



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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAYSIDE OF POQUOSON HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 VANTAGE DRIVE POQUOSON, VA 23662</b>	
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K 161	Continued From page 1 sprinklered  3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)  7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the construction type of the building was not being maintained.  Findings include:  On 12-13-19 between the hours of 11:00 am and 1:00 pm it was revealed that there were unsealed wire, pipe, and conduit penetrations in the fire rated ceilings of the building, including the Electrical room, IT room, and Mechanical room. Some of existing penetrations had been sealed with improper "fire draft" caulk.	K 161		

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K 161	Continued From page 2 The Director of Maintenance confirmed these findings.	K 161			
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11, 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the means of egress is not being maintained.  Findings include:  At approximately 11:10 am it was revealed that the rear corridor by the maintenance, laundry and kitchen was being used as a storage room for clothing racks, linen, equipment and other items.  The Director fo Maintenance confirmed these findings.	K 211	K211  Address the corrective action taken for the identified problem:  <ul style="list-style-type: none"> <li>The rear corridor by the maintenance, laundry and kitchen has been cleaned. Signs will be posted to clear area to be compliant with means of egress.</li> </ul> Address how facility will identify other residents potentially affected by deficient practice:  <ul style="list-style-type: none"> <li>Residents in the facility may be affected</li> </ul> Address what MEASURES will put in place or SYSTEMATIC CHANGES made to ensure the deficient practice will not recur:  <ul style="list-style-type: none"> <li>The facility will conduct a complete survey of rear corridor to ensure the means to egress is clear.</li> <li>The rear corridor will be documented and reviewed during Morning Meeting process weekly.</li> </ul>		
K 222 SS=E	Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING	K 222	Indicate how the facility will monitor its performance to make sure that solutions are sustained:  <ul style="list-style-type: none"> <li>Results of the weekly inspections will be reported in the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings.</li> </ul> Date of Compliance:  1/13/2020		

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K 222	Continued From page 3 Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 <b>SPECIAL NEEDS LOCKING ARRANGEMENTS</b> Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be	K 222	  <b>K222</b>  Address the corrective action taken for the identified problem:  <ul style="list-style-type: none"> <li>The rear exit door alarm will be adjusted to alarm when pushed.</li> <li>New sign will be posted at exit door MDS office double door. Door will be adjusted for releasing process.</li> <li>New sign will be posted at exit door on Porch Lounge.</li> <li>Sprinkler room door will be adjust for proper alarm settings.</li> </ul> Address how facility will identify other residents potentially affected by deficient practice:  <ul style="list-style-type: none"> <li>Residents In the facility may be affected</li> </ul> Address what MEASURES will put in place or SYSTEMATIC CHANGES made to ensure the deficient practice will not recur:  <ul style="list-style-type: none"> <li>The facility will conduct a complete survey of exterior doors to ensure proper operation.</li> <li>The exterior doors will documented and reviewed during Morning Meeting Process weekly.</li> </ul> Indicate how the facility will monitor its performance to make sure that solutions are sustained:  <ul style="list-style-type: none"> <li>Results of the weekly inspections will be reported in the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings.</li> </ul> Date of Compliance:  <b>1/13/2020</b>		

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K 222	<p>Continued From page 4 permitted. 18.2.2.2.4, 19.2.2.2.4 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the delayed locking egress doors were not being maintained.</p> <p>Examples of findings include:</p> <p>On 12-13-19 between the hours of 11:00 am and 1:00 pm it was revealed that the delayed egress doors in some areas needed maintenance including:</p> <ol style="list-style-type: none"> <li>1) The rear exit door alarm does not start immediately when pushed per 7.2.1.6.1.1 (3) (c) of NFPA 101 Life Safety Code 2012, but only after three or more seconds.</li> <li>2) The MDS Office double exit magnetic locking doors only says "Emergency Exit Only" with no reference to time delay or keep pushing. Only one door readily engages the releasing process.</li> <li>3) The Porch Lounge 15 second exit signage is missing.</li> <li>4) The sprinkler room exit magnetic lock has no sound in first three seconds.</li> </ol>	K 222		

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K 222	Continued From page 5	K 222			
K 223 SS=D	<p>The Director of Maintenance confirmed these findings.</p> <p><b>Doors with Self-Closing Devices</b> CFR(s): NFPA 101</p> <p><b>Doors with Self-Closing Devices</b> Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the facility is not maintaining the doors with self closing devices.</p> <p>Findings include:</p> <p>During the hours of 11:30 am and 1:00 pm it was revealed that door closers had been removed from some hazardous area enclosures including:</p> <p>1) Records room door closer has been removed.</p> <p>2) Activities room door does not latch and missing closer.</p>	K 223	<p>K223</p> <p>Address the corrective action taken for the identified problem:</p> <ul style="list-style-type: none"> <li>The facility will repair the Records room Door and install a closer.</li> <li>The facility will repair door closer and adjust doors to latch.</li> <li>The facility will repair door closer to Medical Records Rooms</li> </ul> <p>Address how facility will identify other residents potentially affected by deficient practice:</p> <ul style="list-style-type: none"> <li>Residents in the facility may be affected</li> </ul> <p>Address what MEASURES will put in place or SYSTEMATIC CHANGES made to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>The facility will conduct a survey of the interior room doors to ensure proper operation.</li> <li>The results will be documented and reviewed during the Morning Meeting Process weekly; identifying door closer and adjustments to the doors.</li> </ul> <p>Indicate how the facility will monitor its performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> <li>Results of the weekly inspections will be reported in the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings.</li> </ul> <p>Date of Compliance:  <b>1/13/2020</b></p>		

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K 223	Continued From page 6 3) Medical Records room door closer is missing.  The Director of Maintenance confirmed these findings.	K 223		
K 345 SS=D	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, it was revealed that the facility is not maintaining the fire alarm system.  Findings include: On 12-13-19 at approximately 11:10 am it was revealed that the annual fire alarm test did not have the specific locations of the alarm devices including smoke detectors, duct detectors, pull stations, horn strobes, and door closers. There was no sensitivity report in the past two years available.  The Director of Maintenance confirmed these findings.	K 345	K345  Address the corrective action taken for the identified problem:  <ul style="list-style-type: none"> <li>The annual fire alarm test will be update with specific locations of alarm devices including smoke detectors, duct detectors, pull stations, horn strobes, and door closers.</li> <li>The facility will have the sensitivity report will be completed</li> </ul> Address how facility will identify other residents potentially affected by deficient practice:  <ul style="list-style-type: none"> <li>Residents in the facility may be affected</li> </ul> Address what MEASURES will put in place or SYSTEMATIC CHANGES made to ensure the deficient practice will not recur:  <ul style="list-style-type: none"> <li>The facility will ensure the annual fire alarm test follows the guidelines and include specific locations and sensitivity report.</li> </ul> Indicate how the facility will monitor its performance to make sure that solutions are sustained:  <ul style="list-style-type: none"> <li>Results of the weekly inspections will be reported in the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings.</li> </ul> Date of Compliance:  1/13/2020	
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.	K 761		

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K 761	<p>Continued From page 7</p> <p>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 by: Based on observation, it was revealed that the facility is not maintaining the facility doors.</p> <p>Findings include:</p> <p>On 12-13-19 during the hours of 11:00 am and 1:30 pm it was revealed that doors were hard to open or had other problems including:</p> <ol style="list-style-type: none"> <li>1) Dining room doors do not always close completely and latch.</li> <li>2) The kitchen storage door is hard to open and close.</li> <li>3) Door to room 110 was covered with paper (corrected at the time of the survey).</li> <li>4) Room 100 door is hard to close.</li> <li>5) Door to sprinkler room is hard to open and close.</li> <li>6) Door to Director of Nurses is hard to open and close.</li> </ol>	K 761	<p><b>K761</b></p> <p>Address the corrective action taken for the identified problem:</p> <ul style="list-style-type: none"> <li>• Dining Room will be adjusted with a closer.</li> <li>• Kitchen storage door will be adjusted.</li> <li>• Room 100 door will be adjusted.</li> <li>• Door to Sprinkler Room door will be adjusted.</li> <li>• Director of nursing door will be adjusted.</li> <li>• Cross corridor will be adjusted.</li> <li>• Admissions office door will get a new jack and cord removed.</li> </ul> <p>Address how facility will identify other residents potentially affected by deficient practice:</p> <ul style="list-style-type: none"> <li>• Residents in the facility may be affected</li> </ul> <p>Address what MEASURES will put in place or SYSTEMATIC CHANGES made to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>• The facility will conduct a complete survey of the building to ensure the doors are working properly.</li> <li>• The door inspections will be documented and reviewed during morning meeting process weekly.</li> </ul> <p>Indicate how the facility will monitor its performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> <li>• Results of the weekly inspections will be reported in the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings.</li> </ul> <p>Date of Compliance: <b>1/13/2020</b></p>	



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K 761	Continued From page 8 7) Cross corridor fire smoke doors to main exit are not latching.  8) Admissions office door has phone cord through the doorway making the door hard to close, and pinching cord.  The Director of Maintenance confirmed these findings.	K 761			
K 918 SS=E	Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and	K 918	<b>K918</b>  Address the corrective action taken for the identified problem: <ul style="list-style-type: none"> <li>The facility will have a continuous four-hour generator load bank test conducted.</li> <li>The identified electrical panels will be properly labeled.</li> <li>The cover was replaced on the open junction box behind the Laundry dryers.</li> </ul> Address how facility will identify other residents potentially affected by deficient practice: <ul style="list-style-type: none"> <li>Residents in the facility may be affected.</li> </ul> Address what MEASURES will put in place or SYSTEMATIC CHANGES made to ensure the deficient practice will not recur: <ul style="list-style-type: none"> <li>Four-Hour load bank testing for the generator will be added to the preventative maintenance and testing contract as well as the facility maintenance schedule.</li> <li>All electrical panels will be inspected, existing labeling will be tested for accuracy and new labeling added where needed.</li> <li>The facility will institute a quarterly inspection all of all electrical panels</li> </ul> Indicate how the facility will monitor its performance to make sure that solutions are sustained: <ul style="list-style-type: none"> <li>Results of the quarterly inspections will be reported in the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings.</li> </ul> Date of Compliance:  1/13/2020		

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K 918	<p>Continued From page 9</p> <p>readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and observation, it was revealed that the facility had not maintained the emergency generator and the electrical panels circuit labeling in the buildings.</p> <p>Findings include:</p> <p>On 12-13-19 at approximately 11:00 am it was revealed that records for testing the emergency generator for four continuous hours in the past 36 months were not available.</p> <p>On 12-13-19 between the hours of 11:30 am and 1:00 pm it was revealed that several electrical panels circuits were not clearly labeled, including Panel LPC in the Electrical Room, LC Emergency panel in Electrical Room (and one circuit has opening - needs cover), KB panel in the kitchen, and LPB Panel in "200" hall.</p> <p>On 12-13-19 at approximately 12:05 pm it was revealed there was an open junction box behind the Laundry dryers.</p> <p>The Director of Maintenance confirmed these findings.</p>	K 918		