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

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 IDENTIFICATION NUMBER: COMPLETED 495286 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JAMES RIVER CONVALESCENT CENTE 540 ABERTHAW AVENUE **NEWPORT NEWS, VA 23601** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 K 100 Fire/Smoke Door Inspection: Surveyor: 20696 Construction Type: V (000) 1. The facility's Maintenance Technician Description of structure: One story framed will inspect the fire doors to ensure doors 5/28/19 - ongoing structure. are in accordance with NFPA 80. 2. The facility's Maintenance Technician Sprinkler status: The facility is fully sprinklered 5/28/19 will be in-serviced on how to properly with a NFPA 13 system of wet and dry pipe check the doors and conduct the annual systems. The systems are supplied by municipal inspection of the rated doors throughout water. the facility to ensure compliance of NFPA An unannounced routine Life Safety Code survey was conducted 05/14/2019 in accordance with 42 3. The facility's annual rate door inspection will be added to our annual Life Safety 5/28/19 - ongoing Code of Federal Regulation, Part 483: checks in accordance to NFPA 80. Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 4. The facility's Maintenance Technician LSC 2012 Existing regulations. The facility was will review our facility's Annual Door 5/28/19 - ongoing not in compliance with the Requirements for Inspection to ensure comliance of NFPA 80. The Maintenance Technician/designee Participation Medicare and Medicaid. will identify and report any trends to the Quality Assurance Performance The findings that follow demonstrate Improvement Committee at least quarterly. non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.) Fire/Smoke Doors: K 100 General Requirements - Other K 100 1. The facility has contracted to inspect 6/27/19 SS=E CFR(s): NFPA 101 and if needed repair and/or replace the fire and smoke doors to General Requirements - Other ensure the fire and smoke doors List in the REMARKS section any LSC Section have the proper labeling, hardware, and latches in accordance to NFPA 80. 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are 2. All facility fire and smoke doors will be 6/27/19 deficient. This information, along with the inspected by the contractor to ensure applicable Life Safety Code or NFPA standard the fire and smoke doors have the proper citation, should be included on Form CMS-2567. labeling, hardware, and latches in This REQUIREMENT is not met as evidenced accordance to NFPA 80. 6/27/19 The Standard is not met as evidenced by: 3. The Maintenance Technician/designee will ensure completed contract work on the Surveyor: 20696 fire and smoke doors have the proper labeling, hardware, and latches in Based on the observation, records review, and accordance to NFPA 80. LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE (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 suppersonance 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 A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
495286			B. WING		05/14/2019			
JAMES RIVER CONVALESCENT CENTE 540 AB				DRESS, CITY, STATE, ZIP CODE BERTHAW AVENUE PORT NEWS, VA 23601				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
K 100	100 Continued From page 1 interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining rated constructions in accordance with NFPA 80. Findings include: - On 05/14/2019 at 10:32 am., it was observed			K 100	Continued from page 1 4. The facility's Maintenance Ted will ensure that the facility's fire a doors have the proper label, har latches annually and/or following and smoke door repairs. Maintel Technician/designee will identify report any trends to the Quality Performance Improvement Com	hardware, and wing any fire intenance ntify and lity Assurance		
	during record review there where no documentation on hand at the time of inspection that rated doors being inspected annually by individuals with knowledge and understanding of the operating components of the type of door being subject to inspecting. - On 05/14/2019 at 10:34 am, it was observed during inspection that a large number of rated doors having rating labeled painted over, rating labels missing, not latching, damaged, door closures missing or removed, 90 minute door latching hardware removed, and floor lugs for possitive latching on 90 minute doors not provided (new flooring has been installed). - On 05/14/2019 at 10:36 am, it was observed during inspection and interviews a large number of penetrations in rated wall assemblies are not being restored to the orginal wall rating and / or fire stopped correctly. Per further interviews maintenance director advised rated wall annual inspection had not been conducted throughout				least quarterly. Fire Rate Walls: 1. The facility has contracted to lifter rated smoke barrier walls, per and openings that are not fire store free from penetrations in accord NFPA 80.	enetrations opped to	6/27/19	
					2. All facility fire rated smoke bar construction will be inspecter by contractor to ensure they are fre penetration and ensure that all fi smoke barrier walls are in accord NFPA 80. 3. The Maintenance Technician/will ensure completed contracted fire rated smoke barrier walls, pijoints, and openings are n accord NFPA 80. Any identified issues we resolved timely.	the e from re rated dance of designee d work on enetrations dance of	6/27/19 6/27/19	
	the facility. The findings potent visitors, and staff w The Director of Mai	notentially affect all residents, taff within the structure. of Maintenance acknowledged these gh observation and interview.			4. The Maintenance Technician/will ensure that following any fac repair work the smoke barriers refree of penetrations and meet NFThe Maintenance Technician/deidentify and report any trends to Quality Assurance Performance Improvement Committee at least	6/27/19		
	Means of Egress - CFR(s): NFPA 101 Means of Egress - Aisles, passageway		charges,	K 211	K 211 1. The obstructions in the corridorelocated and egress is free of a obstructions in order to maintain path in accordance with Chapter	li a clear	5/14/19	

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

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495286 B. WING 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JAMES RIVER CONVALESCENT CENTE **540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 211 Continued From page 2 K 211 Continued from page 2 exit locations, and accesses are in accordance of Egress of LSC 2012. with Chapter 7, and the means of egress is continuously maintained free of all obstructions to 5/14/19 2. All aisles, passageways, corridors, exit full use in case of emergency, unless modified by locations in the building were checked to 18/19.2.2 through 18/19.2.11. ensure no other areas were obstructed. 18.2.1, 19.2.1, 7.1.10.1 Obsturctions have been secured or This REQUIREMENT is not met as evidenced relocated to ensure compliance with Chapter 7: Means of Egress of LSC 2012. The Standard is not met as evidenced by: 5/24/19 - ongoing 3. The Administrator/designee will Surveyor: 20696 in-service staff of "Importance of corridors and exit locations being free of Based on the observation, records review, and obstruction to ensure full use in care of interviews of the Administrator and Director of emergency". Daily rounds by maintenance Maintenance, the facility failed to provide a personnel will ensure the means of egress means of maintaining clearance of egress and is maintained in accordance with NFPA 101. egress components in accordance with NFPA 101. 4. The Maintenance Technician/designee 5/28/19 - ongoing will complete the Life Safety Code Audit Findings include: tool six weeks to monitor clear paths of - On 05/14/2019 at 10:05 am., it was observed egress. The Maintenane Technician/ during inspection there where in all corridors a designee will identify and report any trends large amount of obstructions impeding and to the Quality Assurance Performance Improvement Committee at least quarterly. restricting emergency egress. All items being left unattended in corridors were removed from all corridors prior to ending inspection by staff. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview. K 223 Doors with Self-Closing Devices K 223 K223 SS=E CFR(s): NFPA 101 1. The facility foors that were identified 5/15/19 during the inspection were identified Doors with Self-Closing Devices and assessed. Door latches and closing Doors in an exit passageway, stairway enclosure, mechanisms were corrected to ensure or horizontal exit, smoke barrier, or hazardous the door was kept in a closed position, area enclosure are self-closing and kept in the unless held open by a release device in closed position, unless held open by a release accordance to NFPA 101. device complying with 7.2.1.8.2 that automatically

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED			
495286		B. WING_		05/14/2019					
JAMES RIVER CONVALESCENT CENTE 540 AB					DDRESS. CITY, STATE, ZIP CODE BERTHAW AVENUE PORT NEWS, VA 23601				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE		
K 223	Continued From page 3 closes all such doors throughout the smoke compartment or entire facility upon activation of: * 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. 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:		K 223	Continued from page 3 2. All facility smoke and fire doors he checked to ensure proper latching a device was operational in accordant 101. 3. The Administrator/designee will in maintenance staff on the "Important latching and closing of facility's fire a doors in accordance to NFPA 101. 4. The maintenance Technician/des complete Life Sfety Code audit tool for six weeks to ensure compliance NFPA 101. The maintenance Technician/des complete Life Sfety Code audit tool for six weeks to ensure compliance NFPA 101. The maintenance Technician description of the six weeks to ensure compliance NFPA 101. The maintenance Technician description of the six weeks to ensure compliance NFPA 101. The maintenance Technician description of the six weeks to ensure compliance NFPA 101. The maintenance Technician description of the six weeks to ensure compliance NFPA 101.	6 5/15/19 5/28/19 5/28/19 - ongoing				
	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				designee will identify and report any the Quality Assurance Performance Improvement Committee at least qu				
	NFPA 101. Findings include: - On 05/14/2019 at during record review of doors throughout closures not closing where required.	doors in accordance 10:28 am., it was ob w there where a large the facility providing g completely and / or	served e number I door latching						
_	The findings potentially affect all residents, visitors, and staff within the structure.						_		
	findings through ob Fire Alarm System CFR(s): NFPA 101 Fire Alarm System A fire alarm system	ntenance acknowled servation and intervient - Testing and Maintelesting and Maintelesting and maintelesting and maintelesting approved program of the steet and the stee	nance	K 345	K345 1. The facility's Fire Alarm Sensitivity completed on 5/15/2019 by BETA SyVA. 2. BETA systems of VA conducted the test of our fire alarm systems and the	stems of e sensitvity	5/15/19 5/15/19		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
495286		B. WING _		05/14/2019			
JAMES RIVER CONVALESCENT CENTE 540 AB			DRESS, CITY, STATE, ZIP CODE BERTHAW AVENUE PORT NEWS, VA 23601				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION		
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.			K 345	Continued from page 4 3. The facility's Fire Alarm Sensitivit been added to our annual Life Safe in accordance to NFPA 72. 4. The facility's Maintenance Techn designee will review our facility's Fire System checks completed by BETA of VA to ensure compliance of NFP Maintenance Technician/designee and report any trends to the Quality Performance Improvement Committed	ty checks ician/ re Alarm a Systems A 72. The will identify Assurance	5/15/19 5/28/19 - ongoing
	during record review documentation on he that fire alarm - smallisted on testing repwithin the last 24 m. The findings potent visitors, and staff w. The Director of Maifindings through ob Sprinkler System - CFR(s): NFPA 101 Sprinkler System - Automatic sprinkler inspected, tested, a with NFPA 25, Stant Testing, and Mainta Protection Systems	nand at the time of in oke detectors (96 de- port) having sensitivity onths. ially affect all residen	spection vices y testing tts, ged these ew. sting sting ms are cordance on, d Fire design,	K 353	K 353 1. Facility's sprinkler heads identified survey were replaced on 5/17/2019 b corporate maintenance staff. 2. All facility's sprinkler heads were in by facility maintenance director to enswere free of corrosion and cleaned to proper functioning in compliance of N	spected sure they allow	5/17/19 5/17/19

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

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495286 B. WING 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JAMES RIVER CONVALESCENT CENTE **540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 353 Continued From page 5 K 353 Continued from page 5 maintained in a secure location and readily 3. The Administrator/designee will in-service the facility's Maintenance Technician the 5/28/19 available. a) Date sprinkler system last checked importance of sprinkler heads being cleaned and free of corrosion to allow proper functioning in compliance of NFPA 25. Daily b) Who provided system test rounds made by maintenance will ensure compliance. c) Water system supply source Maintenance Technician/designee will 5/28/19 - ongoing complete the Life Safety Audit Tool weekly for Provide in REMARKS information on coverage six weeks to ensure the sprinkler heads for any non-required or partial automatic sprinkler throughout the facility are clean and free of system. corrosion and debris to allow proper functioning in compliance of NFPA 25. The Maintenance 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Technician/designee will identify and report and This REQUIREMENT is not met as evidenced trends to the Quality Assurance Performance Improvement Committee at least quarterly. 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. Electrical Equipment - Testing and Maintenanc K 921 K 921 K 921 SS=E CFR(s): NFPA 101 1. Facility obtained form and device appropriate 5/28/19 for testing of portable patient-care related electrical equipment (PCREE) to ensure Electrical Equipment - Testing and Maintenance Requirements proper testing and records are completed and maintained to include date, electrical The physical integrity, resistance, leakage equipment being tested, and results.

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

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495286 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JAMES RIVER CONVALESCENT CENTE 540 ABERTHAW AVENUE **NEWPORT NEWS, VA 23601** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 921 Continued From page 6 K 921 Continued from page 6 current, and touch current tests for fixed and 2. Facility's portable patient-care related electrical equipment (PCREE) tested per 6/27/19 portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. NFPA 99 to ensure PCREE meet proper Testing intervals are established with policies and physical interity, resistance, leakage current, protocols. All PCREE used in patient care rooms and touch current tests. is tested in accordance with 10.3.5.4 or 10.3.6 3. Facility Maintenance Technicain/ designee 6/27/19 before being put into service and after any repair testing and documentation is completed and or modification. Any system consisting of several records maintained in accordance with NFPA 99. Any identified issues with the electrical appliances demonstrates compliance documentation or testing will be resolved with NFPA 99 as a complete system. Service timely. manuals, instructions, and procedures provided 4. Maintenance Technician/designee will 6/27/19 by the manufacturer include information as complete the Life Safety Code Audit tool required by 10.5.3.1.1 and are considered in the annually and following this time frame will development of a program for electrical inspect any new and/or repaired portable equipment maintenance. Electrical equipment patient-care related electrical equipment (PCREE) to ensure that it meets the proper instructions and maintenance manuals are readily physical integrity resistance, leakage current, available, and safety labels and condensed and touch current tests in accordance to operating instructions on the appliance are NFPA 99. The Maintenance Technician/ legible. A record of electrical equipment tests, designee will identify and report any trends to the Quality Assurance Performance repairs, and modifications is maintained for a Improvement Committee at least quarterly. 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 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 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 PCREE testing in accordance with NFPA 99. Findings include: - On 05/14/2019 at 10:47 am, it was observed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
495286			B. WING		05/1	05/14/2019		
1	PROVIDER OR SUPPLIER RIVER CONVALES	CENT CENTE	540 AB	DDRESS. CITY, STATE, ZIP CODE BERTHAW AVENUE PORT NEWS, VA 23601				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 921	during record revied documentation on that PCREE annual and / or completed The findings poten visitors, and staff was a staff	w there where no hand at the time of in al testing has been pel per NFPA 99 tially affect all resider	erformed	K 921				
		servation and intervi						