

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

Printed: 08/10/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495191</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/27/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BLAND COUNTY NURSING &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12185 GRAPEFIELD ROAD BASTIAN, VA 24314</b>		
(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  Surveyor: 20696 Construction Type: II (111) Despection of Structure: The facility is a two story masonry and steel frame structure.  Sprinkler Status: The facility is fully sprinklered with a NFPA 13 system of wet and dry pipe systems. The systems are supplied by municipal water.  An unannounced routine Life Safety Code survey was conducted 07/27/2018 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 in 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	Bland County Nursing & Rehabilitation Center shares the State's focus on the Health, Safety, and well being of facility Residents. Although the facility does not agree with the findings & conclusions of the surveyor, we have implemented a plan of correction to demonstrate our continuing effort to provide quality care & safety for our residents.		
K 100 SS=F	General Requirements - Other CFR(s): NFPA 101  General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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. This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696  Based on the observation, records review, and	K 100	1. The fire rated doors will be Inspected by the Maintenance Director/designee. 2. Fire rated doors will be inspected by the Maintenance Director/designee annually. 3. The Maintenance Director will be educated on the proper procedure for inspecting the fire doors per Life Safety Code.		

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

*Richie Alba*

TITLE

*ADMINISTRATOR*

(X6) DATE

*8/13/18*

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 100	<p>Continued From page 1</p> <p>interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining rated for door assembly and damper service in accordance of NFPA 80 and NFPA 105.</p> <p>Findings include: - On 07/27/2018 at 01:45 pm, it was observed during records review and observation there were no documentation on hand at the time of inspection of required service being provided: 1) No documentation on hand that rated door assemblies are having annual service and repair being provided within the last twelve months per NFPA 80.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p>	K 100	<p>4. The Maintenance Director/ Designee will monitor the fire rated door inspection reports, and annually thereafter. The reports will be stored in binder for fire door inspections. The results will be reported monthly to the Quality Assurance Committee for review and discussion.</p> <p>5. This plan will be in effect by August 22, 2018.</p>		
K 345 SS=F	<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: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of</p>	K 345	<p>1. Fire Life Safety of America was contacted on 7/30/18 regarding omission of the sensitivity testing for duct detectors.</p> <p>2. The testing was conducted on 8/8/18. The report contains sensitivity testing of duct detectors.</p> <p>3. The Maintenance Director will be educated on the necessity of having the documentation for the duct sensitivity test after inspection.</p>		

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K 345	Continued From page 2 Maintenance, the facility failed to provide a means of maintaining the fire alarm system in accordance of NFPA 72.  Findings include: - On 07/27/2018 at 01:31 pm, it was observed during record review that there were no documentation on hand at the time of inspection of duct smoke detectors sensitivity testing.  The findings potentially affect all residents, visitors, and staff within the structure.  The Director of Maintenance acknowledged these findings through observation and interview.	K 345	4. The Maintenance Director// Designee will monitor the Inspection Reports after the inspection is completed and there- after to ensure testing of the ducts sensitivity is timely. The results will be reported monthly to the Quality Assurance Committee for review & discussion .  5. This plan will be in effect by August 22. 2018.	
K 921 SS=F	Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101  Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests,	K 921	1. The electrical equipment will be Inspected by Maintenance per PCREE inspection procedure. 2. Portable patient-care related electrical equipment will be tested and annually thereafter. 3. The Maintenance Director will be educated on the proper procedure for annual inspection of the Patient Care Related Electrical Equipment (PCREE).	

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K 921	<p>Continued From page 3</p> <p>repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining portable patient-care related electrical equipment (PCREE) in accordance of NFPA 99.</p> <p>Findings include: - On 07/27/2018 at 03:25 pm, it was observed during records review and observation there were no documentation on hand at the time of inspection of portable patient-care related electrical equipment (PCREE) annual testing.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these findings through observation and interview.</p>	K 921	<p>4. The Maintenance Director/Designee will monitor the PCREE by using a PCREE inspection form for all portable electrical equipment that involves patient care. The PCREE will be tested and annually thereafter and kept in a binder where all PCREE testing is stored. The results will be reported monthly to the Quality Assurance Committee for review and discussion.</p> <p>5. This plan will be in effect by August 22, 2018.</p>	