5 Between 10:00 AM and 12:30 PM on 3/14/19 during review of documentation and observations that the facility did not have a report that the emergency generator was run under build load for 4-hours within the last 3 years.	K 918	K918 Continued 3. The Environmental Service Staff will be in-serviced by the Administrator or designee on the requirement to maintain documentation of report that the testing and running of the emergency generator for 4 hours was performed every 3 years. 4. Environmental Service Director or designee will maintain records and obtain report when the emergency generator testing is due in 3 years. The findings were reviewed in the QAPI meeting. 5. Date of compliance: 3/27/19	
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems and equipment is not being maintained. Findings include Between 10:00 AM and 12:30 PM on 3/14/19, it is observed that there is exposed wire at slicer in the kitchen. Between 10:00 AM and 12:30 PM on 3/14/19, it is observed that there is a non-approved multi plug adapter in DON office.	K 919		K919 1. The exposed wire at the kitchen slicer was replaced by J.W. Electric. 2. Audit of other kitchen cords were conducted and are in compliance. 3. The Dietary staff will be in-serviced Environmental Service Director or designee on reporting exposed kitchen wires as identified to have replaced. 4. A weekly audit x 4 weeks will be conducted by the Environmental Service Director or designee to evaluate Kitchen electrical equipment for exposed wires. The findings will be reviewed and revised as needed in the QAPI meeting monthly x 3 months. 5. Date of compliance: 3/27/19

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K 000	INITIAL COMMENTS Description of structure: The facility is a one story with a construction of Type II (000) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 3/14/19 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 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 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing 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	K 918	K 918 1. The emergency generator documentation report was not complete with the testing and running of the generator for 4 hours within the last 3 years. The Stand-by Company was called by the Director of Environmental Services and scheduled the company to perform the testing and running of the generator for 4 hours to meet requirements. 2. The generator testing and running was performed for 4 hours by the Stand-by Company and is in compliance with a documented report maintained. 3. The Environmental Service Staff will be in-serviced by the Administrator or designee on the requirement to maintain documentation of report that the testing and running of the emergency generator for 4 hours was performed every 3 years. 4. Environmental Service Director or designee will maintain records and obtain report when the emergency generator testing is due in 3 years. The findings were reviewed in the QAPI meeting. 5. Date of compliance: 3/27/19	

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

J. Brown RN/CHA

TITLE

(X6) DATE

5/23/2019

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 918	<p>Continued From page 1</p> <p>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>Based upon review of documentation that there is not complete documentation of the testing and inspection of the emergency generator according NFPA 110.</p> <p>Findings include</p> <p>Between 10:00 AM and 12:30 PM on 3/14/19 during review of documentation and observations that the facility did not have a report that the emergency generator was run under build load for 4-hours within the last 3 years.</p>	K 918		