

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

Printed: 06/25/2019
FORM APPROVED
OMB NO. 0938-0391

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|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495177 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - HUNDLEY ANNEX B. WING _____ | (X3) DATE SURVEY COMPLETED 06/17/2019 |
| NAME OF PROVIDER OR SUPPLIER COMMUNITY MEMORIAL HOSPITAL HUNDLEY | | STREET ADDRESS, CITY, STATE, ZIP CODE 125 BUENA VISTA CIRCLE SOUTH HILL, VA 23970 | | |
| (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: This is a 3 story structure with construction type of II (222). Patients sleeping rooms are located on floors 1 and 2, with customary access to the dining room and beauty salon located on the ground floor. Sprinkler status: Fully Sprinklered An unannounced Standard Recertification Life Safety Code Survey was conducted on 06-17-2019 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 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 363 SS=E | 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 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 | K 363 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Adm* (X6) DATE *6/27/19*

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 363 | <p>Continued From page 1 material. 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 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the doors protecting corridor openings. This has the ability to affect all occupants in the effected smoke compartment of the building. (CMS S&C-07-18)</p> <p>Findings include</p> <p>On 06-17-2019 at approximately 11:00 am, it is observed that door at Room 201 has a impediment to the closing of the door.</p> <p>The Maintenance Director and Administrator witnessed this evidence by interview and</p> | K 363 | <p>K 363 -</p> <p>Work Order 45550 was issued to investigate and repair the door for Room 201. Also requested quote for recommended perimeter gasketing to install around any non-compliant doors.</p> <p>Engineering WO 45550 was issued to inspect all doors for similar occurrences and repair as needed.</p> <p>Engineering manager has created an annual inspection to check all doors for ½ gap compliance. Hundley Engineering staff has been retrained on the requirements.</p> <p>Engineering manager or designee will review the annual inspections for documentation completion. Periodic inspections by manager or designee will be performed during environmental rounds for compliance.</p> | 07/19/2019 |

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| K 363 | Continued From page 2 observation on 06-17-2019 at approximately 3:30 pm during the exit interview. | K 363 | | |
| K 511 SS=E | Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National Electrical Code. This has the ability to affect all occupants of the building. Findings include: On 06-17-2019 at approximately 10:00 am, it is observed that the electrical panels "P-31" & "P-31A" in electrical room near Room 212; Panel "P-21A" in electrical room near Room 110; Panel "AAH" in basement mechanical room; Panel "P-13" Br 27, 29 in outside electrical /mechanical room; and Panel "P-11" & "EP-11" in Basement electrical room are not labeled as required by the Life Safety Code. (NFPA 70, 408.4) On 6-17-2019 at approximately 12:45 pm, it is observed that the "Electrical Room" door signage is missing to the outside electrical/mechanical | K 511 | Work order 45551 was created to update all electrical panels out of compliance. Work order 45551 includes inspecting the remaining panels in the facility to verify accuracy and labeling. This work order also references spare breakers and the verifications that they are in the off position. An annual inspection was also created in order to review all electrical panels for proper labeling and accuracy. The Facility manager will monitor completions and accuracy of the annual inspection and will also be checking for accuracy when performing environmental rounds. Work order 45554 was created to add signage on the room in question. Work order 45554 also states to review all Mechanical and electrical rooms labeling for proper signage. An annual inspection was also created in order to review all electrical and mechanical room signage. | |

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| K 511 | <p>Continued From page 3 room.</p> <p>On 06-17-2019 at approximately 1:45 pm, it is observed that the Emergency Gas Shut Off Valve signage is missing as it enters the facility in rear location. (NFPA 101, 9.1.1; NFPA 54 - 12; 7.9.2.3)</p> <p>The Maintenance Director and Administrator witnessed this evidence by interview and observation on 06-17-2019 at approximately 3:30 pm during the exit interview.</p> | K 511 | <p>The Facility manager will monitor completions and accuracy of the annual inspection and will also be checking for accuracy when performing environmental rounds.</p> <p>Work order 45555 was created to add signage on the gas shut-off out of compliance located on the rear of building.</p> <p>Work order 45555 includes inspecting the facility for any remaining gas shut-offs in the facility to verify accuracy and labeling.</p> <p>An annual inspection was also created in order to review any gas shut-offs for proper labeling and visibility.</p> <p>The Facility manager will monitor completions and accuracy of the annual inspection and will also be checking for accuracy when performing environmental rounds.</p> <p>Completion by:</p> | 07-12-2019 | |