

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF ALTAVISTA		STREET ADDRESS, CITY, STATE, ZIP CODE 1317 LOLA AVE ALTAVISTA, VA 24517		
(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 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 07-27-2018 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 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 on this plan of correction are not an admission to; do not constitute an agreement with the alleged deficiencies stated. The plan of correction constitutes the facilities allegation of compliance.	
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	K511 Maintenance Department immediately labeled electrical panel "A" breaker "38" appropriately, as identified. Maintenance Department will label all breaker boxes appropriately and accurately. In-service will be conducted to maintenance staff on breaker box accuracy and upkeep. Maintenance department will check labels on all breaker boxes and document findings routinely 1x per month for 3 months to ensure labels are correct. Results will be reviewed at the quarterly QAPI meeting. DOC 8/31/18	

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

TITLE

(X6) DATE

Christi K. Thomas, LHA

8-15-18

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 511	Continued From page 1 Electrical Code. This has the ability to affect all occupants of the building. Findings include: On 07-27-2018 at 11:30 am, it is observed that the electrical panel "A", breaker "38" is not labeled as required by the Life Safety Code. (NFPA 70, 408.4) The Maintenance Director and Administrator witnessed this evidence by interview and observation on 07-27-2018 at 4:00 pm during the exit interview.	K 511		
K 920 SS=E	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 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. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8	K 920	K920 Maintenance Department immediately removed non-approved relocatable tap for room 606 as identified, as it was not needed. In-service will be conducted to maintenance staff on the approved electrical equipment to be utilized going forward. An audit will be conducted of all patient rooms to ensure proper equipment is being utilized. A quarterly audit will be conducted of all patient rooms and results will be reported and discussed at the quarterly QAPI meeting. DOC 8/31/18	

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

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K 920	<p>Continued From page 2 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that the electrical equipment complies with NFPA 99. This has the ability to affect all occupants of the building.</p> <p>Findings include</p> <p>On 07-27-2018 at 12:15 pm, it is observed that an non-approved relocatable tap is being used as found in Room 606.</p> <p>The Maintenance Director and Administrator witnessed this evidence by interview and observation on 07-27-2018 at 4:00 pm during the exit interview.</p>	K 920		
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K 000	INITIAL COMMENTS Description of Structure: The facility is a one (1) story building with a construction type of III (211). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 07-27-2018 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 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		
K 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by:	K 223	K223 Maintenance Department will fix or contract repair of the dirty linen door in the Laundry Room to ensure it will self-close and latch. Maintenance Department will ensure this specific door is on the list for our annual door audit, and complete a %100 audit on all fire doors for functionality. Additional audit will continue 1x per week x4 weeks, then monthly x3 months. Maintenance staff will be in serviced on proper door self-closure and latching protocols. After audits complete, results will be shared at the quarterly QAPI meeting. DOC 8/31/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christi R. Thomas, LWA</i>	TITLE	(X6) DATE <i>8/15/18</i>
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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 223	Continued From page 1 Based upon observation and interview, the facility failed to maintain doors with self-closing devices. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 07-27-2018 at 2:15 pm, it was observed that the dirty linen door in the Laundry Room did not self-close and latch. The facility maintenance director witnessed this evidence through inspection and observation on 07-27-2018 at 4:00 PM during the exit interview.	K 223		
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: Based upon observations and interview with the Maintenance Staff that the facility failed to ensure that the fire alarm system with single station smoke alarms are maintained according to NFPA 72. This has the ability to affect all occupants of the building. Findings include On 07-27-2018 at 10:20 AM, it is observed and interview with the Maintenance Director that the single station smoke alarms are not being maintained and replaced per NFPA 72. Smoke	K 345	K345 Maintenance staff will replace fire alarm in room 106 and maintain appropriate date within 10 years of age. Maintenance staff will conduct a 100% audit of all smoke alarms to ensure compliance with date range of 10 years of age. Maintenance will replace any detectors found in audit to be deficient. Maintenance department will be in-serviced on keeping accurate log on smoke alarms/detectors and replacement dates to ensure compliance. Results of audit and progress will be reported to the quarterly QAPI meeting. DOC 8/31/18	

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K 345	Continued From page 2 alarm found in Room 106 is greater than 10 years of age. The Maintenance Director and Administrator witnessed this evidence by interview and observation on 07-27-2018 at 4:00 pm during the exit interview.	K 345		
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 on observation and interview, the facility failed to maintain the sprinkler system. This has the potential to affect all occupants of the building. Findings include On 07-27-2018 at 2:00 pm it is observed that sprinkler heads located in the Laundry Room	K 353	K353 Maintenance department will contract replacement of sprinkler head in laundry room that was found to be corroded. Maintenance staff will be in-serviced on proper checks of sprinkler heads/frequency and location and ensure contracted company is locating all sprinkler heads for problems. Maintenance staff/contracted company will conduct a 100% audit of sprinkler heads to ensure proper maintenance. Results of audit will be discussed at quarterly QAPI meeting. DOC 8/31/18	

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K 353	Continued From page 3 above the washers are corroded and not being maintained according to NFPA 25 (5.2.1.1.2). a) Date sprinkler system last checked 07-13-18 b) Who provided system test: Eagle Fire c) Water system supply source: Municipal The Maintenance Director and Administrator witnessed this evidence by interview and observation on 07-27-2018 at 4:00 pm during the exit interview.	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 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 Electric Code. This has the ability to affect all occupants of the building. Findings include: On 07-27-2018 at 1:45 pm, it is observed that the electrical panels "2LP1", "2LP2", and "2EME" on "Main Street" hall are not labeled as required by	K 511	K511 Maintenance Department will appropriately label the electrical panel "2LP1" "2LP2" and "2EME" on Main Street, and "K1" in the kitchen where the blanks are missing. Maintenance Department will label all breaker boxes appropriately and accurately. In-service will be conducted to maintenance staff on breaker box accuracy and upkeep. Maintenance department will check labels on all breaker boxes and document findings routinely 1x per month for 3 months to ensure labels are correct. Results will be reviewed at the quarterly QAPI meeting. DOC 8/31/18	

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K 511	Continued From page 4 the Life Safety Code. (NFPA 70, 408.4) On 07-27-2018 at 2:30 pm, it is observed that the electrical panel "K1" in the Kitchen has blanks missing. The Maintenance Director and Administrator witnessed this evidence by interview and observation on 07-27-2018 at 4:00 pm during the exit interview.	K 511		
K 920 SS=E	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 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. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the	K 920	K920 Maintenance Department will obtain an approved relocatable tap and replace equipment for room 212 as identified. In-service will be conducted to maintenance staff on the approved electrical equipment to be utilized going forward. A 100%audit will be conducted of all patient rooms to ensure proper equipment is being utilized. A quarterly audit will be conducted of all patient rooms and results will be reported and discussed at the quarterly QAPI meeting. DOC 8/31/18	

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K 920	Continued From page 5 facility failed to ensure that the electrical equipment complies with NFPA 99. This has the ability to affect all occupants of the building. Findings include On 07-27-2018 at 1:15 pm, it is observed that an non-approved relocatable tap is being used as found in Room 212. The Maintenance Director and Administrator witnessed this evidence by interview and observation on 07-27-2018 at 4:00 pm during the exit interview.	K 920		