

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

Printed: 05/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495286	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
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NAME OF PROVIDER OR SUPPLIER JAMES RIVER CONVALESCENT CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 20696 Construction Type: V (000) Description of structure: One story framed structure.</p> <p>Sprinkler status: The facility is fully sprinklered with a NFPA 13 system of wet and dry pipe systems. The systems are supplied by municipal water.</p> <p>An unannounced routine Life Safety Code survey was conducted 05/14/2019 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	<p>K 100</p> <p>Fire/Smoke Door Inspection:</p> <ol style="list-style-type: none"> The facility's Maintenance Technician will inspect the fire doors to ensure doors are in accordance with NFPA 80. The facility's Maintenance Technician will be in-serviced on how to properly check the doors and conduct the annual inspection of the rated doors throughout the facility to ensure compliance of NFPA 80. The facility's annual rate door inspection will be added to our annual Life Safety checks in accordance to NFPA 80. The facility's Maintenance Technician will review our facility's Annual Door Inspection to ensure compliance of NFPA 80. The Maintenance Technician/designee will identify and report any trends to the Quality Assurance Performance Improvement Committee at least quarterly. <p>Fire/Smoke Doors:</p> <ol style="list-style-type: none"> The facility has contracted to inspect and if needed repair and/or replace the fire and smoke doors to ensure the fire and smoke doors have the proper labeling, hardware, and latches in accordance to NFPA 80. All facility fire and smoke doors will be inspected by the contractor to ensure the fire and smoke doors have the proper labeling, hardware, and latches in accordance to NFPA 80. The Maintenance Technician/designee will ensure completed contract work on the fire and smoke doors have the proper labeling, hardware, and latches in accordance to NFPA 80. 	<p>5/28/19 - ongoing</p> <p>5/28/19</p> <p>5/28/19 - ongoing</p> <p>5/28/19 - ongoing</p>
K 100 SS=E	<p>General Requirements - Other CFR(s): NFPA 101</p> <p>General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and</p>	K 100	<ol style="list-style-type: none"> The facility has contracted to inspect and if needed repair and/or replace the fire and smoke doors to ensure the fire and smoke doors have the proper labeling, hardware, and latches in accordance to NFPA 80. All facility fire and smoke doors will be inspected by the contractor to ensure the fire and smoke doors have the proper labeling, hardware, and latches in accordance to NFPA 80. The Maintenance Technician/designee will ensure completed contract work on the fire and smoke doors have the proper labeling, hardware, and latches in accordance to NFPA 80. 	<p>6/27/19</p> <p>6/27/19</p> <p>6/27/19</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **ADMINISTRATOR** (X6) DATE **5/30/19**

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 211	<p>Continued From page 2</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining clearance of egress and egress components in accordance with NFPA 101.</p> <p>Findings include: - On 05/14/2019 at 10:05 am., it was observed during inspection there where in all corridors a large amount of obstructions impeding and restricting emergency egress. All items being left unattended in corridors were removed from all corridors prior to ending inspection by staff.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p>	K 211	<p>Continued from page 2</p> <p>of Egress of LSC 2012.</p> <p>2. All aisles, passageways, corridors, exit locations in the building were checked to ensure no other areas were obstructed. Obstructions have been secured or relocated to ensure compliance with Chapter 7: Means of Egress of LSC 2012.</p> <p>3. The Administrator/designee will in-service staff of "Importance of corridors and exit locations being free of obstruction to ensure full use in care of emergency". Daily rounds by maintenance personnel will ensure the means of egress is maintained in accordance with NFPA 101.</p> <p>4. The Maintenance Technician/designee will complete the Life Safety Code Audit tool six weeks to monitor clear paths of egress. The Maintenance Technician/designee will identify and report any trends to the Quality Assurance Performance Improvement Committee at least quarterly.</p>	5/14/19 5/24/19 - ongoing 5/28/19 - ongoing
K 223 SS=E	<p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically</p>	K 223	<p>K223</p> <p>1. The facility doors that were identified during the inspection were identified and assessed. Door latches and closing mechanisms were corrected to ensure the door was kept in a closed position, unless held open by a release device in accordance to NFPA 101.</p>	5/15/19

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K 223	<p>Continued From page 3</p> <p>closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining testing and maintenance of the closing of rated doors in accordance with NFPA 101.</p> <p>Findings include: - On 05/14/2019 at 10:28 am., it was observed during record review there where a large number of doors throughout the facility providing door closures not closing completely and / or latching where required.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p>	K 223	<p>Continued from page 3</p> <ol style="list-style-type: none"> 2. All facility smoke and fire doors have been checked to ensure proper latching and closure device was operational in accordance to NFPA 101. 3. The Administrator/designee will in-service maintenance staff on the "Importance of proper latching and closing of facility's fire and smoke doors in accordance to NFPA 101. 4. The maintenance Technician/designee will complete Life Sfety Code audit tool weekly for six weeks to ensure compliance under NFPA 101. The maintenance Technician/ designee will identify and report any trends to the Quality Assurance Performance Improvement Committee at least quarterly. 	6 5/15/19 5/28/19 5/28/19 - ongoing
K 345 SS=E	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National</p>	K 345	<p>K345</p> <ol style="list-style-type: none"> 1. The facility's Fire Alarm Sensitivity Test was completed on 5/15/2019 by BETA Systems of VA. 2. BETA systems of VA conducted the sensitivity test of our fire alarm systems and there were no areas of concern on 5/15/2019 and in accordance to NFPA 72. 	5/15/19 5/15/19

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K 345	Continued From page 4 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining testing and maintenance of the fire alarm system in accordance with NFPA 72. Findings include: - On 05/14/2019 at 10:52 am., it was observed during record review there where no documentation on hand at the time of inspection that fire alarm - smoke detectors (96 devices listed on testing report) having sensitivity testing within the last 24 months. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 345	Continued from page 4 3. The facility's Fire Alarm Sensitivity Test has been added to our annual Life Safety checks in accordance to NFPA 72. 4. The facility's Maintenance Technician/designee will review our facility's Fire Alarm System checks completed by BETA Systems of VA to ensure compliance of NFPA 72. The Maintenance Technician/designee will identify and report any trends to the Quality Assurance Performance Improvement Committee at least quarterly.	5/15/19 5/28/19 - ongoing
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	K 353	K 353 1. Facility's sprinkler heads identified in the survey were replaced on 5/17/2019 by corporate maintenance staff. 2. All facility's sprinkler heads were inspected by facility maintenance director to ensure they were free of corrosion and cleaned to allow proper functioning in compliance of NFPA 25.	5/17/19 5/17/19

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K 353	Continued From page 5 maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining the maintenance of the sprinkler system in accordance with NFPA 25. Findings include: - On 05/14/2019 at 10:45 am., it was observed during inspection there where severally loaded and corroded sprinkler heads located in the kitchen area. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 353	Continued from page 5 3. The Administrator/designee will in-service the facility's Maintenance Technician the importance of sprinkler heads being cleaned and free of corrosion to allow proper functioning in compliance of NFPA 25. Daily rounds made by maintenance will ensure compliance. 4. Maintenance Technician/designee will complete the Life Safety Audit Tool weekly for six weeks to ensure the sprinkler heads throughout the facility are clean and free of corrosion and debris to allow proper functioning in compliance of NFPA 25. The Maintenance Technician/designee will identify and report and trends to the Quality Assurance Performance Improvement Committee at least quarterly.	5/28/19 5/28/19 - ongoing
K 921 SS=E	Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage	K 921	K 921 1. Facility obtained form and device appropriate for testing of portable patient-care related electrical equipment (PCREE) to ensure proper testing and records are completed and maintained to include date, electrical equipment being tested, and results.	5/28/19

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K 921	<p>Continued From page 6</p> <p>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 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.</p> <p>10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8</p> <p>This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining PCREE testing in accordance with NFPA 99.</p> <p>Findings include: - On 05/14/2019 at 10:47 am, it was observed</p>	K 921	<p>Continued from page 6</p> <p>2. Facility's portable patient-care related electrical equipment (PCREE) tested per NFPA 99 to ensure PCREE meet proper physical integrity, resistance, leakage current, and touch current tests.</p> <p>3. Facility Maintenance Technician/ designee testing and documentation is completed and records maintained in accordance with NFPA 99. Any identified issues with the documentation or testing will be resolved timely.</p> <p>4. Maintenance Technician/designee will complete the Life Safety Code Audit tool annually and following this time frame will inspect any new and/or repaired portable patient-care related electrical equipment (PCREE) to ensure that it meets the proper physical integrity, resistance, leakage current, and touch current tests in accordance to NFPA 99. The Maintenance Technician/ designee will identify and report any trends to the Quality Assurance Performance Improvement Committee at least quarterly.</p>	<p>6/27/19</p> <p>6/27/19</p> <p>6/27/19</p>

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K 921	Continued From page 7 during record review there where no documentation on hand at the time of inspection that PCREE annual testing has been performed and / or completed per NFPA 99.. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 921			