

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

Printed: 12/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495318	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2018
NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Description of Structure: The facility is a one (1) story building with mechanical and storage rooms basement with a construction type of II (000). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 11-26-2018 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 compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000		
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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. a) Date sprinkler system last checked <u>10-22-18</u> b) Who provided system test <u>Fire Sprinkler, LTD</u> c) Water system supply source <u>municipal</u> Provide in REMARKS information on coverage	K 353	Fire Sprinkler LTD was contacted on 11/26/18 and has ordered replacement sprinkler gauges and will install them when they arrive on or before 1/5/19. The maintenance director checked all other sprinkler gauges on 11/26/18 to ensure they are in compliance. The maintenance staff was educated by the Administrator on 12/5/18 regarding the requirement of maintaining the sprinkler system.	1/5/19

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

Crystal A. Baker

TITLE

Administrator

(X6) DATE

12-18-18

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.

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K 353	<p>Continued From page 1 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 and interview, the facility failed to maintain the sprinkler system. This has the potential to effect all occupants of that area of the building.</p> <p>Findings include</p> <p>On 11-26-2018 at 2:00 pm it is observed that sprinkler gauges are not being maintained according to NFPA 25 (5.3.2.1).</p> <p>a) Date sprinkler system last checked 10-22-18 b) Who provided system test: Fire Sprinkler Ltd c) Water system supply source: Municipal</p> <p>The Maintenance Director and Administrator witnessed this evidence by interview and observation on 11-26-2018 at 3:30 pm during the exit interview.</p>	K 353	<p>The maintenance director will monitor monthly the records and sprinkler system to ensure Fire Sprinkler LTD has completed all necessary maintenance, repairs, etc. to ensure the sprinkler system is in good working order and maintained appropriately.</p> <p>The electrical panel K in the hall outside of the kitchen has been labeled by the Maintenance Director on 12/5/18 as required by the Life Safety Code. A licensed electrician with Elliott Electric verified the correct labeling. The open wiring noted in the ceiling of the hallways near the beauty shop and room 302 were removed by the maintenance director on 11/27/18.</p> <p>The maintenance director checked all other electrical panels in the facility to ensure they were labeled as required by the Life Safety Code. Any identified issues will be corrected by a licensed electrician. The maintenance director checked all other ceiling spaces of the facility to ensure there</p>	1/5/19
K 511 SS=E	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p>	K 511		

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K 511	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that the electrical wiring and equipment complies with NFPA 70, National Electrical Code. This has the ability to effect all occupants in the immediate area. Findings include: On 11-26-2018 at 11:30 am, it is observed that the electrical panel "K" in hall outside of kitchen is not labeled as required by the Life Safety Code. (NFPA 70, 408.4) At approximately 9:30 am, it is observed that there is open wiring in the ceiling of the hallway near the Beauty Shop and at Room 302. (NFPA 70, 110.27) The Maintenance Director and Administrator witnessed this evidence by interview and observation on 11-26-2018 at 3:30 pm during the exit interview.	K 511	were no other instances of open wiring. Any identified issues were corrected at the time of the audit. The maintenance director was educated on 12/5/18 by the administrator on the requirement of electrical panel labeling and open wiring. The maintenance director or his assistant will conduct monthly audits x 3 months of 10% of the ceiling space of the facility to ensure there is no open wiring. They will also conduct monthly audits x 3 months of the electrical panels to ensure appropriate labeling.	
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the	K 521	The fire damper in the laundry chute room was cleaned and tested by the Maintenance Director on 11/27/18. An audit was conducted to ensure all other fire dampers have been tested as per the Life Safety Code. Any identified concerns were corrected/tested appropriately by an electrician.	1/5/19

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K 521	Continued From page 3 facility failed to record fire damper testing in accordance with the Life Safety Code and NFPA 80. This has the ability to effect all occupants in the building. Findings include On 11-26-2018 at approximately 12:00 pm, through observation and interview that the fire damper located at the Laundry chute room is not being tested and maintained per NFPA 80. The Administrator and Maintenance Director witnessed this evidence by interview and observation on 11-26-2018 at 3:30 pm during the exit interview.	K 521	The maintenance staff was educated on 12/5/18 by the administrator of the requirement to have fire dampers tested. The maintenance staff will conduct monthly audits x 3 months to ensure that all fire dampers are tested as required.	
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.	K 741	The exterior trash can was removed from the designated patient smoking area by maintenance on 12/5/18. The cigarette butts were removed from the pine mulch and building service well on 12/5/18 by maintenance staff. A resident council meeting was held on 11/28/18 and a resident acknowledged he had been throwing cigarette butts in those areas. He was educated he cannot do this and agrees to comply. The maintenance staff and residents were educated on the proper disposal of cigarette butts by management on or before 1/5/19.	1/5/19

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K 741	<p>Continued From page 4</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations and interview, the facility failed to maintain smoking regulations in the designated patient smoking area.</p> <p>Findings include</p> <p>At 2:00 pm on 11-26-2018, it is observed that an exterior trash can at the patient smoking hut contained discarded cigarette butts as well as butts found in the pine mulch and building service well.</p> <p>The Administrator and Maintenance Director witnessed this evidence by interview and observation on 11-26-2018 at 3:30 pm during the exit interview.</p>	K 741	<p>The maintenance staff will conduct weekly audits to ensure ongoing compliance of proper disposal of cigarette butts.</p>	