	MENT OF HEALTH					FORM	APPROVED 0.0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				PLE CONSTRUCTION G <b>02 - BUILDING 02</b>	I(AS) DAIL SUNT		
495256			B. WING		11/29/2018		
	ROVIDER OR SUPPLIER		1		STATE, ZIP CODE		
AUTUM	N CARE OF CHESA	PEAKE		RGYLL ST APEAKE, V	A 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	S		K 000			
		ture:The facility is 1 vith a construction ty			K347	fthis	
	Sprinkler status: Fu				Preparation and submission o POC is required by state and law. This POC does not const	federal titute an	з.
	survey was conduct accordance with 42 Part 483: Requirem Facilities. The facilit	certification Life Safe ted 0 <del>5/02/2010</del> in 11 Code of Federal Re ents for Long Term ( y was surveyed for the LSC 2012 Existing	/29/18 gulation, Care	Date correcte by: Rusty Cha Surveyor ID 35581			
	regulations. The fac compliance with the Participation Medica	ility was found not to Requirements for			Smoke detector test function conducted annually with no n outcome. Smoke detector sen	egative sitivity	
	Smoke Detection CFR(s): NFPA 101			K 347	test was conducted with no ne outcome.	gative	
	Smoke Detection 2012 EXISTING Smoke detection sy	stems are provided	in spaces		Maintenance director has been serviced on this requirement.	n in-	
	19.3.4.5.2 This REQUIREMEN by:	as required by 19.3.6.1. ENT is not met as evidenced ew of smoke detection system			Smoke detector sensitivity test scheduled to be conducted on every two years.		
	sensitivity results an Findings include		System		Maintenance director will aud results weekly for three month insure completion.		
	was observed that t documentation for s	en 9:00 AM and 12:0 he facility does not h moke detection sens deficiency was obsen tenance.	ave sitivity		Findings will be documented concerns will be shared with to committee.		
SS=F	HVAC CFR(s): NFPA 101			K 521	1/18/2019		
LABORATO	RY DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESE	NTATIVE'S SI	GNATURE	Ableninistal	1	(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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Printed: 12/05/2018

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

	13 FUN MEDICARE	& MEDICAID SERV	ICES	OMB NO. 0938-039				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02		(X3) DATE SURVEY COMPLETED		
	495256			B. WING		11/29/2018		
	ROVIDER OR SUPPLIER	PEAKE	715 AR	GYLL ST	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE F BE PRECEDED BY FULL F INTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIC DATE	
K 521	comply with 9.2 and accordance with the specifications. 18.5.2.1, 19.5.2.1, 9	, and air conditioning d shall be installed in e manufacturer's 9.2		K 521	K521 A smoke damper test was sch to be completed in a timely m Maintenance director has been serviced on this requirement.	anner.		
	by: Based upon intervie documentation that inspected and teste Findings include On 11/29/18 betwee was observed that t documentation that inspected and teste	NT is not met as evid ews the facility does n the fire dampers hav d within the last four en 9:00 AM and 12:00 he facility does not h the fire dampers hav d within the last four cy was observed by t ance.	not have ve been years. 0 PM, it ave ve been years.		A smoke damper test was sche to be completed once every for years. Maintenance director will aud results weekly for three month insure completion. *Findings of these inspections of documented and shared with the committee. 1/18/2019	ur it these is to will be		

FORM CMS-2567(02-99) Previous Versions Obsolete

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If continuation sheet Page 2 of 2

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

Printed: 12/05/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		R/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED					
495256		B. WING	B. WING		9/2018					
					STATE, ZIP CODE	25				
AUTUMN CARE OF CHESAPEAKE 715 ARGYLL ST CHESAPEAKE, VA 23320										
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE			
K 000	INITIAL COMMENT	ſS		K 000						
	masonry structure v V(111) Sprinkler status: Fu An unannounced re survey was conduct accordance with 42 Part 483: Requirem Facilities. The facilit compliance using th	certification Life Safe ted 05/02/2018 in 11/2 Code of Federal Re ents for Long Term ( ty was surveyed for he LSC 2012 Existing	pe of ety Code 29/18 gulation, Care	Date corrected by: Rusty Chase Surveyor ID 35581	K347 Preparation and submission of POC is required by state and law. This POC does not cons admission for purposes of gen liability, professional malpra- any other court proceeding.	federal titute an neral ctice or				
K 347 SS=F	compliance with the Participation Medica Smoke Detection	FR(s): NFPA 101 moke Detection 012 EXISTING moke detection systems are provided in spaces ben to corridors as required by 19.3.6.1. 0.3.4.5.2 his REQUIREMENT is not met as evidenced /: ased upon review of smoke detection system ensitivity results are not documented.			conducted annually with no n outcome. Smoke detector sen test was conducted with no ne outcome.	egative sitivity				
	open to corridors as 19.3.4.5.2 This REQUIREMEN by: Based upon review				Maintenance director has bee serviced on this requirement. Smoke detector sensitivity ter scheduled to be conducted on every two years. Maintenance director will au results weekly for three mont insure completion.	st was ice dit these				
	was observed that t documentation for s	en 9:00 AM and 12:0 he facility does not h moke detection sens deficiency was obser tenance.	ave sitivity	K 521	Findings will be documented concerns will be shared with committee.					
LABORATO	RY DIRECTOR'S OR PROV	DER/SUPPLIER REPRESE	NTATIVE'S SI	GNATURE	TITLE //		(X6) DATE			
Adeninistiator 12-6-18										

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.

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

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039				
				(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED 11/29/2018			
		B. WING							
	ROVIDER OR SUPPLIER	PEAKE	715 AR	GYLL ST	STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE T BE PRECEDED BY FULL I ENTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
K 521	HVAC Heating, ventilation comply with 9.2 and accordance with the specifications. 18.5.2.1, 19.5.2.1, 9 This REQUIREMED by: Based upon intervise documentation that inspected and teste Findings include On 11/29/18 betwee was observed that documentation that	and air conditioning d shall be installed in e manufacturer's 9.2 NT is not met as evid ews the facility does the fire dampers have d within the last four the facility does not h the fire dampers have d within the last four cy was observed by	denced not have ve been years. 0 PM, it nave ve been years.	K 521	K521 A smoke damper test was sch to be completed in a timely m Maintenance director has bee serviced on this requirement. A smoke damper test was sch to be completed once every fo years. Maintenance director will aud results weekly for three month insure completion. Findings of these inspections documented and shared with t committee. 1/18/2019	anner. n in- eduled our lit these hs to will be			

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