

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

Printed: 09/25/2019
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 09/17/2019
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NAME OF PROVIDER OR SUPPLIER AUGUSTA NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 83 CROSSROADS LANE FISHERSVILLE, VA 22939
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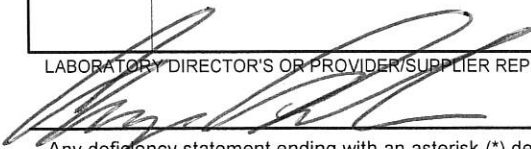
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Building: The facility is a one story wood frame structure with brick veneer exterior.</p> <p>Construction Type: V (111)</p> <p>Sprinkler status: Fully Sprinklered with quick response heads.</p> <p>An unannounced recertification Life Safety Code survey was conducted 09/17/2019 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		
K 341 SS=F	<p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p>	K 341	<p>The replaced fire Alarm System has been Inspected and approved.</p> <p>There is only one Fire Alarm System in the Facility, therefore no additional reviews were Needed.</p> <p>The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System-Installation Specific to having the replaced Fire Alarm System inspected and approved and will Continue to monitor in accordance with NFPA Standards.</p> <p>Any findings will be reported to the monthly QAPI Committee for further review</p>	10-11-19

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

TITLE

(X6) DATE



EXECUTIVE DIRECTOR

10/2/19

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 341	Continued From page 1 This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based upon observations and interviews the installed fire alarm system in the facility is not an approved system as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 09/17/2019 at approximately 11:45 AM it was observed and noted during record review that the facility fire alarm system had been replaced and the installed system had not been inspected or approved. [NFPA 72, 14.4.1.1.1.1] The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 09/17/2019 at approximately 4:00 PM during the exit interview.	K 341		