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

STATEMENT OF DEFICIENCIES

W-0215-003

(X2) MULTIPLE CONSTRUCTION

Printed: 04/29/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 2		(X3) DATE SURVEY COMPLETED	
495034				B. WING		04/11/2019	
NAME OF PROVIDER OR SUPPLIER			STREET ADDF	DRESS, CITY, STATE, ZIP CODE			
KENDAL AT LEXINGTON			160 KEN	O KENDAL DRIVE XINGTON, VA 24450			
(X4) ID PREFIX TAG	SUMMARY ST, (EACH DEFICIENCY MUST OR LSC IDE	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ' (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K 000	0 INITIAL COMMENTS			K 000			
	Surveyor: 21761						
	Construction Type: V(111)						
	Description of Structure: The facility is a single story, wood frame structure on a concrete slab. The partial basement area, which residents do not enter, houses utilities only.				*		
	Sprinkler Status: The facility is fully sprinklered with NFPA #13 wet and dry pipe systems, and supplied by municipal water.						
	An unannounced standard recertification Life Safety Code survey was conducted 04/10 through 04/11/19 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.				•		
	The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)				-		
	Means of Egress - G CFR(s): NFPA 101	General		K 211	Regarding resident affected residents were directly affected.	: No d.	4/11/19
	exit locations, and adwith Chapter 7, and accontinuously maintainfull use in case of en 18/19.2.2 through 18.2.1, 7.1.10	s, corridors, exit dischescesses are in according the means of egress ned free of all obstrunergency, unless most/19.2.11.	dance is ctions to dified by		2. Regarding residents potential affected: No residents were diaffected.	ally rectly	4/11/19
ABORATORY DIRECTOR'S OF ROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (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 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.

Administrator

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 02 - MAIN BUILDING 2 COMPLETED 495034 04/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE KENDAL AT LEXINGTON 160 KENDAL DRIVE LEXINGTON, VA 24450 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 211 Continued From page 1 K 211 3. Regarding measures and systematic 4/15/19 changes: Contractor began constructing Surveyor: 21761 a fire rated corridor with sprinkler to the exit way on 4/12/19. It was completed on Based on observation and interview, it was 4/15/19. revealed the facility failed to maintain exitways. This has the potential to affect all persons in the facility. 4. Regarding monitoring: During bi-weekly 4/15/19 construction meetings, exitways are Findings include: reviewed to ensure they remain in compliance as construction progresses On 04/11/19, at approximately 11:26 A.M., it was observed during inspection that the C-wing exit enters into a construction zone for the new Regular rounds are completed by the Ongoing Director of Operations, Administrator and addition, and is not protected by sprinklers or a Contractor to ensure exitways are in rated construction separation until clear of the building as required. compliance. The Director of Maintenance witnessed this evidence by observation and interview. 5. All components of this plan will be completed by 4/15/19 and ongoing monitoring will be completed to ensure compliance. Results of monitoring will be reported to the Safety Committee.