

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

Printed: 09/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2019
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 III (211). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 08-28-2019 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	Disclaimer: Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding. K511 Maintenance Department immediately purchased appropriate signage to be affixed to generator as identified to label the diesel saddle tank. Maintenance Department will visualize proper signage on diesel tank during walking rounds 1x per week x4 weeks. Results will be reviewed at the monthly QAPI meeting. In-service will be conducted to maintenance staff on KTag 511 to ensure understanding. DOC 9/13/19	
K 511 SS=E	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		

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

TITLE

(X6) DATE

C Thomas, LSHA

9/5/19

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 511	<p>Continued From page 1</p> <p>Electrical Code, NFPA 110, and NFPA 54. This has the ability to affect all occupants of the building.</p> <p>Findings include: On 08-28-2019 at approximately 1:45 pm, it is observed that the generator remote manual stop station is missing and not labeled. (NFPA 110, 5.6.5.6 & 5.6.5.6.1)</p> <p>At approximately 1:45 pm, it is observed that the diesel saddle tank is not marked and identified per NFPA 704 system.</p> <p>The Administrator and Maintenance Director witnessed this evidence by interview and observation on 08-28-2019 at approximately 2:30 pm during the exit interview.</p>	K 511	<p>Maintenance Department contacted Carter CAT, generator service provider immediately following Life Safety inspection. Contractor has prepared work to be conducted for the generator remote manual stop station to be installed and labeled. Maintenance Department will work in conjunction with contractor to ensure proper function of installed switch during generator maintenance quarterly visits. Results of installation will be reviewed at the monthly QAPI meeting. In-service with all staff to ensure knowledge of new system and how it functions will be conducted once quoted work is complete.</p> <p>DOC 9/30/19</p>	

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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 08/28/2019
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