

12/4/19 correct

LILDA WHITE

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

PRINTED: 10/11/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495194	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/09/2019
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NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF PORTSMOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 WINCHESTER DR PORTSMOUTH, VA 23707
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K 000

INITIAL COMMENTS

K 000

Description of structure: One Story with a construction type of type II(000)

Sprinkler status: Fully sprinklered in accordance with NFPA-13

An unannounced Recertification Life Safety Code survey was conducted 10-9-19 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,

K 345  
SS=D

483.90(a) et seq (Life Safety from Fire).  
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 on record review and interview, it was revealed that the fire alarm report was not complete.

K 345

1. Fire alarm report updated by Beta Systems to include the locations of the horns/strobes, and any information about the locations and testing of the interface equipment including the door holders and HVAC equipment that may shut down.
2. Maintenance Director and Administrator will audit Inspection and Maintenance Logs for any similar occurrence.
3. Random weekly audit by Admin. or designee of Inspection and Maintenance logs for completeness x3 months.
4. Audit results will be taken to QAPI.
5. 11/26/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE LNHA	(X6) DATE 10/21/19
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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 345	Continued From page 1 On 10-9-19 at approximately 9:50 am it was revealed that the fire alarm report did not include the locations of the horns or strobes, or any information about the locations and testing of the interface equipment including the door holders and hvac equipment that may shut down. These findings were confirmed by the Maintenance Director.	K 345		
K 353 SS=D	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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, it was revealed that the sprinkler system in the sprinkler valve room and therapy storage room was not being maintained.</p> <p>Findings include:</p>	K 353	<p>1. Ceiling tile placed in missing area in sprinkler valve room. Escutcheon plate correctly installed below the plane of the drop ceiling in the Physical Therapy storage room.</p> <p>2. Maintenance Director and Administrator will audit facility for any similar occurrences.</p> <p>3. Random weekly audit by Admin. or designee of facility ceiling tiles &amp; escutcheon plates for placement x3 months.</p> <p>4. Audit results will be taken to QAPI.</p> <p>5. 11/26/19</p>	

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**K 353** Continued From page 2  
On 10-9-19 at 10:15 am it was revealed that a ceiling time was missing in the sprinkler valve room. This could delay activation of the sprinkler there.  
  
On 10-9-19 at 10:20 am it was revealed that an escutcheon plate was incorrectly installed above the plane of the drop ceiling in the Physical Therapy storage room. This could delay activation of the sprinkler here.  
  
This evidence was witnessed by the Maintenance Director.

**K 353**

**K 712** Fire Drills  
**SS=E** 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:  
Based on record review and interview, it was revealed that fire drill records were not complete.

**K 712**  
1. Fire drill completed for each shift on 10-9-19.  
2. Administrator will audit Fire Drill logs for any similar occurrences.  
3. Administrator will audit Fire Drill logs quarterly for Drill completeness x6 months.  
4. Audit results will be taken to QAPI.  
5. 11/26/19

Findings include:  
  
On 10-9-19 at approximately 9 am, in a review of the fire drill records, the second shift of the 4th quarter of 2018 fire drill record was not available

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K 712	Continued From page 3 for review, and none of the fire drill records for the 3rd quarter of 2019 were available for review. These findings were confirmed by the Director of Maintenance.	K 712		
K 911 SS=D	<p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 6 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the electrical panels are not being maintained.</p> <p>Findings include:</p> <p>On 10-9-19 between the hours of 10 am and 11:00 am it was observed that several electrical panels had circuits that were not labeled or difficult to read. Examples include:</p> <ol style="list-style-type: none"> <li>1) Panel ECC at computer room "staff only"</li> <li>2) Panel KA in kitchen</li> <li>3) Panel by Maintenance office</li> <li>4) Panel C</li> <li>5) Panel LA in Laundry</li> <li>6) EMDP in Laundry</li> <li>7) Panel by Nurses station</li> </ol> <p>On 10-9-19 at 10:50 am it was revealed that the electrical panels in the kitchen were blocked by carts (corrected at the time of survey).</p>	K 911	<ol style="list-style-type: none"> <li>1. A. Electrical Panels ECC, KA, C, LA, EMDP, Panel by Maintenance Office, &amp; Panel by Nurses Station properly labeled and legible. B. Dining carts removed from in front of electrical panels.</li> <li>2. A. Maintenance Director and Administrator will audit facility for any similar occurrences. B. High visibility paint outline placed on floor in front of panels in kitchen and dietary staff educated on keeping area free of obstructions.</li> <li>3. A. Random weekly audit by Admin. or designee of facility electrical panels for labeling and legibility x3 months. B. Random weekly audit by Admin. or designee of kitchen electrical panel for obstructions.</li> <li>4. Audit results will be taken to QAPI.</li> <li>5. 11/26/19</li> </ol>	

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K 911	Continued From page 4	K 911			
K 914 SS=E	<p>These findings were confirmed by the Maintenance Director.</p> <p>Electrical Systems - Maintenance and Testing CFR(s): NFPA 101</p> <p>Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was revealed that the receptacle testing had not been done.</p> <p>Findings include:</p> <p>On 10-9-19 at approximately 9:40 am it was revealed that the last receptacle testing was</p>	K 914	<ol style="list-style-type: none"> <li>1. Receptacle testing completed accordingly.</li> <li>2. Administrator will audit annual maintenance requirements for any similar occurrences.</li> <li>3. Administrator will audit annual maintenance requirements quarterly.</li> <li>4. Audit results will be taken to QAPI.</li> <li>5. 11/26/19</li> </ol>		

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K 914	Continued From page 5 4-14-18, and had not been conducted since then. This was confirmed by the Maintenance Director.	K 914		
K 920 SS=D	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 on interview and record review, it was revealed that the patient care related equipment (PCREE) had not been tested in 2019.  Findings include;	K 920	1. Patient care related equipment (PCREE) testing completed accordingly. 2. Administrator will audit annual maintenance requirements for any similar occurrences. 3. Administrator will audit annual maintenance requirements quarterly. 4. Audit results will be taken to QAPI. 5. 11/26/19	

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**K 920** Continued From page 6  
On 10-9-19 at 10:44 am it was revealed that the last PCREE testing was 4-14-18, and had note been conducted in 2019. This was confirmed by the Maintenance Director.

**K 920**

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K 000	INITIAL COMMENTS  Description of structure: One Story with a construction type of type II(111)  Sprinkler status: Fully sprinklered in accordance with NFPA-13  An unannounced Recertification Life Safety Code revisit was survey conducted on 10-9-19 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. 483.90(a) et seq (Life Safety from Fire).	K 000		
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced	K 761	1. Fire Doors & Patient room doors tested accordingly and any discrepancies to door proper functionality corrected. 2. Administrator will audit annual maintenance requirements for any similar occurrences. 3. Administrator will audit annual maintenance requirements quarterly 4. Audit results will be taken to QAPI. 5. 11/26/19	

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



KEVIN REYNOLDS

TITLE

LNHA

(X8) DATE

10/21/19

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 761	<p>Continued From page 1</p> <p>by: Based on record review and interview, it was revealed that annual fire door and patient room door inspections were not being done.</p> <p>Findings include:</p> <p>On 10-9-19 at approximately 10:05 am it was revealed there were no records for testing fire doors or patient room doors. Some examples of problems found;</p> <ol style="list-style-type: none"> <li>1) Room 237 door sticking and hard to close</li> <li>2) Rear exit from laundry time delay was not working properly (corrected)</li> <li>3) Visitors bathroom corridor door not latching across from room 240</li> <li>4) Cross corridor door by room 301 is difficult to open without excessive force</li> <li>5) Rooms 305 and 307 are sticking to the frame making it difficult to open and close</li> </ol> <p>These findings were confirmed by the Maintenance Director.</p>	K 761	<p>Does not make any sound when released</p> <p>Action 3 See</p> <hr/> <p>Letter</p>	