

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

Printed: 05/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER HARRISONBURG HLTH & REHAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(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 a two story building with a partial basement of non combustible construction. Building Type II (000). Residents are located on the first level. Fire and smoke barriers are located on the first level. The building was provided with a full (wet) sprinkler system. An unannounced Recertification Life Safety Code Survey was conducted on 05/17/2019 in accordance with 42 Code of Federal Regulation, Part 483 Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code existing regulation. The facility was found not in compliance with the Requirements for Participation Medicare and Medicaid. The Findings that follow will demonstrate non-compliance with Title 42 Code of Federal Regulations 483.70(a) et.seq. (Life Safety from Fire).	K 000	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.	
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story	K 161	Tag – K161 1.) Maintenance Department corrected the issue by replacing all missing gypsum board missing at location on 6/04. Fire caulk was removed from between the flashing and the wall. 2.) Maintenance Director or designee will inspect the remainder of the facility for similar issues. 3.) Maintenance will inspect quarterly for missing gypsum board and incorrectly applied caulk in all areas of the facility. 4.) Maintenance will report findings at the quarterly QAPI meeting. 5.) June 14th, 2019.	June 14th, 2019

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

TITLE

(X6) DATE

[Signature]

Administrator

6/7/19

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 161	<p>Continued From page 1</p> <p>non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the construction requirements for type II (000). This has the potential to affect two smoke compartments.</p> <p>The Findings include:</p> <p>It was observed on 05/17/2019 at 11:39 AM, the right side wall located in the South storage room was missing gypsum board.</p> <p>It was observed on 05/17/2019 at 12:21 PM, the</p>	K 161		

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K 161	Continued From page 2 smoke #2 located above ceiling and above the smoke doors identified as E1 and near room 3 was sealed with fire caulk. Observation revealed the fire caulk was applied between the flashing and smoke barrier wall.	K 161		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the means of egress. This has the potential to affect one smoke compartment. The Findings include: It was observed on 05/17/2019 at 10:40 AM, the exitway to exit I was obstructed by a stored table, kitchen supplies and a tool cart.	K 211	Tag-K211 1.) Maintenance and Kitchen immediately removed all obstructions blocking the doorway. 2.) Maintenance Director or designee will inspect the remainder of the facility for similar issues during daily rounds. 3.) Dietary and Maintenance staff will be in- serviced on proper protocol for storage of carts and equipment. 4.) Maintenance will report findings at the quarterly QAPI meeting. 5.) June 14th, 2019.	June 14th, 2019
K 353 SS=D	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.	K 353	Tag- K353 1.) Maintenance contacted FLSA to come and make repairs noted on inspection for the tamper switch. Maintenance and laundry immediately removed the furniture and carts located in front of sprinkler control valves. Maintenance immediately cleaned the sprinkler head in the laundry room.	June 14th, 2019

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K 353	<p>Continued From page 3</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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: Surveyor: 35701 Based on record review and observation, the facility failed to maintain the sprinkler system. This has the potential to affect all residents and staff.</p> <p>The Findings include:</p> <p>A record review on 05/17/2019 at 10:12 AM revealed the tamper switch outside near the North end was tested during the annual inspection conducted on 04/15/2019. The inspection report confirmed the tamper switch failed during testing. Documentation for the repair or replacement of the tamper switch was not provided.</p> <p>It was observed on 05/17/2019 at 12:32 PM, the sprinkler control valves located on the lower level was obstructed by stored furniture and carts.</p> <p>It was observed on 05/17/2019 at 12:36 PM, a sprinkler head located in the laundry room was loaded with dust.</p>	K 353	<p>2.) Maintenance Director will respond immediately on inspection findings to make sure proper repairs are conducted. Maintenance Director or designee will inspect the remainder of the facility for similar issues during daily rounds. Maintenance will clean off laundry sprinkler heads weekly.</p> <p>3.) Maintenance Director will respond immediately on inspection findings to make sure proper repairs are conducted. Laundry and Maintenance staff will be in-serviced on proper protocol for storage of carts and furniture. Maintenance will clean off laundry sprinkler heads weekly.</p> <p>4.) Maintenance will report findings at the quarterly QAPI meeting.</p> <p>5.) June 14th, 2019.</p>	
K 363 SS=D	<p>Corridor - Doors</p> <p>CFR(s): NFPA 101</p> <p>Corridor - Doors</p>	K 363	<p>Tag – 363</p> <p>1.) Maintenance immediately adjusted the door closers to room 67 and 85 to ensure full closure.</p>	June 14th, 2019

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K 363	<p>Continued From page 4</p> <p>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 material.</p> <p>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</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35701</p>	K 363	<p>2.) Maintenance Director or designee will inspect the remainder of the facility for similar issues monthly during resident room inspections.</p> <p>3.) Maintenance Director or designee will inspect the remainder of the facility for similar issues monthly during resident room inspections.</p> <p>4.) Maintenance will report findings at the quarterly QAPI meeting.</p> <p>5.) May 20th, 2019.</p>	

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K 363	Continued From page 5 Based on observation, the facility failed to maintain corridor doors. This has the potential to affect one smoke compartment. The Findings include: It was observed on 05/17/2019 at 11:43 AM, the resident room door to South 67 was equipped with an automatic door closer and magnetic hold open device. The door when operated was not completely closing. It was observed on 05/17/2019 at 11:53 AM, the resident room door to South 85 was equipped with an automatic door closer and magnetic hold open device. The door when operated was not completely closing	K 363		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the smoke barrier. This has the potential to affect 3 smoke compartments.	K 372	Tag - 372 1.) Maintenance completed sealing all penetrations found by 5/22. 2.) Maintenance Director or designee will inspect the remainder of the facility for similar issues monthly. 3.) Maintenance Director or designee will inspect the remainder of the facility for similar issues monthly. 4.) Maintenance will report findings at the quarterly QAPI meeting. 5.) May 22nd, 2019.	June 14th, 2019

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K 372	Continued From page 6 The Findings include: It was observed on 05/17/2019 at 11:04 AM, penetrations above the smoke doors identified as W1 and above ceiling was not sealed at the data sleeve with multiple gray cables. It was observed on 05/17/2019 at 11:37 AM, penetrations above the smoke doors identified as S1 and above ceiling was not sealed around the cluster of cables on the nurses station side. It was observed on 05/17/2019 at 12:02 PM, penetrations above the East smoke doors to the Rehab Gym was not completely sealed around the cables and conduit.	K 372		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on record review, the facility failed to conduct fire drills in accordance with NFPA 101 Life Safety Code 2012 edition. This has the potential to affect all residents and staff.	K 712	Tag – 712 1.) Maintenance will conduct 3 fire drills a month, 1 for each shift, for 3 consecutive months. 2.) Regional Maintenance consultant will audit monthly to ensure fire drills are being completely timely. 3.) Regional Maintenance consultant will audit monthly to ensure fire drills are being completely timely. 4.) Maintenance will report findings at the quarterly QAPI meeting. 5.) June 14th, 2019.	June 14th, 2019

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K 712	Continued From page 7 The Findings include: A record review on 05/17/2019 at 10:02 AM revealed fire drills was not conducted in 2018 during the 2nd quarter for 2nd shift, during the 3rd quarter for 2nd and 3rd shifts and during the 4th quarter for 2nd and 3rd shifts.	K 712		
K 761 SS=D	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain corridor doors. This has the potential to affect one smoke compartment. The Findings include: It was observed on 05/17/2019 at 12:08 PM, the fire doors identified as E3 was equipped with door and frame labels. Observation revealed the label on the door frame was painted.	K 761	Tag – 761 1.) Maintenance removed paint from observed location on 5/21. 2.) Maintenance Director or designee will inspect all fire doors of the facility for similar issues annually. 3.) Maintenance Director or designee will inspect all fire doors of the facility for similar issues annually. 4.) Maintenance will report findings at the quarterly QAPI meeting. 5.) May 21st, 2019.	June 14th, 2019
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		

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K 920	<p>Continued From page 8</p> <p>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) assemblies 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 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 two smoke compartments and the laundry room.</p> <p>The Findings include:</p> <p>It was observed on 05/17/2019 at 11:07 AM, two relocatable power taps in room 54 was located within the patient care area and was not listed for use. Observation revealed the oxygen concentrator located within the patient care area</p>	K 920	<p>Tag – 920</p> <p>1.) Maintenance removed the power tap in room in 54 and also in room 52 on 5/22. Maintenance will replace all power taps on med carts that are not currently medical grade. Maintenance contacted electrical contractor to replace extension with approved permanent wiring.</p> <p>2.) Maintenance Director or designee will inspect the remainder of patient rooms for similar issues during monthly resident room inspections. Maintenance will inspect med carts monthly to ensure that all med carts have medical grade power taps. Maintenance will inspect future contractor work to ensure proper wiring is used.</p> <p>3.) Residence rooms will utilize proper medical grade power taps. Maintenance will inspect med carts monthly to ensure that all med carts have medical grade power taps. Maintenance will inspect future contractor work to ensure proper wiring is used.</p> <p>4.) Maintenance will report findings at the quarterly QAPI meeting.</p> <p>5.) June 14th, 2019.</p>	June 14th, 2019

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K 920	<p>Continued From page 9</p> <p>was connected to a relocatable power tap and was not listed for use.</p> <p>It was observed on 05/17/2019 at 11:13 AM, a relocatable power tap in room 52 was located within the patient care area supplying power to a CPAP device and was not listed for use. Observation revealed a relocatable power tap outside the patient care area supplying power to electrical devices near the TV was not listed for use and identified as UL 1449.</p> <p>It was observed on 05/17/2019 at 11:18 AM, a relocatable power tap connected to the Middle West Med cart was not listed for use. The relocatable power tap was identified as UL 1449.</p> <p>It was observed on 05/17/2019 at 12:36 PM, an extension cord was used as permanent wiring supplying power to the Eco Lab equipment located in the washing machine room.</p>	K 920		