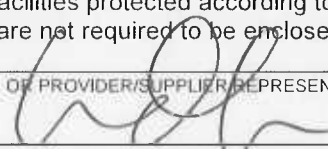


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/11/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS-MARYVIEW NURSING C</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4775 BRIDGE ROAD SUFFOLK, VA 23435</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  Description of structure: The facility is 1 story/stories frame structure with a construction type of II (000)  Sprinkler status: Fully Sprinklered in accordance with NFPA-13  An unannounced recertification Life Safety Code survey was conducted 10-8-19 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 324 SS=D	Cooking Facilities CFR(s): NFPA 101  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as	K 324	K324  1. The facility has contacted the fire protection service vendor that performed the inspection to obtain a copy. 2. Facility records were checked and all previous inspection reports are accounted for. 3. Upon completion of the inspections in the future, the report will be obtained within 14 days and reviewed by the Administrator. 4. Inspection reports will be reviewed during the facility safety committee meetings for the next 6 months. 5. Completion date: 11/10/2019	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Exec. Admin.** (X6) DATE **10/18/2019**

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 324	Continued From page 1 hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2  This REQUIREMENT is not met as evidenced by: Based on record review, it was revealed that the kitchen hood system inspections are not being conducted every 6 months as required by NFPA.  Findings include:  On 10-8-19 at approximately 10:00 am it was revealed that the last documented kitchen hood inspection was 4-16-19, but the records for inspection 6 months prior were not available. This was confirmed by the Maintenance Coordinator.	K 324	K345  1. The facility's fire protection service vendor has been contacted to conduct another inspection of the smoke detectors to include sensitivity readings.  2. Future testing reports will be reviewed for completeness and any discrepancies immediately reported to the fire protection service vendor.	
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 and interview, it was revealed that the sensitivity report for the smoke	K 345	3. Testing compliance will be added to the facility's preventive maintenance program schedule.  4. Annual sensitivity testing report will be reviewed at facility safety committee meeting annually.  5. Completion date: 11/10/2019	

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K 345	Continued From page 2 detectors was not complete.  Findings include:  At approximately 10:10 am on 10-8-19 it was revealed that the sensitivity report did not include the measured sensitivity for each smoke detector. The report for 4-24-19 was blank in the readings section for each smoke detector. The Maintenance Coordinator confirmed these findings.	K 345	K353  1. A) The first quarter 2019 sprinkler report has been requested from the fire protection service vendor that performed the test. B) a proposal has been received and approved for the installation of 2 additional sprinklers in the specified corridor location.	
K 353 SS=F	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 _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage 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 record review, observation and interview, it was revealed that the documentation	K 353	2. The condition of sprinkler heads will be checked quarterly. 3. Systemic changes will be made to comply with NFPA 101. 4. Completion of the installation of the 2 additional sprinkler heads will be verified by Maintenance Director and Administrator. 5. Completion date: 11/10/2019	

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K 353	Continued From page 3 of the sprinkler system testing was not complete. Upon observation it was revealed that two sprinklers were missing by cross corridor doors by 201-232, and near Room 122.  Findings include:  On 10-8-19 at approximately 9:30 am it was revealed that the first quarter 2019 sprinkler report could not be located. The Maintenance Coordinator confirmed these findings.  On 10-8-19 at approximately 11:00 am it was revealed that when renovations to add cross corridor doors had been completed, the sprinkler spacing became deficient missing one sprinkler by the cross corridor doors by 201-232, and another by Room 122. The Maintenance Coordinator confirmed these findings.	K 353	K362  1. Penetrations observed in the mechanical rooms have been sealed with fire barrier rated caulking. Photographs of areas sealed have been sent to the VDH OLC fire official.  2. Visual inspection of all fire walls will be performed to assess for any additional penetrations.  3. Visual inspection of fire walls will be checked annually by maintenance staff and documented in the preventive maintenance records.  4. Inspection results to be shared during the facility safety committee meeting.  5. Completion date: 11/10/2019	
K 362 SS=D	Corridors - Construction of Walls CFR(s): NFPA 101  Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.	K 362		

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K 362	Continued From page 4 If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed there are penetrations in the mechanical rooms that are not sealed.  Findings include:  On 10-8-19 at approximately 10:45 am it was revealed there are penetrations in the Nansemond mechanical room, Service Hall mechanical room, and Chesapeake mechanical room. These penetrations could allow smoke to pass through. These findings were confirmed by the Maintenance Coordinator.	K 362		
K 916 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review, it was revealed that no	K 916	K916  1. The facility's generator service vendor performed the required 4-hour test of the generator on 10/11/2019.  2. The facility has 1 emergency generator on-site that was affected.  3. Service contract to be revised to include 4-hour testing of generator every 36 months.  4. Generator test results, when performed, will be reviewed at the facility's safety committee meetings.  5. Completion date: 11/10/2019	

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K 916	Continued From page 5 records indicating a 4 hour test of the generator were available.  Findings include:  On 10-8-19 at approximately 10:05 am it was revealed that there were no records documenting the four hour every 36 months load test of the emergency generator. This evidence was confirmed by the Maintenance Coordinator.	K 916			
<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p>					