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

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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

(X3) DATE SURVEY

STREET ADDRESS, CITY. STATE. ZIP CODE  150 KINGSLEY LANE NORFOLK, VA 23505    Major   Summary STATEMENT OF DEFICIENCIES   TAG   MAJOR   SUMMARY STATEMENT OF DEFICIENCIES   TAG   MAJOR   SUMMARY STATEMENT OF DEFICIENCIES   TAG   MAJOR   MA	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01 - MAIN BUILDING 01		COMPLETED	
INTITIAL COMMENTS  Experiments of the Care Practication Life Safety Code survey was conducted 05/29/2018 in accordance with 42 Code of Federal Regulation, Part 438. Requirements for Long Tem Care Facilities. The facility was surveyed for compliance with the Requirements for Participation Medicare and Medicaid.  EXPERIMENT SITEMENT SIT		495346	B. WING		08/29/2018	
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG		TCC 150 KIN	IGSLEY LA	NE		
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 surveyed for Participation Medicare and Medicaid.  K 223  SS=E  CFR(s): NFPA 101  Doors with Self-Closing Devices Doors with Self-Closing Devices Doors with Self-Closing Devices Doors with self-closing nevices  This 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 synthete system; if installed; and *Loss of power.  18.2.2.2.7, 18.2.2.8, 19.2.2.7, 19.2.2.8 This REQUIREMENT is not met as evidenced by:  Determined the requirements for Long Term Care Facility Sprinklered  K 223  1. No residents were affected by this practice 2. Any residents residing in this facility could be at risk of this practice. 3. The two sets of doors that would not close properly were immediately repaired and adjusted to ensure prop	PREFIX (EACH DEFICIENCY M	UST BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE COMPLETIC	
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 223  SS=E  Doors with Self-Closing Devices  CFR(s): NFPA 101  Toors 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, 18.2.2.8, 19.2.2.7, 19.2.2.8  This REQUIREMENT is not met as evidenced by:	K 000 INITIAL COMME	NTS	K 000			
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 223 SS=E 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 * Losal 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:  Any residents were affected by this practice  2. Any residents were affected by this practice  2. Any residents were affected by this practice  3. The two sets of doors that would not close properly were immediately repaired and adjusted to ensure proper closing.  4. 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.  by:	story/stories fram type of V(000)	ne structure with a construction		*		
SS=E  CFR(s): NFPA 101  1. No residents were affected by this practice  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:  1. No residents were affected by this practice  2. Any residents residing in this facility could be at risk of this practice.  3. The two sets of doors that would not close properly were immediately repaired and adjusted to ensure proper closing.  4. 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.  by:	An unannounced survey was cond accordance with Part 483: Require Facilities. The faccompliance using regulations. The compliance with	I recertification Life Safety Code ucted 05/29/2018 in 42 Code of Federal Regulation, ements for Long Term Care cility was surveyed for g the LSC 2012 Existing facility was found not to be in the Requirements for				
devices are not being tested.  September 21, 2018.	Doors with Self-Control Doors in an exit property or horizontal exit area enclosure a closed position, and device complying closes all such decompartment or expedience of the second se	Closing Devices classageway, stairway enclosure, smoke barrier, or hazardous re self-closing and kept in the unless held open by a release g with 7.2.1.8.2 that automatically cors throughout the smoke entire facility upon activation of: al fire alarm system; and etectors designed to detect arough the opening or a required system; and kler system, if installed; and 2.2.8, 19.2.2.2.7, 19.2.2.2.8 ENT is not met as evidenced ew of doors with self closing	K 223	this practice  2. Any residents residentity could be at a practice.  3. The two sets of does not close properly a simmediately repaired adjusted to ensure closing.  4. The Administrator amonthly checks for to ensure all doors properly. After three doors will be check random. Results wat QAPI.  5. Date of compliance	ling in this risk of this ors that would were ed and proper will do three months close ee months ed at vill be shared	

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterist ) denotes 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED  08/29/2018	
		495346	495346		B. WING			
BON SECOURS DEPAUL,TCC 150 KI			150 KIN	INGSLEY LANE OLK, VA 23505				
(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) COMPLE' DATE			
K 223	On 08/29/18 betw was observed the TCC Hall and dial The above deficie Director of Operat	een 9:00 AM and 11:0 self closing doors nea ysis room will not self ncies were observed	ar the close.	K 223				

(X2) MULTIPLE CONSTRUCTION