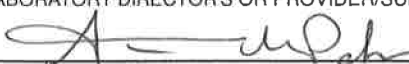


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495141	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - PHARMACY DISPENSING AREA B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER ALLEGHANY HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MAIN STREET CLIFTON FORGE, VA 24422		
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 34730 Construction Type: II (000)</p> <p>Description of structure: The building is a single room within the main one story structure of unprotected steel bar joists and concrete floors. This is the Pharmacy Storage room only and does not contain sleeping areas.</p> <p>Sprinkler status: Fully sprinklered with an NFPA 13 supplied by the municipal water system, and QR sprinklers.</p> <p>An unannounced recertification Life Safety Code survey was conducted 04/02/2019 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 in compliance with the Requirements for Participation Medicare and Medicaid.</p>	K 000	<p>This plan of correction is being submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	4/15/19

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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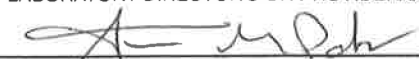
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 34730 Construction Type: II (000)</p> <p>Description of structure: The building is a one story structure with unprotected steel bar joists and concrete floors. The porch is wood framed with a masonry roof.</p> <p>Sprinkler status: Fully sprinklered with an NFPA 13 supplied by the municipal water system, and QR sprinklers. The exterior sprinklers are supplied by an anti-freeze loop with a back flow prevention device and sectional control valves with tamper switches.</p> <p>An unannounced recertification Life Safety Code survey was conducted 04/02/2019 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>This plan of correction is being submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies.</p>	
K 222 SS=F	<p>Egress Doors CFR(s): NFPA 101</p> <p>Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p>	K 222		

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

TITLE

(X6) DATE



Administrator

4/15/19

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 222	<p>Continued From page 1</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be</p>	K 222		

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K 222	Continued From page 2 permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain means of egress. This has the ability to affect occupants of the smoke compartment. Findings include: On 04-02-2019 at approximately 10:30 AM it was observed through observation and inspection that the exit discharge path for the C-wing has a newly installed gate with an electrically controlled lock and it is unknown if the lock releases during power failure. The Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 222	<ol style="list-style-type: none"> 1. The newly installed gate on C wing with an electrically controlled lock has been repaired to ensure proper release during power failure. 2. The gate on C wing with the electrically controlled lock will be checked for proper release during power failure. Re-education will be provided to the Maintenance Director on proper egress of doors. 3. The gate with the electrically controlled lock will be checked monthly by the Maintenance Director or designee to ensure proper release during power failure. 4. Monthly checks will be reviewed and discussed in QAPI monthly for 3 months. 5. Date of completion April 26, 2019. 	
K 271 SS=F	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall	K 271	<ol style="list-style-type: none"> 1. The exit discharge path for the C wing center exit door has been repaired and does have a hard packed all-weather travel surface. 	

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K 271	Continued From page 3 be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain exit discharges. This has the ability to affect occupants of the smoke compartment. Findings include: On 04-02-2019 at approximately 10:31 AM it was observed through observation and inspection that the exit discharge path for the C-wing center exit door does not have a hard packed all-weather travel surface. (TIA 05-38) The Administrator and Maintenance Director witnessed this evidence by observation and interview.	K 271	2. The exit discharge path for the C wing center exit door will maintain a hard packed all-weather travel surface. Re-education will be provided to the Maintenance Director on discharge paths from exits. 3. The exit discharge path for the C wing center exit door will be checked monthly by the Maintenance Director or designee to ensure the hard packed all-weather travel surface is properly maintained.	
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 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	K 920	4. Monthly checks will be reviewed and discussed in QAPI monthly for 3 months. 5. Date of completion April 26, 2019. 1. The extension cord being used as fixed wiring in the B wing to power the security gate lock that was placed during contract work was removed. An electrical outlet was installed.	

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K 920	<p>Continued From page 4</p> <p>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.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 34730</p> <p>Based on observation and inspection the facility failed to maintain electrical equipment. This has the ability to affect occupants of the smoke compartment.</p> <p>Findings include:</p> <p>On 04-02-2019 at approximately 10:13 AM it was observed through observation and inspection that an extension cord is being used as fixed wiring in the B-Wing to power the security gate lock.</p> <p>The Administrator and Maintenance Director witnessed this evidence by observation and interview.</p>	K 920	<ol style="list-style-type: none"> 2. Any contract work done will be inspected upon completion of work to ensure that an extension cord is not used as fixed wiring. Re-education will be provided to the Maintenance Director on proper use of extension cords. 3. When contract work is done in the facility the Maintenance Director or designee will inspect all work to ensure extension cords are not used as fixed wiring. 4. All contract work will be reviewed and discussed in QAPI monthly for 3 months. 5. Date of completion April 26, 2019. 	