

4-11-2019

Attention:

Anthony T. Williams

State Fire Marshall's Office

Re: K351- Sprinkler System Installation: Sprinkler head (s) to be installed to the wooden deck canopy area (West Wing) per NFPA 13 (8.15.7.5) (Building 1)

K521- HVAC Fire Dampers located in Shower B and Office Storage rooms; and fire shutter at Office Lobby to be tested by contractor. (Building 1)

K353- Sprinkler System Maintenance and Testing: Pump room tamper switches and valves shall be connected to the fire alarm system. (Building 2)

The facility desires a request be granted for a Time Limited Waiver for the POC dated 4-11-2019.

The amount of work involved for the 3 deficiencies will include multiple contractors coordinating the work needed to ensure compliance.

I have listed a date of completion as 7/15/2019.


Cynthia H. Smith
Administrator
434-352-7420

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

Printed: 04/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495188	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
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NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522
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K 000	INITIAL COMMENTS Description of Structure: The facility is a one (1) story building with a construction type of V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03-27-2019 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 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.)	K 000	Appomattox Health and Rehabilitation Center's Fire Marshall POC The facility desires that the Plan of Correction be considered the facility's allegation of compliance. The statements made in this POC are not an admission and do not constitute agreement with the alleged deficiencies here in.	
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.	K 351	Sprinkler System - Installation 1. Sprinkler head to be installed to the wooden deck canopy area (west wing) per NFPA 13 (8.15.7.5) 2. Contractor to review quarterly during scheduled inspections for compliance. 3. Corporate to review on quarterly audits 2 quarters to ensure completion. 4. Facility will have Maintenance Director to report any occurrences of noncompliance to the Safety/QA Committee for review and actions needed to ensure compliance. 5. Date 7/15/2019 time limited waiver	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE *G. Michael H. Smith* TITLE *Administrator* (X6) DATE *4-11-2019*

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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NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522		
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K 351	Continued From page 1 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to install and maintain the sprinkler system per NFPA 13. This has the potential to affect all occupants of that area of the building. Findings include On 03-27-2019 at 11:30 am, it is observed that the wooden deck and canopy outside of the West Wing exit door lacked sprinkler protection per NFPA 13 (8.15.7.5) The Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-27-2019 at 3:30 pm during the exit interview.	K 351		
K 511 SS=F	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: Based upon observations and interviews the facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National	K 511	Utilities - Gas and Electric 1. Panels labeled on 3/29/2019 for the electrical panel HC-BR 15, 16 and 18 and HMA Br 31-42 in the unit manager's office; and panel LA2 Br31 and HA-Br 14-18 in the dirty utility room. Flex cord in Medication Room re-routed power cord on 4/1/2019. 2. Maintenance Director to review quarterly during scheduled inspections for compliance. 3. Corporate to review on quarterly audits for 2 quarters to ensure completion. 4. Facility will have Maintenance Director report any occurrences of noncompliance to the Safety/QA Committee for review and actions needed to ensure compliance. 5. Date 4/1/2019	

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K 511	Continued From page 2 Electrical Code. This has the ability to effect all occupants in the immediate area. Findings include: On 03-27-2019 at 1:00 pm, it is observed that the electrical panel "HC" Br. 15, 16,& 18 and "HMA" Br 31 - 42 in the Unit Manager's Office; and panel "LA2" Br 31 & "HA" Br 14-18 in Dirty Utility Room are not labeled as required by the Life Safety Code. (NFPA 70, 408.4) At 1:30 pm, it is observed that flexible cord was run through ceiling in the Medication Treatment Room. The Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-27-2019 at 3:30 pm during the exit interview.	K 511		
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to record fire damper and fire shutter testing in accordance with the Life Safety Code and NFPA 80. This has the ability to affect all occupants in the building.	K 521	HVAC 1. Fire dampers located in Shower B and Office Storage rooms; and fire shutter at Office Lobby to be tested by contractor. 2. Contractor to review annually during scheduled inspections for compliance. 3. Corporate to review on quarterly audit for 2 quarters to ensure completion. 4. Facility will have Maintenance Director report any occurrences of noncompliance to the Safety/QA Committee for review and actions needed to ensure compliance. 5. Date 7/15/2019 Time Limited Waiver	

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K 521	Continued From page 3 Findings include On 03-27-2019 at approximately 12:30 pm, through observation and interview that the fire dampers located in Shower B and Office Storage rooms; and fire shutter at Office lobby are not being tested per NFPA 80. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-27-2019 at 3:30 pm during the exit interview.	K 521		

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K 000	<p>INITIAL COMMENTS</p> <p>Description of Structure: The facility is a two story building with mechanical and laundry rooms basement with a construction type of II (111).</p> <p>Sprinkler Status: Fully sprinklered - NFPA 13</p> <p>An unannounced Standard Recertification Life Safety Code Survey was conducted on 03-27-2019 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 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>Appomattox Health and Rehabilitation Center's Fire Marshall POC</p> <p>The facility desires that the Plan of Correction be considered the facility's allegation of compliance.</p> <p>The statements made in this POC are not an admission and do not constitute agreement with the alleged deficiencies here in.</p>	
K 311 SS=E	<p>Vertical Openings - Enclosure CFR(s): NFPA 101</p> <p>Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based upon observations the facility failed to maintain the fire resistant ceiling in</p>	K 311	<p>Vertical Openings - Enclosure</p> <ol style="list-style-type: none"> Maintenance Director to fire caulk all open ceiling penetrations above the elevator mechanical equipment. Maintenance Director to review monthly, during and after any contractor visits for compliance. Corporate to review on quarterly audit for 2 quarters to ensure completion. Facility will have Maintenance Director report any occurrences of door issues to the Safety/QA Committee for review and actions needed to ensure compliance. Date 4/30/2019 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE 4-11-2019
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K 311	Continued From page 1 accordance with the Life Safety Code . This has the ability to affect all occupants in the building. Findings include On 03-27-2019 at approximately 12:45 pm, through observation and interview that the ceiling area above the elevator mechanical equipment contained open ceiling penetrations. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-27-2019 at 3:30 pm during the exit interview.	K 311		
K 353 SS=F	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 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: Based upon observations and interviews the facility failed to test and maintain the building fire	K 353	Sprinkler System - Maintenance and Testing 1. Pump room tamper switches and valves shall be connected to the fire alarm system. 6" Signage installed 4/11/2019 for Fire Department connection. 2. Contractor to review supervision of tamper switches and valves and proper signage for Fire Department connection during scheduled inspections for compliance. 3. Corporate to review on quarterly audit for 2 quarters to ensure compliance. 4. Facility will have Maintenance Director report any occurrences of noncompliance to the Safety/QA Committee for review and actions needed to ensure compliance. 5. Date 7/15/2019 Time Limited Waiver	

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K 353	Continued From page 2 sprinkler system. This has the ability to affect all occupants of the building. Findings include: On 03-27-2019 at approximately 1:30 PM it was observed in FSLA sprinkler inspection reports of 07-25-2018 that the pump room tamper switches and valves are not supervised. (NFPA 101 Section 9.7.2.1) On 03-27-2019 at approximately 1:15 PM, it was observed that the fire department connection is not identified with a sign with 6" "FDC" lettering. (NFPA 13, 8.17.2.4.7.1) The Administrator and Maintenance Director witnessed this evidence by interview and observation on 03-27-2019 at 3:30 pm during the exit interview. a) Date sprinkler system last checked 1-17-2019 b) Who provided system test Fire & Life Safety of America c) Water system supply source Municipal	K 353		
K 511 SS=F	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	K 511		

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K 511	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National Electrical Code. This has the ability to effect all occupants in the immediate area.</p> <p>Findings include:</p> <p>On 03-27-2019 at 9:00 am, it is observed that the electrical panel "LK" Br. 9 and "HK" Br 1-6 in the Kitchen; and panel "HM" Br 4 & "HE" Br 5-10 & 12 and "LE" Br 13 in Mechanical Room are not labeled as required by the Life Safety Code. (NFPA 70, 408.4)</p> <p>On 03-27-2019 at approximately 1:45 pm, it is observed that the Emergency Gas Shut Off Valve signage is missing as it enters the facility in rear location. (NFPA 101, 9.1.1; NFPA 54 - 12; 7.9.2.3)</p> <p>The Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-27-2019 at 3:30 pm during the exit interview.</p>	K 511	<p>Utilities - Gas and Electric</p> <ol style="list-style-type: none"> 1. Panels labeled on 3/29/2019 for the electrical panel HC-BR 15, 16 and 18 and HMA Br 31-42 in the unit manager's office; and panel LA2 Br31 and HA-Br 14-18 in the dirty utility room. Flex cord in medication room re-routed power cord on 4/1/2019. The Emergency Gas Shut Off Valve signage installed 4/11/2019. 2. Maintenance Director to review quarterly during scheduled inspections for compliance. 3. Corporate to review on quarterly audits for 2 quarters to ensure completion. 4. Facility will have Maintenance Director report any occurrences of noncompliance to the Safety/QA Committe for review and actions needed to sensure compliance. 5. Date 4/11/2019 	