

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495346	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2018
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NAME OF PROVIDER OR SUPPLIER BON SECOURS DEPAUL, TCC	STREET ADDRESS, CITY, STATE, ZIP CODE 150 KINGSLEY LANE NORFOLK, VA 23505
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(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 1 story/stories frame structure with a construction type of V(000) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 05/29/2018 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	K 000		
K 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices 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 upon review of doors with self closing devices are not being tested. Findings include	K 223	<ol style="list-style-type: none"> No residents were affected by this practice Any residents residing in this facility could be at risk of this practice. The two sets of doors that would not close properly were immediately repaired and adjusted to ensure proper closing. The Administrator will do monthly checks for three months to ensure all doors close properly. After three months doors will be checked at random. Results will be shared at QAPI. Date of compliance is September 21, 2018. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____ TITLE _____ (X6) DATE _____

[Handwritten Signature] Administrator 9-6-18

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.

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

Printed: 08/31/2018
FORM APPROVED
OMB NO. 0938-0391

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K 223	Continued From page 1 On 08/29/18 between 9:00 AM and 11:00 AM it was observed the self closing doors near the TCC Hall and dialysis room will not self close. The above deficiencies were observed by the Director of Operations.	K 223		