

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495194	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
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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	<p>INITIAL COMMENTS</p> <p>K000</p> <p>Description of structure: One Story with a construction type of type II(000)</p> <p>Sprinkler status: Fully sprinklered in accordance with NFPA-13</p> <p>An unannounced Recertification Life Safety Code survey was conducted 5-24-18 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,</p> <p>483.70(a) et seq (Life Safety from Fire.)</p> <p>K000</p> <p>Description of structure: One Story with a construction type of type II(111)</p> <p>Sprinkler status: Fully sprinklered in accordance with NFPA-13</p> <p>An unannounced Recertification Life Safety Code survey was conducted 5-24-18 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.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 **KEVIN REYNOLDS** **LMTA** **6/7/18**

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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.

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

7DWX21

If continuation sheet Page 1 of 8

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K 000	Continued From page 1 483.70(a) et seq (Life Safety from Fire.)	K 000		

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K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: K-324 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: Hood Suppression inspection and maintenance records were unavailable for review at the time of the inspection.	K 324	1. BFPE International Fire, Safety and Security supplied the missing documentation regarding hood inspection and maintenance. 2. Maintenance Director and Administrator will audit Inspection and Maintenance Logs for any similar occurrences. 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. 7/7/18
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<p>K 324</p> <p>K 345 SS=E</p>	<p>Continued From page 2</p> <p>The Facilities Maintenance Director confirmed these findings. K-324 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: Hood Suppression inspection and maintenance records were unavailable for review at the time of the inspection.</p> <p>The Facilities Maintenance Director confirmed these findings.</p> <p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>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: K-345 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: Fire Alarm inspection and maintenance records were unavailable for review at the time of the inspection. It was also discovered that the Smoke detector sensitivity testing has not been performed. There are many penetrations in the drop ceiling from the installation of the smoke detectors and A/V equipment that will affect the performance of the system.</p>	<p>K 324</p> <p>K 345</p>	<p>1. A. BETA Systems of Virginia performed annual test on fire alarm system to include a smoke detector sensitivity test. B. Penetrations in drop ceiling corrected by replacing affected ceiling tile with new and properly installed tiles.</p> <p>2. A. Maintenance Director & Administrator will audit Inspection and Maintenance Logs for any similar occurrences. B. Maintenance Director and Admin will inspect ceiling throughout facility to identify any other penetrations.</p> <p>3. A. Random weekly audit by Admin. or designee of Inspection and Maintenance logs for completeness x3 months. B. The Maintenance Director will inspect the facility on an annual basis for penetrations.</p> <p>4. 4. Audit results and findings will be taken to QAPI.</p> <p>5. 7/7/18</p>	
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K 345	<p>Continued From page 3</p> <p>The Facilities Maintenance Director confirmed these findings. K-345</p> <p>Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: Fire Alarm inspection and maintenance records were unavailable for review at the time of the inspection. It was also discovered that the Smoke detector sensitivity testing has not been performed. There are many penetrations in the drop ceiling from the installation of the smoke detectors and A/V equipment that will affect the performance of the system.</p> <p>The Facilities Maintenance Director confirmed these findings.</p> <p>K 351 SS=D Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Sprinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,</p>	K 345		

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K 351	<p>Continued From page 4 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: K-351 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: The current sprinkler system inspections and maintenance records were not available during the time of the survey. The sprinkler system maintenance was inadequate due to missing or not sealed Escutcheons throughout the facility. There was approximately 12-15 Escutcheons found to be problematic during the time of the inspection. It was discovered that the 5 year internal valve inspection is due according to the tag on the sprinkler equipment. The last documentation of the sprinkler system inspection and testing showed that the Water motor gong and the Fire Department Connection required maintenance and have known deficiencies.</p> <p>The Facilities Maintenance Director confirmed these findings. K-351 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: The current sprinkler system inspections and maintenance records were not available during the time of the survey. The sprinkler system maintenance was inadequate due to missing or not sealed Escutcheons throughout the facility. There was approximately 12-15 Escutcheons found to be problematic during the time of the inspection. It was discovered that the 5 year internal valve inspection is due according to the tag on the sprinkler equipment. The last documentation of</p>	K351	<ol style="list-style-type: none"> 1. A. BFPE International Fire, Safety and Security supplied the missing documentation regarding sprinkler Inspection and maintenance and a 5 year internal valve test performed. B. BFPE completed maintenance and corrected deficiencies to the Fire Motor Gong and Fire Department Connection. C. All missing or not sealed escutcheons replaced and sealed. 2. A. Maintenance Director & Administrator will audit Inspection and Maintenance Logs for any similar occurrences. B. Annual Inspection by BFPE and Maintenance Director. C. Maintenance Director and Admin will inspect ceiling throughout facility to identify any other penetrations. 3. A. Random weekly audit by Admin. or designee of Inspection and Maintenance logs for completeness x3 months. B. Admin. or designee will review all sprinkler system inspection reports. C. The Maintenance Director will inspect the facility on an annual basis for penetrations. 4. Audit results and findings will be taken to QAPI. 5. 7/7/18 	

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K 351	Continued From page 5 the sprinkler system inspection and testing showed that the Water motor gong and the Fire Department Connection required maintenance and have known deficiencies. The Facilities Maintenance Director confirmed these findings.	K 351		
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: K-372 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: There were multiple penetrations in the both smoke barrier walls that were found on an above ceiling inspection. The fire rated wall that separates the lobby from the hallway multiple penetrations, joints, and openings were found not fire stopped with listed design and products. Facilities Maintenance Director confirmed these findings.	K 372	<ol style="list-style-type: none"> 1. Smoke Barrier wall penetrations (pvc pipe, conduit, and sprinkler pipe) in fire rated smoke barriers will be corrected by applying a 4-Hour Fire Barrier aterial that must be UL Rated and Approved for application, according to fire safety and building code requirements as directed by a Licensed Firestop Contractor. 2. Maintenance Director, administrator and licensed contractor will make inspection of facility to identify possible similar occurrences. 3. The maintenance director will inspect facility on annual basis with licensed contractor. 4. Inspection results will be reported on Safety and QAPI committee. 5. 7/7/18 	

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K 372	Continued From page 6 K-372 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: There were multiple penetrations in the both fire walls that were found on an above ceiling inspection. The fire rated wall that separates the lobby from the hallway multiple penetrations, joints, and openings were found not fire stopped with listed design and products. The Facilities Maintenance Director confirmed these findings.	K 372		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 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) This REQUIREMENT is not met as evidenced by: K-911 Findings include that between the hours of 2:00 PM and 4:00 PM on 05/24/18 accompanied by the Facilities Maintenance Director, the following items were noted: Storage of combustible material that are within the free space of the electrical equipment in the Laundry room. It was discovered during the survey that there is excessive build- up of lint on the back of the dryer. It was noted during the survey in the following locations that there are open junction boxes with exposed wiring: Ceiling of the fire alarm room, above the rear door on the exterior soffit.	K 911	<ol style="list-style-type: none"> A. Combustible material removed from free space of electrical equipment. B. Lint removed from back of dryers. C. Covers placed on open junction boxes. A. Maintenance Director and Admin. inspected all electrical equipment free space for combustible material and removed material if present. B. All dryers checked for excessive lint buildup.. C. Maintenance Director and Admin. will inspect facility for open junction boxes and correct. A. All electrical free spaces where applicable outlined on the floor with hi visible paint. B. Monthly check and documentation of cleaning of back of dryers for lint build up and removal. C. Annual inspection of facility by Maintenance Director for missing junction box covers. Inspection results will be reported on Safety and QAPI committee. 7/7/18 	

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K 911	Continued From page 7	K 911		

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The Facilities Maintenance Director confirmed these findings.