STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495343	A. BUILDING 02 - EAST WING B. WING _____	05/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTH AND REHAB CENTER OF GR	355 WILLIAM MILLS DRIVE STANARDSVILLE, VA 22973

(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 Surveyor: 35701 The facility is one story of construction Type II (111). The building is fully sprinklered. An unannounced Life Safety Code recertification survey was conducted on 05/24/2019 in accordance with 42 Code of Federal Regulations, Part 483.70: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code existing regulation. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Federal Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding.	
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol	K 325	1. Test was completed on Alcohol Based Hand Dispenser that were seen on the survey on May 28, 2019 by the Maintenance Director and are in good working order. 2. Test were completed on all Alcohol Based Hand Rub Dispensers on May 28, 2019 by the director of Maintenance/Designee. 3. Housekeeping staff and assistant Maintenance Director were inserviced on testing the Alcohol Based Hand Rub Dispensers by the Maintenance Director on May 28, 2019.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495343	A. BUILDING 02 - EAST WING B. WING _____	05/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTH AND REHAB CENTER OF GR	355 WILLIAM MILLS DRIVE STANARDSVILLE, VA 22973

(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 325	Continued From page 1 * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on interview and observation, the facility failed to test the ABHR dispensers in accordance with the manufacturers care and use instructions. This has the potential to affect all residents and staff. The Findings include: An interview with the maintenance supervisor on 05/24/2019 at 12:21 PM revealed the facility was not conducting tests on the ABHR dispensers in accordance with the manufacturers care and use instructions each time a new refill was installed.	K 325	4. Each Alcohol Based Hand Dispenser will be tested on each refill by the Maintenance Director/Designee and a monthly audit will be conducted by the Maintenance Director to ensure Alcohol Based Hand Rub Dispensers have been Tested. The Maintenance Director will audit 10 Alcohol Based Hand Rub Dispensers weekly for 1 month, 5 weekly for 2nd month. 5. Findings or updates will be reported by the Maintenance Director to the Quality Assurance Performance Improvement Committee monthly. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Director, Medical Director, Maintenance Director, Housekeeping Director, Admissions Director, Dietary Manager, Social Services Director, Activities Director, Employee Relations Director, Central supply Coordinator and C.N. A.	6/7/299
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general	K 920	1. The extension cord and the two unfused multiplug devices were removed from Room 505 by the Maintenance Director on May 24, 2019.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495343	A. BUILDING 02 - EAST WING B. WING _____	05/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTH AND REHAB CENTER OF GR	355 WILLIAM MILLS DRIVE STANARDSVILLE, VA 22973

(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 920	Continued From page 2 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect one smoke compartment. The Findings include: It was observed on 05/24/2019 at 1:33 PM, an extension cord located in room 505 was connected to a refrigerator and was plugged into an outlet located within the patient care area. Observation revealed two unfused multiplug devices located outside the patient care was connected to the TV and personal electrical devices.	K 920	2. All resident rooms were audited on May 24, 2019 by the Maintenance Director to ensure not extension cords or multiplug devices were in resident rooms. All rooms were clear. 3. Staff were inserviced the policy regarding power cords and extension Cords on May 30, 2019 by the Maintenance Director/Designee. 4. An audit of 10 rooms will be completed weekly for 1 month and 5 rooms weekly for 2nd month will be completed by the Maintenance Director/Designee. 5 . Findings or updates will be reported by the Maintenance Director to the Quality Assurance Performance Improvement Committee monthly. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Director, Medical Director, Maintenance Director, Housekeeping Director, Admissions Director, Dietary Manager, Social Services Director, Activities Director, Employee Relations Director Central supply Coordinator and C.N. A.	6/7/2019
K 921 SS=D	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance	K 921	1. Administrator and Maintenance Director scheduled for a Corporate Maintenance Director to complete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495343	A. BUILDING 02 - EAST WING B. WING _____	05/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTH AND REHAB CENTER OF GR	355 WILLIAM MILLS DRIVE STANARDSVILLE, VA 22973

(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 921	Continued From page 3 with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on interview, the facility failed to maintain electrical equipment. This has the potential to affect all residents. The Findings include: An interview with the maintenance supervisor on 05/24/2019 at 12:53 PM revealed the facility was not conducting physical integrity, resistance, leakage current and touch current test for fixed and portable patient care related electrical equipment.	K 921	the testing for physical integrity, resistance, leakage current and touch current on portable patient care related electrical equipment on May 30, 2019. 2. All fixed and portable patient care related electrical equipment will be tested for physical integrity, resistance, leakage current and touch current by a corporate Maintenance Director on June 3, 2019 through June 6, 2019. 3. Maintenance Director will be inserviced on the electrical testing equipment on June 4, 2019 by Corporate maintenance director. 4. Maintenance Director will complete an audit of patient electrical equipment monthly and will ensure testing is complete. 5. Findings or updates will be reported by the Maintenance Director to the Quality Assurance Performance Improvement Committee monthly. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Director, Medical Director, Maintenance Director, Housekeeping Director, Admissions Director, Dietary Manager, Social Services Director, Activities Director, Employee Relations Director, Central supply Coordinator and C.N. A.	6/7/2019