STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495362	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/28/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLAND NURSING AND REHABILITATION	**906 THOMPSON STREET ASHLAND, VA 23005**

(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 222	Continued From page 2 DELAYED-EGRESS LOCKING ARRANGEMENTS 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. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be 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: Based upon observations there are time delayed locks installed on egress doors and not all of them are installed properly. Findings include: Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the required signage on the egress door out of the maintenance hallway was not posted. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the required signage on the egress door out of the courtyard	K 222	NFPA 101 Egress doors specific to the required signage on egress doors with 15 second time delayed locks, and proper activation of the automatic countdown on egress doors with 15 second time delayed locks, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- December 12, 2018 K 300 1. The fire doors not reviewed during the annual inspection were added to the annual fire door inspection report. 2. There is only one required annual fire door inspection,	

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K 222	Continued From page 3 back into the building by the rehab gym was not posted. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the automatic countdown of the 15 second time delayed lock on the egress door by room 327 was not activated within one second of when the door required by the Virginia Statewide Building Code.	K 222	therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Protection-Other specific to the proper review of fire doors during the annual inspection. The annual fire door inspection will be added to the facility's TELS Preventative Maintenance (PM) calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance-December 12, 2018	
K 300 SS=E	Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections. Findings include: Between 9:10am and 12:00pm on November 28th, 2018, during document review it is observed that not all fire doors have had an annual inspection.	K 300		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier	K 321		

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K 321	Continued From page 4 having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching that could allow smoke and hot gasses to pass through the doors. Findings include: Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the fire rated door to the dry storage room in the kitchen was held	K 321	K 321 1. The non-approved hold open device was removed from the fire rated door to the dry storage room in the kitchen. The fire rated door the laundry room was made to self close and latch. 2. Additional hazardous area doors were reviewed for non-approved hold open devices, and proper self closing and latching. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Areas- Enclosure specific to non-approved hold open devices on hazardous area doors, and the proper closing and latching of hazardous area doors, and will continue to	

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K 321	Continued From page 5 open with a non-approved hold open device. (case of soda) Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the fire rated door to the laundry room was not self closing and latching.	K 321	monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- December 12, 2018	
K 353 SS=E	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 of the sprinkler system that the required maintenance of the system is not being maintained. Findings include: Between 9:10am and 12:00pm on November 28th, 2018, it is observed that there is a ceiling tile damaged at the egress in dining hall that could allow hot gasses to pass above the ceiling	K 353	K 353 1. The damaged ceiling tile at the egress in the dining room was replaced. The gap around the sprinkler head in the kitchen manager's office was repaired. In the laundry room, the missing ceiling tile and the ceiling tile with a hole in it were replaced. 2. Additional ceiling tiles were reviewed for being damaged, missing and having holes. Additional sprinkler heads were reviewed for having gaps that could allow the passage of hot gases above the ceiling.	

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K 353	Continued From page 6 and could affect the sprinkler system from operating properly. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that there is a gap around the sprinkler head in the kitchen manager's office that could allow hot gasses to pass above the ceiling and could affect the sprinkler system from operating properly. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that there is a ceiling tile missing in the laundry room that could allow hot gasses to pass above the ceiling and could affect the sprinkler system from operating properly. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that there is a ceiling tile with a hole in it in the laundry room that could allow hot gasses to pass above the ceiling and could affect the sprinkler system from operating properly.	K 353	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to ceiling tiles being damaged, missing, and having holes, and sprinkler heads having gaps that could allow the passage of hot gases above the ceiling, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- December 12, 2018	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors	K 363		

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K 363	Continued From page 7 complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based upon observations of all corridor doors there are doors found that did not have positive latching that could allow smoke to pass through the doors. Findings include: Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the corridor doors to the resident rooms 232 and 311did not have positive latching. Resident room 302 door was obstructed from fully closing by a bed.	K 363	K 363 1. The doors to resident rooms 232 and 311 were made to positively latch. The bed in resident room 302 was moved to let the door fully close. 2. Additional resident room doors were reviewed for positive latching, and obstructions preventing the doors from fully closing. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor-Doors specific to resident room doors positively latching, and obstructions preventing resident room doors from fully closing, and will continue to monitor in accordance with NFPA standards.	
K 919 SS=E	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99	K 919		

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K 919	Continued From page 8 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations there are unprotected openings in the electrical panels. Findings include: Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the outlet box for the receptacle in the conference room was no properly secured and is loose. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the live electrical prongs on the food warmer in the dining room were exposed. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the cover panel in on the main electrical switchgear was not properly secured in the closed position and had missing screws. Between 9:10am and 12:00pm on November 28th, 2018, it is observed that the electrical disconnects in the laundry room did not have proper clear working space in front of them. They were obstructed with multiple bags of laundry.	K 919	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- December 12, 2018 K 919 1. The loose outlet box to the electrical receptacle in the conference room was repaired. The exposed electrical prongs on the food warmer in the dining room were corrected. The missing screws to the electrical panel cover on the main electrical switchgear were replaced. The laundry bags obstructing the electrical disconnects in the laundry room were removed.	

2. Additional outlet boxes to electrical receptacles were reviewed for being loose. Additional food equipment was reviewed for having exposed electrical prongs. Additional electrical panel covers were reviewed for missing screws. There is only one set of electrical disconnects in the laundry room, therefore no additional reviews were needed.
3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment- Other specific to loose outlet boxes for electrical receptacles, exposed electrical prongs on food equipment, missing screws on electrical panel covers, and keeping the electrical disconnects in the laundry room unobstructed, and will continue to monitor in accordance with NFPA standards.
4. Any findings will be reported to the monthly QAPI Committee for further review.
5. Date of Compliance- December 12, 2018