

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

Printed: 07/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER <b>HERITAGE HALL CLINTWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 CLINTWOOD MAIN STREET. ROUTE 607 PO BOX 909 CLINTWOOD, VA 24228</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Description of structure: One Story, Type II (000) Sprinkler status: Fully Sprinklered, NFPA 13</p> <p>An unannounced routine Life Safety Code survey was conducted on June 27, 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 in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (life Safety from Fire.)</p>	K 000		
K 321 SS=F	<p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p><b>Hazardous Areas - Enclosure</b> Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area                      Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms</p>	K 321		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alenna Kennedy</i>	TITLE <i>LNHA</i>	(X6) DATE <i>7/5/19</i>
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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 321	<p>Continued From page 1</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by:</p> <p>Surveyor: 12956</p> <p>Based on observation and staff interview, the facility failed to maintain structural fire rating in accordance with LSC Section 19.3.2.1. The deficient practice could affect 2 of 4 fire areas including patients, staff and visitors in the event of a fire due to the penetrations of the fire barrier not being properly fire stopped.</p> <p>Findings Include;</p> <p>Observations on June 27, 2019 during the tour from 9:00 am to 12:00 pm revealed that:</p> <p>At approximatley 10:15 am, the fire barrier seperating the Mechanical Room from the Maintenance Office had some penetrations of the fire rated barrier wall above the ceiling of the Maintenance Office that were not firestopped on both sides of the fire barrier. An interview with the Maintenance Director (DM) at the time of the observation revealed that the DM was not aware that all of the penetrations had not been fire stopped.</p> <p>This finding was verified by the DM at the time of</p>	K 321	<p><b>Corrective Action: K: 321</b></p> <p><b>Corrective action taken for the Identified problem</b></p> <p>The penetrations located at the fire wall separating the boiler room and the Maintenance Office was sealed with 3M CP 25WB+ Intumescent (Red) fire rated caulking</p> <p><b>Address how facility will identify Similar occurrences of the problem</b> A 100% audit/inspection was conducted on all fire/smoke walls to identify any other penetration that are not sealed.</p> <p>No other negative findings were noted during the review</p> <p><b>Identify measures/systemic changes to ensure deficient practice will not recur.</b> The Maintenance Director will in-service any vendors/contractors that conduct service to the plant that might involve drilling through fire/smoke walls as to the proper caulking to use when sealing penetration/s.</p> <p><b>Indicate how facility will monitor its performance</b> A comprehensive life safety review of the facility by the Regional Facility Advisor and the Vice President of Engineering is conducted annually. A review of the cited violation will be conducted throughout the facility at that time</p>	7-5-19

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K 321	Continued From page 2 the observation and the Administrator at the exit interview on June 27, 2019 at 12:15 pm.	K 321	<b>Corrective Action: K: 511</b>	7-5-19
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101  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  This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by:  Surveyor : 12956  Based on observation and staff interview, the facility failed to maintain electrical equipment in accordance with the LSC Section 19.5.1, The deficient practice could affect one of 4 fire barriers, patients, staff and vistors, due to the opening in the electric panel having an open breaker knock-out having been removed.  Observation on June 27, 2019 during the tour from 9:00 am to 12:00 pm revealed that:  At approximately 11:50 am, it was identified that the an electrical panel in the Mechanical room had an opening in the panel not provided with an approved knock-out plug where a new circuit breaker had been installed for a new unit heater. An interview with the Director of Maintenance	K 511	<b>Corrective action taken for the Identified problem</b> A knock panel protector was installed on the electrical panel located in the Mechanical Room to ensure there is no gaps in the panel face.  <b>Address how facility will identify Similar occurrences of the problem</b> A 100% audit/inspection was conducted on all electrical panel boxes to insure compliance to NFPA 70  All negative findings were corrected.  <b>Identify measures/systemic changes to ensure deficient practice will not recur.</b> Maintenance Staff was in serviced by Regional Facility advisor on cited deficiencies. A copy of the in-service is on file.  <b>Indicate how facility will monitor its performance</b> A comprehensive life safety review of the facility by the Regional Facility Advisor and the Vice President of Engineering is conducted annually. Compliance to NFPA 70 is reviewed during this survey.	

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K 511	Continued From page 3 (DM) at the time of the observation revealed that the DM was unaware opening. This did not meet the requirements of NFPA 101 Sections 19.5.1 9.1.2 and NFPA 70.  These findings were verified by the DM at the time of the observation and the Administrator at the exit conference on June 27, 2019.	K 511		