

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

Printed: 04/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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 single story building with a construction type of V(111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 04-03-2019 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 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by:	K 223	1. The doors in the kitchen storage hall and the laundry that did not latch have been repaired. 2. Additional self-closing doors were reviewed to ensure close to a latch. 3. The Executive Director educated the Maintenance Director on the Importance of NFPA 101 Doors with Self-Closing Devices specific to doors with self-closing devices properly closing and latching, and will continue to monitor in accordance with NFPA standards.	

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

TITLE

(X6) DATE

[Signature]

Executive Director

4-19-19

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.

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

Printed: 04/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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)	(X6) COMPLETION DATE
K 223	Continued From page 1 Based upon observation and interview, the facility failed to maintain doors with self-closing devices. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 04-03-2019 at approximately 10:20 am, it is observed that the following will not close to a latch: the kitchen storage hall door and Laundry door The Maintenance Director and Administrator witnessed this evidence through inspection and observation on 04-03-2019 at 3:00 PM during the exit interview.	K 223	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance	05/17/2019
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based upon interviews and observations of the fire alarm system there are components that are not maintained according to NFPA 72. This has the ability to affect all occupants of the building. Findings include On 04-03-2019 at approximately 2:00 pm, it is observed on the FLSA 01-30-2019 annual inspection report of three discrepancies with no	K 345	1. The three discrepancies identified in the 1-30-2019 annual inspection report of the fire alarm system have been repaired, including supporting documentation. The smoke detector sensitivity testing has been performed. 2. Additional vendor inspection reports were reviewed for completed repairs to include supporting documentation. There is only one required 2 year smoke sensitivity test, therefore no additional reviews were needed. 3. The Executive Director has educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance specific to retaining documentation to support the correction of deficiencies noted on vendor inspection reports, and conducting	

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

Printed: 04/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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 345	Continued From page 2 documentation of repairs complete. Last documented smoke detector sensitivity shown to be 08-2015.	K 345	smoke sensitivity testing every 2 years. The 2 year sensitivity testing will added to the facility's TELS Preventative Maintenance (PM) Calendar, and will continue to be monitored in accordance with NFPA standards.	5/17/2019	
K 353 SS=F	The Maintenance Director and Administrator witnessed this evidence through observation on 04-03-2019 at 3:00 PM during the exit interview. Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to maintain the fire sprinkler system components in accordance with the Life Safety Code, NFPA 13 and 25. This has the ability to affect all occupants in the effected compartment of the building. Findings Include On 04-03-2019 at approximately 12:30 pm, it is	K 353	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance 1. The eleven discrepancies identified in the 1-30-2019 annual inspection report of the fire sprinkler system have been corrected, including supporting documentation. The five year maintenance service on the sprinkler system has been performed. 2. Additional vendor inspection reports were reviewed for completed repairs, including supporting documentation. There is only one required 5 year sprinkler system service, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to retaining documentation to support the correction of deficiencies noted on vendor inspection reports, and conducting the required 5 year sprinkler system service. The 5 year sprinkler system service will added to the facility's TELS PM Calendar, and will continue to be monitored in accordance with NFPA standards.		

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

Printed: 04/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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 353	Continued From page 3 observed by the Fire & Life Safety of America report that the sprinkler system has eleven discrepancies to include past due five year maintenance. a) Date sprinkler system last checked 01-30-2019 b) Who provided system test FLSA c) Water system supply source Municipal The Maintenance Director and Administrator witnessed this evidence by interview and observation on 04-03-2019 at approximately 3:00 pm during the exit interview.	K 353	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance	5/17/2019
K 355 SS=E	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 and interviews the facility failed to maintain the fire extinguisher components in accordance with the Life Safety Code, and NFPA 10. This has the ability to affect all occupants in the effected compartment of the building. Findings Include On 04-03-2019 at approximately 1:30 pm, It is observed by the Fire & Life Safety of America 01-30-2019 report that two fire extinguishers are out of compliance. The Maintenance Director and Administrator witnessed this evidence by interview and	K 355	1. The two noted fire extinguishers that were out of compliance have been replaced. 2. Additional fire extinguishers were reviewed for maintained compliance. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Portable Fire Extinguishers specific to keeping fire extinguishers in compliance, and will continue to monitor in accordance with NFPA standards. 4. Any finding will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance	5/17/2019

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

Printed: 04/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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 355	Continued From page 4 observation on 04-03-2019 at approximately 3:00 pm during the exit interview.	K 355			
K 511 SS=E	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>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</p> <p>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 effect all occupants of the compartment.</p> <p>Findings Include:</p> <p>On 04-03-2019 at approximately 10:30 am, it is observed that the following locations have opening in the electrical panels: Kitchen panel "KM" and Panel "L" in Laundry.</p> <p>At approximately 10:30 am, it is observed that the electrical panels located in the Laundry panel "L" and Panels "CR2" & "B" at Nurse Station have legends inaccurate to purpose. (NFPA 70, 408.4)</p> <p>At approximately 11:00 am, it is observed that open wiring is found in the following locations: Behind the tilt skillet in Kitchen, at Kitchen</p>	K 511	<ol style="list-style-type: none"> 1. The openings in the electrical panel labeled "KM" located in the Kitchen, and the panel labeled "L" in the Laundry have been closed. The legends on electrical panel labeled "L" in the Laundry, and the electrical panels labeled "CR2" and "B" located at Nurses Station have been labelled accurate to purpose. The open wiring behind the tilt skillet in the Kitchen, at the Kitchen mechanical room water heater, and at the water heater in the Laundry has been repaired. 2. Additional electrical panels were reviewed for openings and accurate to purpose labelling. Additional junction boxes were reviewed for exposed wiring. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Utilities- Gas and Electric specific to closing openings in electrical panels, properly labelling electrical panels accurate to purpose, and repairing exposed wiring, and will continue to monitor in accordance with NFPA standards 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance 	5/17/2019	

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

Printed: 04/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055		
(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 511	Continued From page 5 mechanical room water heater, and at water heater at Laundry. The Maintenance Director and Administrator witnessed this evidence by interview and observation on 04-03-2019 at approximately 3:00 pm during the exit interview.	K 511			