

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

Printed: 05/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2019
NAME OF PROVIDER OR SUPPLIER GREENSTONE RESIDENCE		STREET ADDRESS, CITY STATE ZIP CODE 32 ANGUS DRIVE WAYNEBORO, VA 22980		
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Building: The building is a one story wood frame structure on a concrete slab with an unused attic.</p> <p>Construction Type: V (000)</p> <p>Sprinkler status: The facility is fully sprinklered with NFPA 13R dry pipe system with protection in closets, bathrooms, and attic. The system is supplied by municipal water.</p> <p>An unannounced Life Safety Code survey was conducted on 04/26/2019 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for the Intellectually Disabled. The facility was surveyed for compliance using the LSC 2012 (Existing) regulations. The facility was in not compliance with the Requirements for Participation for Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.150(a) et seq (Life Safety from Fire.)</p>	K 000		
K0347	<p>Smoke Detection CFR(s): NFPA 101</p> <p>Smoke Alarms 2012 EXISTING (Prompt) Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless either of the following exist:</p> <p>1. Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system, or</p>	K0347		

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

TITLE

(X6) DATE

Sorretta Myers

ICF/IID Services Manager 6/12/19

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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NAME OF PROVIDER OR SUPPLIER GREENSTONE RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 32 ANGUS DRIVE WAYNEBORO, VA 22980		
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K0347	<p>Continued From page 1</p> <p>2. Buildings are protected throughout by an approved automatic sprinkler system, in accordance with 33.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Smoke alarms shall be installed on all levels, including basement but excluding crawl spaces and unfinished attics. Additional smoke alarms shall be installed for living rooms, dens, day rooms, and similar spaces. These alarms shall be powered from the building electrical system and when activated, shall initiate an alarm that is audible in all sleeping areas. 33.2.3.4.3. This Standard is not met as evidenced by: Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to provide approved smoke alarms as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 05/28/2019 at approximately 12:10 PM it was observed that the facility did not have approved smoke alarms installed in the sleeping rooms as required when the fire sprinkler system uses ordinary sprinkler heads.</p> <p>The Facility Lead Nurse and Documentation Specialist witnessed this evidence by interview and observation on 04/28/2019 at approximately 12:30 PM during the exit interview.</p>	K0347	<ol style="list-style-type: none"> Eagle Fire will supply and install smoke alarms in 12 of the 13 sleeping areas. These alarms will be powered by the electrical system. One sleeping area, room 6, currently has a smoke alarm in the room. Installation of the smoke alarms will begin May 23, 2019. (Updated as of 5/30/19): installation will be completed by June 5th. 	
K0353	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p>	K0353		

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NAME OF PROVIDER OR SUPPLIER GREENSTONE RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 32 ANGUS DRIVE WAYNESBORO, VA 22980		
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K0353	Continued From page 2 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25 section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).	K0353		

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K0353	<p>Continued From page 3</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.6.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This Standard is not met as evidenced by: Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to maintain the installed fire sprinkler systems as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 05/28/2019 at approximately 11:30 AM it was observed that the multiple fire sprinkler heads in the facility were loaded with lint. (NFPA 25, 5.2.1.1.4)</p> <p>The Facility Lead Nurse and Documentation Specialist witnessed this evidence by interview and observation on 04/28/2019 at approximately 12:30 PM during the exit interview.</p>	K0353	<ol style="list-style-type: none"> On May 5, 2019 the sprinkler heads were cleared of lint by the Valley Community Services Board Maintenance Manager. These were reexamined by South River Development, managers of the building, maintenance personnel on 5/13/19. Examination of the sprinkler heads has been added to the monthly facility maintenance checklist. If lint or debris is noted during the monthly inspection, a report maintenance request will be made to South River Development South River will complete cleaning of the sprinkler heads. 	