

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

Printed: 08/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495336	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER AUGUSTA NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 83 CROSSROADS LANE FISHERSVILLE, VA 22939		
(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	INITIAL COMMENTS Surveyor: 25557 Description of Building: The facility is a one story wood frame structure with brick veneer exterior. Construction Type: V (111) Sprinkler status: Fully Sprinklered with quick response heads. An unannounced recertification Life Safety Code survey was conducted 08/16/2018 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.)	K 000	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this plan of correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National 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: Surveyor: 25557 Based upon observations and interviews the facility failed to test and maintain the building fire alarm system. This has the ability to affect all	K 345	K345: Fire Alarm System-Testing and Maintenance 1. The luggage care blocking the pull station in the front lobby was moved 2. A quality review of pull stations was completed by the Executive Director (ED)/Maintenance staff to ensure pull stations were not blocked. 3. Current staff re-educated by the ED/Maintenance Director/designee specific to pull stations remaining	8/24/18

LABORATORY DIRECTOR'S OR PROVIDER/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.

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K 345	Continued From page 1 occupants of the building. The findings include: On 08/16/2018 at approximately 1:33 PM it was observed that the fire alarm pull station at the main lobby exit from the facility was obstructed and not accessible for use. (NFPA 72, 17.14.8.2) The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 08/16/2018 at approximately 3:30 PM during the exit interview.	K 345	Unblocked. 4. ED/Maintenance staff/designee will continue to monitor pull stations in accordance with NFPA standards, and any findings to be reported to QAPI committee monthly for further review	9/14/18
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: Surveyor: 25557 Based upon observations and interviews the facility failed to maintain the heating, ventilation, and air conditioning equipment as required by the Life Safety Code. This has the ability to affect all occupants in the affected smoke compartment. The findings include: On 08/16/2018 at approximately 11:30 AM it was observed and noted during record review that the facility could not provide documentation that the noted deficiencies on the fire damper inspection report dated 05/24/2018 have been corrected.	K 521	K521: HVAC 1. Noted deficiencies on the fire damper inspection report will be corrected by a qualified vendor. 2. There is only one required two year damper inspection report, therefore no additional reviews were needed. 3. Maintenance staff re-educated by the ED/designee specific to deficient dampers being repaired when noted. 4. ED/Maintenance staff/designee will continue to monitor damper inspection reports in accordance with NFPA standards, and any findings will be reported to the QAPI committee monthly for further review	

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K 521	Continued From page 2 The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 08/16/2018 at approximately 3:30 PM during the exit interview.	K 521		8/22/18
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based on observation and interview, the facility failed to conduct fire drills at least quarterly on each shift, as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 08/16/2018 at approximately 11:30 AM it was observed and noted during record review that facility did not conduct fire drills at varying times on the 3 PM to 11 PM shift The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 08/16/2018 at approximately 3:30 PM during the exit interview.	K 712	K712: Fire Drills 1. An additional fire drill was conducted at 10pm on 8/22/2018. 2. A quality review of the monthly fire drills was completed by ED/Maintenance to ensure drills are being held at varying times during shifts. 3. Current Maintenance staff and staff development re-educated by ED/DON/designee specific to conducting monthly fire drills at varying times during the required shifts. A reminder to vary the monthly fire drill times will be added to the facility's TELS Preventative Maintenance calendar. 4. ED/Maintenance staff/designee to conduct quality monitoring of fire drills, monthly for three months to ensure fire drills are conducted at varying times on the required shifts and will continue to monitor in accordance with NFPA standard. Any findings will be reported to the QAPI committee monthly for further review.	