Printed: 04/30/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			LE CONSTRUCTION 02 - TRANSITION WING	(X3) DAT COM	E SUI	
		495236		B. WING			04/2	9/2019
	OVIDER OR SUPPLIER T THE MEADOWS		2715 DOC	DDRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD OCHLAND, VA 23063				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REI ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE		(X5) COMPLETION DATE
K 000	Description of structure: The facility is a one story structure Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 4/29/19 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.			K 000	Preparation and submission of a of correction does not constitute admission or agreement by the post the truth of the facts alleged a corrections of the conclusions see on the statement of deficiencies, of correction is prepared and su solely because of the requirement under the State and Federal law plan of correction will serve as t facility's allegation of substantia	e an provide or the plus bmitted that the plus bmitted to the plus	er 1 an	
	the Requirements for Participation Medicare and			K 300	compliance. K 300			
	18.3 and 19.3 Protect not addressed by the deficient. This informa applicable Life Safety	section any LSC Section requirements that a provided K-tags, but an atlong with the Code or NFPA standar luded on Form CMS-25	re e d		1) The annual fire door inspect will be completed and docume The storage found in the maintenance storage and fire pump building, that is not sprinklered, was moved two fedbelow the ceiling.	ented.	:	
ADADATAGE	This REQUIREMENT is not met as evidenced by: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections.				2) There is only one required annual fire door inspection, an one building that is not sprinkl with storage less than two feet from the ceiling, therefore no additional reviews were needed	lered		(X6) DATE

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.

Executive Director

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER		J	LE CONSTRUCTION 02 - TRANSITION WING	(X3) DATE SURVEY COMPLETED		
		495236		B. WING		04/29/2019		
	OVIDER OR SUPPLIER T THE MEADOWS		2715 DC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BT BE PRECEDED BY FULL RE DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION		
K 321 SS=D	during review of docuthe facility did not have testing and inspection. Hazardous Areas - ECFR(s): NFPA 101 Separated doors in the approved as system option is used as separated from other partitions and doors in Doors shall be self-cleand permitted to have protective plates that from the bottom of the Describe the floor and hazardous areas that 19.3.2.1, 19.3.5.9 Area Separation N/A Boiler and Fuel-Fire b. Laundries (larger the company)	ad 5:30 PM on 4/29/19, umentation it is observe we the annual fire door or report at time of survey inclosure. Inclosure a protected by a fire barrisistance rating (with 3/4 or automatic fire extinguise with 8.7.1 or 19.3.5.9, automatic fire extinguised, the areas shall be appaced by smoke resist in accordance with 8.4. osing or automatic-close in accordance of field-applitude in accordance of fi	rier hour shing hing ting ed es	K 321	3) The Executive Director eduthe Maintenance Director on to importance of NFPA 101 Protection- Other specific to completing the fire door inspersion annually, and keeping storage feet below the ceiling in the maintenance shop and fire purbuilding that is not sprinklered. The annual fire door inspection will be added to the facility's The Preventative Maintenance (PMC) Calendar, and will continue to monitored in accordance with NFPA standards. 4) Any findings will be reported the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/20 K 321 1) The missing door closer on the fire rated door to the storage rethat once was a shower room whe replaced.	two np d. n CELS I) be d to for 19		
		is not met as evidence	ed		for missing closers where requ			

MB5W21

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02 - TRANSITION WING COMPLETED 495236 04/29/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **ENVOY AT THE MEADOWS** 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X5) COMPLETION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY K 321 Continued From page 2 K 321 3) The Executive Director educated Based upon observations hazardous areas are the Maintenance Director on the not maintained to provide required separation and importance of NFPA 101 or fire resistant ratings for the hazardous areas. There are fire doors that are not self closing and Hazardous Area- Enclosure latching that could allow smoke and hot gasses to specific to doors having closers pass through the doors. where required, and will continue to monitor in accordance with Findings include NFPA standards. Around 6:17 PM on 4/29/19, it is observed that the door closer is missing on the fire rated door to 4) Any findings will be reported to the storage room that once was a shower room. the monthly OAPI Committee for K 353 Sprinkler System - Maintenance and Testing K 353 further review. SS=D CFR(s): NFPA 101 5) Date of Compliance- 6/13/19 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance K 353 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire 1) The missing quarterly sprinkler Protection Systems. Records of system design, maintenance, inspection and testing are inspection and testing report was maintained in a secure location and readily obtained from the facility's available. sprinkler vendor. The 5 year a) Date sprinkler system last checked inspection for the water tank that supplies water to the sprinkler b) Who provided system test system will be completed by a c) Water system supply source qualified vendor. Provide in REMARKS information on coverage 2) Additional sprinkler inspection for any non-required or partial automatic sprinkler documentation was reviewed for system. missing reports. There is only one 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced required 5 year sprinkler water by: tank inspection, therefore no Based upon observations of the sprinkler system additional reviews were needed. that the required maintenance of the system is not being maintained.

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(X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 - TRANSITION WING 495236 B. WING_ 04/29/2019

NAME OF PROVIDER OR SUPPLIER **ENVOY AT THE MEADOWS** STREET ADDRESS, CITY, STATE, ZIP CODE

2715 DOGTOWN ROAD

(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES			
TAG	(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 374 C S C C C C C C C C C C C C C C C C C	Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the quarterly sprinkler inspection and testing report for September at time of survey. Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the Inspection report for water tank that supplies water to the sprinkler system within the last 5 years at time of survey. Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors in smoke barriers are 1-3/4-inch thick solid conded 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 agress 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: assed upon observations the smoke barrier fire ated doors have gaps between the doors and loorframes that is referenced by NFPA 80 that could allow smoke to pass through the doors.	K 374	3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to maintaining current documentation of sprinkler inspections, and having the sprinkler water storage tank inspected every 5 years. The 5 year sprinkler water storage tank inspection will be added to the facility's TELS PM Calendar, and will continue to be monitored in accordance with NFPA standards. 4) Any findings will be reported to the monthly QAPI Committee for further review. 5) Date of Compliance- 6/13/2019 K 374 1) The gap smoke barrier doors near room 102 that is greater than 1/8" will be repaired. 2) Additional smoke barrier doors were reviewed for gaps greater than 1/8".	

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY A. BUILDING 02 - TRANSITION WING AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 495236 B. WING 04/29/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **ENVOY AT THE MEADOWS** 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X5) COMPLETION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 4 K 374 3) The Executive Director educated the Maintenance Director on the Around 6:18 PM on 4/29/19, it is observed that the gap smoke barrier doors by 102 is greater importance of NFPA 101 than 1/8". Subdivision of Building Spaces-K 712 Fire Drills K 712 Smoke Barrier Doors specific to SS=D CFR(s): NFPA 101 smoke barrier doors having gaps greater than 1/8", and will Fire Drills continue to monitor in accordance Fire drills include the transmission of a fire alarm with NFPA standards. signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at 4) Any findings will be reported to least quarterly on each shift. The staff is familiar the monthly QAPI Committee for with procedures and is aware that drills are part further review. of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a 5) Date of Compliance- 6/13/19 coded announcement may be used instead of audible alarms. K 712 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced 1) The missing documentation noted for some of the Fire drill Based upon observations and review of reports was located and filed. documentation that the fire drills were not conducted quarterly. 2) Additional Fire drill reports Findings include were reviewed for missing documentation. Between 1:45 PM and 5:30 PM on 4/29/19. 3) The Executive Director educated during review of documentation it is observed that the Maintenance Director on the the facility did not have the some of the Fire drill importance of NFPA 101 Fire reports at time of survey. Drills specific to including all K 914 Electrical Systems - Maintenance and Testing K 914 SS=C CFR(s): NFPA 101 necessary documentation with the Fire drill reports, and will continue Electrical Systems - Maintenance and Testing to monitor in accordance with Hospital-grade receptacles at patient bed NFPA standards. locations and where deep sedation or general anesthesia is administered, are tested after initial 4) Any findings will be reported to installation, replacement or servicing. Additional

FORM CMS-2567(02-99) Previous Versions Obsolete

the monthly QAPI Committee for Luation sheet Page 5 of 7

further review.

5) Date of Compliance- 6/13/19

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1	LE CONSTRUCTION 102 - TRANSITION WING	(X3) DATE SURVEY COMPLETED
		495236		B. WING		04/29/2019
	OVIDER OR SUPPLIER THE MEADOWS			SS, CITY, STA STOWN RO AND, VA	DAD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REI DENTIFYING INFORMATION)	GULATORY	ID PREFIX ŤAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION
	documented perform listed as hospital-gratested at intervals not isolation monitors (Lintervals of less than actuating the LIM test which activates both LIM circuits with automanual test is perforequal to 12 months. 6.3.3.2 after any reelectric distribution smaintained of require repairs or modification area tested, and results area tested. Findings include Between 1:45 PM and during review of documents at time of surver Electrical Equipment CFR(s): NFPA 101 Electrical Equipment Extension Cords Power strips in a patitused for components patient-care-related extension actual extension cords	at intervals defined by nance data. Receptacles ade at these locations are of exceeding 12 months. IM), if installed, are tested or equal to 1 month by st switch per 6.3.2.6.3.6, visual and audible alarmomated self-testing, this med at intervals less that LIM circuits are tested perpair or renovation to the system. Records are ed tests and associated ons, containing date, rooults. This not met as evidence and inquiry that there are ptacles in patient rooms if and inspected annually and 5:30 PM on 4/29/19, umentation it is observed we the receptacles hospiey. - Power Cords and External care vicinity are only a formovable.	e Line Line d at n. For an or er m or ed e no that //	K 914	1) The required annual test inspection of receptacles in rooms will be completed. 2) There is only one require annual test and inspection of receptacles in patient rooms therefore no additional reviwere needed. 3) The Executive Director of the Maintenance Director of importance of NFPA 101 El Systems- Maintenance and specific to completing recept testing and inspections in parooms annually. The annual and inspection of receptacles patient rooms will be added facility's TELS PM Calendar will continue to be monitored accordance with NFPA standard Any findings will be report the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/1	patient ed of s, iews lucated n the ectrical resting tacle itient l test in to the r, and l in lards. ted to e for

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02 - TRANSITION WING COMPLETED 495236 B. WING 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY AT THE MEADOWS** 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 920 Continued From page 6 K 920 K 920 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal 1) The non-approved power strip electronics), except in long-term care resident rooms that do not use PCREE. Power strips for in the bed area in room 106 was PCREE meet UL 1363A or UL 60601-1. Power removed. strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient 2) Additional rooms were reviewed care rooms, power strips meet other UL for non-approved power strips in standards. All power strips are used with general the bed area. precautions. Extension cords are not used as a substitute for fixed wiring of a structure. 3) The Executive Director educated Extension cords used temporarily are removed immediately upon completion of the purpose for the Maintenance Director on the which it was installed and meets the conditions of importance of NFPA 101 Electrical 10.2.4. Equipment- Power Cords and 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 Extension Cords specific to the use (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced of non-approved power strips in by: the bed area, and will continue to Based upon observations the electrical systems monitor in accordance with NFPA that there is non-approved power strips being standards. used in patient care areas. 4) Any findings will be reported to Findings include: the monthly QAPI Committee for Around 6:20 PM on 4/29/19, it is observed that further review. there is a non-approved power strip in the bed area in room 106. 5) Date of Compliance- 6/13/19

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1	E CONSTRUCTION 01 - Main Building 01	(X3) DATE SURVEY COMPLETED		
		495236		B. WING		04/2	9/2019	
	OVIDER OR SUPPLIER F THE MEADOWS		2715 DO	DRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD CHLAND, VA 23063				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS			K 000			, ,	
	Description of structure: The facility is a one story structure Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 4/29/19 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.)		fe 19 in ition,		Preparation and submission of of correction does not constitute admission or agreement by the of the truth of the facts alleged corrections of the conclusions so on the statement of deficiencies of correction is prepared and suspled because of the requireme under the State and Federal law plan of correction will serve as facility's allegation of substantic compliance.	e an provider or et forth , the plan ibmitted nts v. This		
						٠.		
	Protection - Other CFR(s): NFPA 101			K 300	K 300			
	Protection - Other List in the REMARKS 18.3 and 19.3 Protect not addressed by the deficient. This informa applicable Life Safety	section any LSC Section requirements that a provided K-tags, but an tion, along with the Code or NFPA standar luded on Form CMS-25	re e d		1) The annual fire door inspect will be completed and documen The storage found in the maintenance storage and fire pump building, that is not sprinklered, was moved two feebelow the ceiling.	nted.		
	This REQUIREMENT is not met as evidenced by: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections and top of storage was located above the clear distance				2) There is only one required annual fire door inspection, an one building that is not sprinkl with storage less than two feet from the ceiling, therefore no additional reviews were needed	ered	(X6) D&TE	

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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	MENT OF HEALTH AN S FOR MEDICARE & I						M APPROVED O. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O		I	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLET	RVEY
		495236		B. WING		04/2	9/2019
	ROVIDER OR SUPPLIER T THE MEADOWS		2715 D	RESS, CITY, STAT OGTOWN RO HLAND, VA 2	DAD	····	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 300 K 321 SS=D	from the ceiling of two building. Findings include Between 1:45 PM and during review of docuthe facility did not have testing and inspection Around 5:40 PM on 4 the storage room is no maintenance shop are of storage is not two factorial and two factorial and two factorial and the storage is not two factorial and two factorial and factorial and factorial and factorial and factorial and factorial and permitted to have protective plates that from the bottom of the Describe the floor and	d 5:30 PM on 4/29/19, imentation it is observe the annual fire door report at time of surve 1/29/19, it is observed the annual fire door report at time of surve 1/29/19, it is observed the sprinklered in the red fire pump building an feet below the ceiling. Inclosure protected by a fire barristance rating (with 3/4) a automatic fire extinguish with 8.7.1 or 19.3.5.9, utomatic fire extinguish the areas shall be spaces by smoke resish accordance with 8.4. Using or automatic-close nonrated or field-applied on texceed 48 inches a door.	d that by. nat id top ier hour shing ting ting ed	K 321	3) The Executive Director eduthe Maintenance Director on timportance of NFPA 101 Protection- Other specific to completing the fire door inspeannually, and keeping storage feet below the ceiling in the maintenance shop and fire purbuilding that is not sprinklered. The annual fire door inspection will be added to the facility's Threventative Maintenance (PMC Calendar, and will continue to monitored in accordance with NFPA standards. 4) Any findings will be reported the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/200 K 321 1) The fire rated door to the laundry room that has gaps the are greater than 1/8" between door and the frame, and a clos	ction two np d. n TELS I) be ed to for	
	Area Separation N/A	Automatic Sprink	ler		that allows the door to slam, w repaired. The fire rated door	ill be	

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)

latch.

the clean side of laundry will be

repaired to properly close and

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495236 B. WING 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY AT THE MEADOWS** 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 321 Continued From page 2 K 321 2) Additional fire rated doors were e. Trash Collection Rooms reviewed for gaps greater than (exceeding 64 galions) f. Combustible Storage Rooms/Spaces 1/8" between the door and the (over 50 square feet) frame, closers that allow the door g. Laboratories (if classified as Severe slam, and proper closing and Hazard - see K322) latching. This REQUIREMENT is not met as evidenced 3) The Executive Director educated Based upon observations hazardous areas are the Maintenance Director on the not maintained to provide required separation and or fire resistant ratings for the hazardous areas. importance of NFPA 101 There are fire doors that are not self closing and Hazardous Area- Enclosure latching, doors that do not have the required specific to fire rated doors having fisting for door and there are gaps that is greater gaps no greater than 1/8" between as referenced by NFPA 80 that could allow smoke the door and the frame, closers and hot gasses to pass through the doors. that allow the door slam, and Findings include proper closing and latching, and will continue to monitor in Around 5:46 PM on 4/29/19, it is observed that accordance with NFPA standards. fire rated door to the laundry room has gaps between the door and the frame that is greater 4) Any findings will be reported to than 1/8" and the closer allows the door to slams. the monthly OAPI Committee for Around 5:57 PM on 4/29/19, it is observed that further review. clean linen side of laundry fire rated door is not automatically closing and latching. 5) Date of Compliance- 6/13/2019 K 353 | Sprinkler System - Maintenance and Testing K 353 CFR(s): NFPA 101 SS=D K 353 Sprinkler System - Maintenance and Testing 1) The missing quarterly sprinkler Automatic sprinkler and standpipe systems are inspection and testing report was inspected, tested, and maintained in accordance

available.

with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire

maintenance, inspection and testing are

a) Date sprinkler system last checked

maintained in a secure location and readily

Protection Systems. Records of system design.

obtained from the facility's

sprinkler vendor. The 5 year

supplies water to the sprinkler

system will be completed by a

qualified vendor.

inspection for the water tank that

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		495236		B. WING		04/29/2019	
	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
ENVOY A	T THE MEADOWS			DGTOWN RO ILAND, VA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
K 353	Continued From page 3			K 353	2) Additional sprinkler inspecti	ion	
	b) Who provided sys	stem test			documentation was reviewed for		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				missing reports. There is only	one .	
	c) Water system sup	oply source		;	required 5 year sprinkler water	r	
	Provide in REMARKS	information on coverage	ge		tank inspection, therefore no		
		or partial automatic spri			additional reviews were needed		
	9.7.5, 9.7.7, 9.7.8, an				3) The Executive Director educ	ated	
		is not met as evidence	∍d		the Maintenance Director on th		
	by: Based upon observati	ions of the sprinkler sys	etem		importance of NFPA 101 Sprin	kler	
	that the required main	itenance of the system	is		System- Maintenance and Test	ing :	
	not being maintained.				specific to maintaining current	·	
					documentation of sprinkler	·	
	Eindings inslude				inspections, and having the		
	Findings include				sprinkler water storage tank		
	Between 1:45 PM and	d 5:30 PM on 4/29/19,			inspected every 5 years. The 5		
		mentation it is observed			year sprinkler water storage ta	nk	
		e the quarterly sprinkle			inspection will be added to the		
	time of survey.	report for September a	at		facility's TELS PM Calendar, a		
	unio di salvey.				will continue to be monitored in	1	
	Between 1:45 PM and			.	accordance with NFPA standar	ds.	
		mentation it is observed			A) A C 12	3 4_ '	
		e the Inspection report es water to the sprinkler			4) Any findings will be reported the monthly QAPI Committee:		
	, ,	5 years at time of surve			further review.	ior	
K 363	Corridor - Doors	o journality	7.	K 363	further review.		
	CFR(s): NFPA 101			K 303	5) Date of Compliance- 6/13/20	19	
ŀ	Corridor - Doors						
	Doors protecting corrid	dor openings in other th					
		f vertical openings, exit					
		t the passage of smoke				ļ	
		inch solid-bonded core I capable of resisting fir					
		oors in fully sprinklered	0 101				
	smoke compartments	are only required to res	ist				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		[' '	E CONSTRUCTION D1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
	.,,.	495236		B. WING		04/29/2019	
	OVIDER OR SUPPLIER THE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 DOGTOWN ROAD GOOCHLAND, VA 23063				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	·
K 363	to rooms containing filmaterials have positived the provided requirements do not a do not contain flammar material. Clearance between becovering is not exceed complying with 7.2.1.5 with a device capable when a force of 5 lbf is impediment to the clodevices that release we pulled are permitted. If of unlimited height are meeting 19.3.6.3.6 are shall be labeled and materials in compliance smoke compartment is window assemblies are sprinklered compartment in window assemblies are sprinklered compartment.	e. Corridor doors and do ammable or combustible ammable or combustible by CMS regulation. The apply to auxiliary spaces able or combustible of the door and floor ding 1 inch. Powered do are permissible if proving of keeping the door closs applied. There is no sing of the doors. Hold when the door is pushed when the door is pushed a permitted. Dutch door is permitted. Door frame ande of steel or other ce with 8.3, unless the is sprinklered. Fixed fire allowed per 8.3. In ents there are no fire resistance of glass.	le oller oller lesse s that coors vided open d or tes s es or	K 363	1) The wheel chair obstructing door to room 308 from closing latching was corrected on-site. door to the day room near the nurse station will be made to properly latch. 2) Additional doors were reviet for obstructions and proper latching. 3) The Executive Director edut the Maintenance Director on the importance of NFPA 101 Corrections and proper latching, and will continue to monitor in accordance with N standards. 4) Any findings will be reported the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/1	and The ewed cated the ridor- es FPA ed to	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER		1	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		495236		B. WING		04/29/2019
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	
ENVOY A	T THE MEADOWS			GTOWN RO LAND, VA 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
K 363	Around 5:58 PM on wheelchair obstructs in room 308. Around 6:30 PM on	ge 5 4/29/19, it is observed the closing and latching of 4/29/19, it is observed the cor nearer the nurse state.	door	K 363	K 374	
K 374 SS=F	Subdivision of Buildi CFR(s): NFPA 101	ng Spaces - Smoke Bar		K 374	1) The gap between the fire rat smoke barrier doors and the d frame near room 304, and the	oor
	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				between the fire rated smoke barrier doors near room 202 th greater than 1/8" will be repai	
					2) Additional fire rated smoke barrier doors were reviewed for gaps between the door and fra and gaps greater than 1/8".	or me,
	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 doors and doorframes that is referenced by NFPA 80 that could allow smoke to pass through the doors.		ontal		3) The Executive Director edu- the Maintenance Director on t importance of NFPA 101 Subdivision of Building Spaces Smoke Barrier Doors specific	he s- to
			nd at		fire rated smoke barrier doors having gaps between the door frame, and gaps greater than I and will continue to monitor in accordance with NFPA standa	and 1/8", a
	observed that there is rated smoke barrier of near room 304, and t	nd 6:30 PM on 4/29/19, i s a gap between the fire doors and the doorframe there is a gap between t ier doors near room 202	he		4) Any findings will be reported the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/19	ed to

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CENTER	TERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	<u>0. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		1 ' '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SUR COMPLETE	
		495236		B. WING		04/29	9/2019
NAME OF PE	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STAT	E, ZIP CODE		
ENVOY A	T THE MEADOWS		2715 DC	GTOWN RO	AD		
			GOOCH	LAND, VA 2	3063		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE- ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 712	Continued From pag	e 6		K 712			
K 712	Fire Drills			K 712			
SS=D				,,,,,	K 712		
	Fire Drills Fire drills include the signal and simulation conditions. Fire drills unexpected times und least quarterly on each with procedures and if of established routine conducted between 9 coded announcement audible alarms. 19.7.1.4 through 19.7	are held at expected ar der varying conditions, as she shift. The staff is fam is aware that drills are possible. Where drills are 200 PM and 6:00 AM, at may be used instead of 1.7 is not met as evidence tions and review of	nd at illar part		 The missing documentation noted for some of the Fire dreports was located and filed. Additional Fire drill report were reviewed for missing documentation. The Executive Director edithe Maintenance Director on importance of NFPA 101 Fire Drills specific to including all necessary documentation with Fire drill reports, and will conto monitor in accordance with NFPA standards. 	ill ts ucated the the thinge	
K 914 SS=C	the facility did not have reports at time of survergers at time of survergers. Electrical Systems - NCFR(s): NFPA 101 Electri	mentation it is observed the some of the Fire of ey. Maintenance and Testing daintenance and Testing acles at patient bed leep sedation or generatered, are tested after in ent or servicing. Addition	drill	K 914	 4) Any findings will be report the monthly QAPI Committed further review. 5) Date of Compliance- 6/13/1 	for	

listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		495236		B. WING	.,	04/:	29/2019	
	ROVIDER OR SUPPLIER T THE MEADOWS		2715 DC	RESS, CITY, STA DGTOWN RO ILAND, VA	OAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL RE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 914	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based observations and inquiry that there are no reports that the receptacles in patient rooms that have not been tested and inspected annually. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the receptacles hospital grade at time of survey.		K 914	1) The required annual test an inspection of receptacles in parooms will be completed. 2) There is only one required annual test and inspection of receptacles in patient rooms, therefore no additional review were needed. 3) The Executive Director eductive Maintenance Director on importance of NFPA 101 Electors. Maintenance and Tespecific to completing receptatesting and inspections in patient rooms annually. The annual tand inspection of receptacles in patient rooms will be added to facility's TELS PM Calendar, will continue to be monitored accordance with NFPA standard. Any findings will be reported the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/19	cated the trical esting cle ent test in the and in in irds, ed to for			

rooms that do not use PCREE. Power strips for

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		495236		B. WING		04/29/2019	
	OVIDER OR SUPPLIER T THE MEADOWS		2715 DO	DDRESS, CITY, STATE, ZIP CODE DOGTOWN ROAD CHLAND, VA 23063			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLE	TION
K 923 SS=D	PCREE meet UL 136 strips for non-PCREE (outside of vicinity) m care rooms, power st standards. All power precautions. Extensic substitute for fixed win Extension cords used immediately upon corwhich it was installed 10.2.4. 10.2.3.6 (NFPA 99), 1 (NFPA 70), 590.3(D) (This REQUIREMENT by: Based upon observati that there is non-approved in patient care a Findings include Around 6:00 PM on 4 non-approved powers Gas Equipment - Cylin CFR(s): NFPA 101 Gas Equipment - Cylin Greater than or equal Storage locations are ventilated in accordant 5.1.3.3.3. >300 but <3,000 cubic Storage locations are within an enclosed into limited- combustible or gates outdoors) that or gases are not stored we separated from combusprinklered) or enclose sprinklered) or enclose	3A or UL 60601-1. Povilin the patient care roomeet UL 1363. In non-parips meet other UL strips are used with geon cords are not used aring of a structure. It temporarily are remove and meets the condition 0.2.4 (NFPA 99), 400-8 (NFPA 70), TIA 12-5 is not met as evidence from the electrical system oved power strips being reas. 1/29/19, it is observed the strip in room 305. Inder and Container Stometra and Cont	ms attient neral is a ed for ns of ed ms g and re or or ig ee et if	K 920	1) The non-approved power strin room 305 was removed. 2) Additional rooms were reviet for non-approved power strips 3) The Executive Director educate Maintenance Director on the importance of NFPA 101 Elect Equipment- Power Cords and Extension Cords specific to the of non-approved power strips, will continue to monitor in accordance with NFPA standard. 4) Any findings will be reported the monthly QAPI Committee further review. 5) Date of Compliance- 6/13/19	ewed cated ne rical use and rds.	

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 IDENTIFICATION NUMBER: COMPLETED 495236 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY AT THE MEADOWS** 2715 DOGTOWN ROAD GOOCHLAND, VA 23063 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 923 Continued From page 9 K 923 K 923 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual 1) The unsecured oxygen tanks in cylinders available for immediate use in patient the oxygen storage room were care areas with an aggregate volume of less than secured on -site. or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be 2) Additional rooms were reviewed handled with precautions as specified in 11.6.2. for unsecured oxygen tanks. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, 3) The Executive Director educated where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) the Maintenance Director on the STORED WITHIN NO SMOKING." importance of NFPA 101 Gas Storage is planned so cylinders are used in order Equipment- Cylinder and of which they are received from the supplier. Empty cylinders are segregated from full Container Storage specific to cylinders. When facility employs cylinders with properly securing oxygen tanks, integral pressure gauge, a threshold pressure and will continue to monitor in considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored accordance with NFPA standards. in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) 4) Any findings will be reported to This REQUIREMENT is not met as evidenced the monthly QAPI Committee for further review. Based observations of locations where oxygen cylinders are not secured from falling. 5) Date of Compliance- 6/13/19 Findings include: Around 6:15 PM on 4/29/19, it is observed that there are oxygen tanks that are not secured from falling in oxygen storage room.