PRINTED: 12/17/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION 01 - MAIN BUILDING 01		E SURVEY PLETED
		495264	B. WING			12/	13/2019
	PROVIDER OR SUPPLIER	ALTH AND REHAB		1	TREET ADDRESS, CITY, STATE, ZIP CODE VANTAGE DRIVE OQUOSON, VA 23662		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENT Description of structon Type If Sprinkler status: Sprinkler	cture: 1 Story Building	Ķ	000	19		
	An unannounced Life Safety Code Initial Survey was conducted on 12-13-19 to verify compliance in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480 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.				Address the corrective action taken for the Unsealed wire, pipe, and con rated ceilings of the ceiling, inclusion in the company of the ceiling in the company of the decision in the company of the ceiling in the cei	duit pene uding the I will be ca	etration in fire Electrical room, ulked with the
K 161 SS=E	non-compliance with Regulations, 483.90(a) et seq (L. Building Construction CFR(s): NFPA 101 Building Construction 2012 EXISTING Building construction	ction Type and Height ction type and stories meets nless otherwise permitted by 19.1.6.7		161	Residents in the facility may be Address what MEASURES will put in place made to ensure the deficient practice will The Maintenance Director wasurey of the ceiling to ensure not recur. The Maintenance Director will through and when any changes. The documented and reviewed Process Weekly.	or SYSTEM not recur: vill condu the deficie l conduct are made d during N	ct a complete ent practice will a weekly walk e. Moring Meeting
	Construction	on Type 32), II (222) Any number of non-sprinklered and			Indicate how the facility will monitor its p that solutions are sustained: Results of the weekly inspectio facility's monthly Quality Improvement (QAPI) meetings Date of Compliance:	ns will be Assurance	reported in the
	2 II (111) non-sprinklered	One story Maximum 3 stories			1/13/2020		(X6) DATE

Administrator

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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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE COMP	SURVEY
		495264	B. WING _		12/1	3/2019
	PROVIDER OR SUPPLIER OF POQUOSON HE	ALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1 VANTAGE DRIVE POQUOSON, VA 23662		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
K 161	throughout by an ar system in accordant 19.3.5) Give a brief descrip construction, the nu- basements, floors of location of smoke of approval. Complete plan of the building This REQUIREMENT by: Based on observat construction type of maintained. Findings include: On 12-13-19 between 1:00 pm it was reverwire, pipe, and concrated ceilings of the Electrical room, IT results.	Not allowed Maximum 2 stories Not allowed Maximum 1 story must be sprinklered proved, supervised automatic ce with section 9.7. (See tion, in REMARKS, of the mber of stories, including on which patients are located, r fire barriers and dates of sketch or attach small floor as appropriate. IT is not met as evidenced ion, it was revealed that the the building was not being en the hours of 11:00 am and aled that there were unsealed duit penetrations in the fire building, including the oom, and Mechanical room. metrations had been sealed	K 16			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL ^T A. BUILDI	TIPLE CONSTRUCTION NG 01 - Main Building 01		(X3) DATE SURVEY COMPLETED	
		495264	B. WING		12/13	3/2019
	PROVIDER OR SUPPLIER OF POQUOSON HEA	ALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1 VANTAGE DRIVE POQUOSON, VA 23662		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO TH	D BE	(X5) COMPLETION DATE
K 161 K 211 SS=D	findings. Means of Egress -	ntenance confirmed these	K 1			-2
	exit locations, and a with Chapter 7, and continuously maintafull use in case of e 18/19.2.2 through 1 18.2.1, 19.2.1, 7.1. This REQUIREMEN by: Based on observatimeans of egress is	ys, corridors, exit discharges, accesses are in accordance I the means of egress is ained free of all obstructions to mergency, unless modified by 8/19.2.11.		The rear corridor by the mainte been cleaned. Signs will be poste with means of egress. Address how facility will identify oth affected by deficient practice: Residents in the facility may be a	nance, laundr ed to clear are er residents p	ry and kitchen has ea to be compliant
K 222 SS=E	the rear corridor by kitchen was being under the clothing racks, liner. The Director for Maindings. Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required equipped with a late use of a tool or key using one of the foll arrangements:	the maintenance, laundry and used as a storage room for n, equipment and other items. Intenance confirmed these The means of egress shall not be chear or a lock that requires the from the egress side unless lowing special locking OR SECURITY THREAT	K 2	Address what MEASURES will put In CHANGES made to ensure the deficient The facility will conduct a concorridor to ensure the means to the rear corridor will be dood during Morning Meeting process Indicate how the facility will monitor its put that solutions are sustained: Results of the weekly inspection facility's monthly Quality improvement (QAPI) meetings Date of Compliance:	omplete survo egress is clea cumented and ss weekly. erformance to ons will be rep Assurance F	rey of rear ar. d reviewed o make sure

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	495264	B. WING		12/13/2019
NAME OF PROVIDER OR SUPPLIER BAYSIDE OF POQUOSON HI	76		STREET ADDRESS, CITY, STATE, ZIP CODE 1 VANTAGE DRIVE POQUOSON, VA 23662	
PREFIX (EACH DEFICIENC	TATEMENT OF DÉFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		BE COMPLETION
clinical security ne only one locking deach door and prograpid removal of olocks; keying of all all times; or other to the staff at all times. SPECIAL NEEDS Where special locks afety needs of the Clinical or Security being met. In additional electrical locks the upon loss of power protected by a supsystem and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system and the locked sand detection system are detection system.	king arrangements for the seeds of the patient are used, evice shall be permitted on ovisions shall be made for the occupants by: remote control of I locks or keys carried by staff at such reliable means available mes. 2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 LOCKING ARRANGEMENTS king arrangements for the e patient are used, all of the y Locking requirements are tion, the locks must be at fail safely so as to release or to the device; the building is pervised automatic sprinkler cked space is protected by a detection system (or is red at an attended location space); and both the sprinkler lems are arranged to unlock the tion. 2.2.5.2, TIA 12-4 SS LOCKING Selayed-egress locking systems ance with 7.2.1.6.1 shall be assemblies serving low and ontents in buildings protected approved, supervised automatic am or an approved, supervised ar system. 2.4 OLLED EGRESS LOCKING	Indica that s	Address the corrective action taken for the identity The rear exit door alarm will be adjusted to New sign will be posted at exit door MDS of will be adjusted for releasing process. New sign will be posted at exit door on Por Sprinkler room door will be adjust for prop Address how facility will identify other resident affected by deficient practice: Residents in the facility may be affected didress what MEASURES will put in place or HANGES made to ensure the deficient practice will the facility will conduct a complete surve doors to ensure proper operation. The exterior doors will documented and revision may be affected at the max be affe	o alarm when pushed. If ice double door. Door Ich Lounge. er alarm settings. Its potentially SYSTEMATIC Il not recur: y of exterior Ilewed during to make sure ported in the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF		(X3) DATE SURVEY COMPLETED	
		495264	B. WING		12/	13/2019
NAME OF	PROVIDER OR SUPPLIER	490204	100	STREET ADDRESS, CITY, STATE, ZIP CODE	121	13/2019
	E OF POQUOSON HE	ALTH AND REHAB		1 VANTAGE DRIVE POQUOSON, VA 23662		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
K 222	ARRANGEMENTS Elevator lobby exit accordance with 7.3 door assemblies in by an approved, su detection system an automatic sprinkler 18.2.2.2.4, 19.2.2.2 This REQUIREMENT by: Based on observat delayed locking egr maintained. Examples of finding On 12-13-19 betwee 1:00 pm it was rever doors in some area including: 1) The rear exit do immediately when p of NFPA 101 Life St three or more seco 2) The MDS Office doors only says "Er reference to time do one door readily en 3) The Porch Loung missing.	execus door locking in 2.1.6.3 shall be permitted on buildings protected throughout pervised automatic fire and an approved, supervised system. ANT is not met as evidenced that the ress doors were not being as include: en the hours of 11:00 am and caled that the delayed egress is needed maintenance or alarm does not start bushed per 7.2.1.6.1.1 (3) (c) afety Code 2012, but only after and and caled that the delayed egress is needed maintenance. double exit magnetic locking mergency Exit Only" with no caled or keep pushing. Only gages the releasing process. ge 15 second exit signage is a mexit magnetic lock has no	K 222			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		495264	B. WING _		12/13/2019
	PROVIDER OR SUPPLIER OF POQUOSON HEA	ALTH AND REHAB	ID.	STREET ADDRESS, CITY, STATE, ZIP CODE 1 VANTAGE DRIVE POQUOSON, VA 23662 PROVIDER'S PLAN OF CORRECTION	N (X5) BE COMPLETION
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE COMPLETION DATE
K 222	Continued From pa		K 22		
	findings. Doors with Self-Close CFR(s): NFPA 101 Doors with Self-Close Doors in an exit pass or horizontal exit, srarea enclosure are closed position, unled device complying we closes all such door compartment or ent * Required manual to * Local smoke detection systematic sprinkle * Loss of power. 18.2.2.2.7, 18.2.2.2. This REQUIREMEN by: Based on observatifacility is not maintal closing devices. Findings include: During the hours of revealed that door of from some hazardoor door door door door door door doo	sing Devices sageway, stairway enclosure, noke barrier, or hazardous self-closing and kept in the ess held open by a release ith 7.2.1.8.2 that automatically s throughout the smoke ire facility upon activation of: fire alarm system; and ctors designed to detect ugh the opening or a required	K 22	 The facility will repair the Record a closer. The facility will repair door close latch. The facility will repair door close Rooms Address how facility will identify other affected by deficient practice: Residents in the facility may be a served as a served doors what MEASURES will put in CHANGES made to ensure the deficient put of the results will be documented a morning Meeting Process weekly and adjustments to the doors. Indicate how the facility will monitor its per that solutions are sustained: Results of the weekly inspection facility's monthly Quality A improvement (QAPI) meetings. Date of Compliance: 	is room Door and install ser and adjust doors to ser to Medical Records er residents potentially affected place or SYSTEMATIC practice will not recur: ey of the interior room n. and reviewed during the y; identifying door closer arformance to make sure s will be reported in the
		3		1/13/2020	E

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 01 - Main Building 01	(X3) DATE SURVEY COMPLETED	
		495264	B. WING		12/13/2019	
	PROVIDER OR SUPPLIER OF POQUOSON HE	ALTH AND REHAB	1	TREET ADDRESS, CITY, STATE, ZIP CODE VANTAGE DRIVE OQUOSON, VA 23662		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
K 223	The Director of Ma findings.	age 6 s room door closer is missing. intenance confirmed these - Testing and Maintenance	K 223	** K 345		
SS=D	CFR(s): NFPA 101 Fire Alarm System A fire alarm system accordance with ar with the requirement Electric Code, and and Signaling Code acceptance, mainte available. 9.6.1.3, 9.6.1.5, NF This REQUIREMENT by: Based on record re facility is not mainte Findings include: 0 11:10 am it was rev alarm test did not he the alarm devices i duct detectors, pull door closers. Ther the past two years	- Testing and Maintenance is tested and maintained in approved program complying ints of NFPA 70, National NFPA 72, National Fire Alarm e. Records of system enance and testing are readily PA 70, NFPA 72 NT is not met as evidenced eview, it was revealed that the aining the fire alarm system. On 12-13-19 at approximately realed that the annual fire lave the specific locations of including smoke detectors, stations, horn strobes, and e was no sensitivity report in		The annual fire alarm test wi locations of alarm devices in duct detectors, pull stations, closers. The facility will have the scompleted Address how facility will identify of affected by deficient practice: Residents in the facility may be Address what MEASURES will put in place made to ensure the deficient practice will The facility will ensure the annual the guidelines and include sensitivity report. Indicate how the facility will monitor its p that solutions are sustained: Results of the weekly inspection	ill be update with specific including smoke detectors, horn strobes, and door sensitivity report will be mer residents potentially affected or SYSTEMATIC CHANGES not recur: ual fire alarm test follows specific locations and serformance to make sure	
K 761 SS=E	CFR(s): NFPA 101 Maintenance, Insperie doors assemble annually in accorda	ection & Testing - Doors ection & Testing - Doors lies are inspected and tested ince with NFPA 80, Standard	K 761	facility's monthly Quality Improvement (QAPI) meetings. Date of Compliance:		
	for Fire Doors and	Other Opening Protectives.		1/13/2020	ñ	

STATEMEN'	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		3 01 - MAIN BUILDING 01	COMPLETED	
		495264	B. WING _		12/13/2019	
NAME OF PROVIDER OR SUPPLIER BAYSIDE OF POQUOSON HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1 VANTAGE DRIVE POQUOSON, VA 23662		
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETIO	
K 761	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		A n	K761 Address the corrective action taken for the Dining Room will be adjusted with the storage door will be adjusted. Room 100 door will be adjusted. Door to Sprinkler Room door will be a Cross corridor will be adjusted. Admissions office door will get a reddress how facility will identify other address how facility will identify other address what MEASURES will put in place or lade to ensure the deficient practice will no The facility will conduct a complete to ensure the doors are working put in place or lade to ensure the doors are working put in place or during morning meeting process will be documented to ensure the facility will monitor its perform the solutions are sustained: Results of the weekly inspections will accidity's monthly Quality Assi	th a closer. sted. be adjusted. djusted. new Jack and cord remove residents potentially fected SYSTEMATIC CHANGES t recur: e survey of the building roperly. mented and reviewed reckly. ormance to make sure	
	4) Room 100 door5) Door to sprinkler close.	room is hard to open and	Da	Improvement (QAPI) meetings. te of Compliance:		
	6) Door to Director close.	of Nurses is hard to open and	1/:	13/2020		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATI	E SURVEY PLETED
		495264	B. WING			12/	13/2010
BAYSIDI	PROVIDER OR SUPPLIER E OF POQUOSON HE A			1	TREET ADDRESS, CITY, STATE, ZIP CODE VANTAGE DRIVE POQUOSON, VA 23662	121	13/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 918 SS=E	are not latching. 8) Admissions office through the doorway close, and pinching. The Director of Mair findings. Electrical Systems - CFR(s): NFPA 101 Electrical Systems - Maintenance and Temperator or other and associated equiservice within 10 secriterion is not met of process shall be processed shall be proceed by the maintenance and test transfer switches are with NFPA 110. Generator sets are in under load 30 minuted day intervals, and exmonths for 4 continuance load condition simulated cold start transfer of all EES locompetent personnessored energy power accordance with NFI	e smoke doors to main exit e door has phone cord y making the door hard to cord. Intenance confirmed these Essential Electric Syste Essential Electric System esting her alternate power source pment is capable of supplying conds. If the 10-second during the monthly test, a vided to annually confirm this safety and critical branches. esting of the generator and esperformed in accordance Inspected weekly, exercised es 12 times a year in 20-40 dercised once every 36 dous hours. Scheduled test is include a complete and automatic or manual deads, and are conducted by el. Maintenance and testing of is sources (Type 3 EES) are in PA 111. Main and feeder inspected annually, and a	K	918	K918 Address the corrective action taken for the i The facility will have a continuous load bank test conducted. The identified electrical panels where the Laundry dryers. Address how facility will identify other affected by deficient practice: Residents in the facility may be an address what MEASURES will put in place or made to ensure the deficient practice will not be added to the preventative may contract as well as the facility may be an account as well as the facility may be an account as well as the facility may be an account as well as the facility may be an account as well as the facility may be an account as well as the facility may be an account as well as the facility may be an account as well as the facility may be account as well	ill be propien junction resident resident ffected. SYSTEMA of recur: the gene ilntenance aintenance ected, exi w labeling erly inspe-	pur generator perly labeled. In box behind Its potentially INTIC CHANGES Perator will be and testing eschedule. Issting labeling added where Intic ction all of all Interest on make sure The percent of the control of
	components is estab				Date of Compliance:		

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		(X1) PROVIDÉR/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 01 - Main Building 01		E SURVEY MPLETED
		495264	B. WING			/13/2019
	PROVIDER OR SUPPLIER OF POQUOSON HE		1	TREET ADDRESS, CITY, STATE, ZIP CO VANTAGE DRIVE POQUOSON, VA 23662	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 918	circuits are marked separate from norm the possibility of da source is a design installations. 6.4.4, 6.5.4, 6.6.4 111, 700.10 (NFPA This REQUIREMED by: Based on interview revealed that the freemergency general circuit labeling in the Findings include: On 12-13-19 at apprevealed that recongenerator for four months were not a Con 12-13-19 between 1.00 pm it was revealed the panel in Electrical opening - needs conducted the panel in the Electrical opening - needs conducted the	ES electrical panels and d, readily identifiable, and mal power circuits. Minimizing amage of the emergency power consideration for new (NFPA 99), NFPA 110, NFPA 170) ENT is not met as evidenced w, and observation, it was acity had not maintained the ator and the electrical panels ne buildings. proximately 11:00 am it was reds for testing the emergency continuous hours in the past 36 available. een the hours of 11:30 am and ealed that several electrical re not clearly labeled, including Electrical Room, LC Emergency Room (and one circuit has over), KB panel in the kitchen, 12:00" hall. proximately 12:05 pm it was an open junction box behnd				