

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

Printed: 12/05/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BOWLING GREEN HEALTH &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 ANDERSON AVENUE BOWLING GREEN, VA 22427</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 a one story structure Type V (000).  Sprinkler Status: Fully sprinklered - NFPA 13  An unannounced Standard Recertification Life Safety Code Survey was conducted on 11/29/18 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		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321	K321  1. The fire rated dry storage room in the kitchen has been repaired to self-close and latch. 2. 100% audit on all fire rated doors. No further concerns identified. 3. Staff re-trained on the requirements for fire rated self-closing doors. 4. Preventive Maintenance performed on 100% of fire rated self-closing doors monthly by Maintenance Director or designee and brought to the Quarterly Safety Meeting.  12/06/2018  <i>Administrator</i>	12/13/18
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

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 321	Continued From page 1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.  Findings include  Between 1:30pm and 2:30pm on November 29, 2018, during the walkthrough of the facility it is observed that the fire rated dry storage room door in the kitchen was not self-closing and latching.	K 321		
K 345 SS=E	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.	K 345	K345  1. All obstructions were removed in front of the pull stations. 2. 100% audit on all pull stations. No further concerns identified. 3. Staff re-trained on obstructing pull stations. 4. Preventive Maintenance performed on 100% of the pull stations during the monthly routine fire alarm test by Maintenance Director or designee and brought to the Quarterly Safety Meeting.  12/10/2018	

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K 345	Continued From page 2 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based upon observations found during the survey there are fire alarm devices that are not compliant with NFPA 72..  Findings include  Between 1:30pm and 2:30pm on November 29, 2018, during the walkthrough of the facility it is observed that the pull station in the rear of the kitchen is obstructed.  Between 1:30pm and 2:30pm on November 29, 2018, during the walkthrough of the facility it is observed that the pull station in the rehab gym is obstructed by equipment.	K 345		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based upon observations there are portable fire extinguishers that are not in compliance with NFPA 10.  Findings include:  Between 1:30pm and 2:30pm on November 29, 2018, during the walkthrough of the facility it is observed that the fire extinguisher in the rehab gym is obstructed by equipment.	K 355	K355  1. All obstructions were removed in front of the fire extinguishers. 2. 100% audit on all fire extinguishers. No further concerns identified. 3. Staff re-trained on obstructing fire extinguishers. 4. Preventive Maintenance performed on 100% of the fire extinguishers monthly by Maintenance Director or designee and brought to the Quarterly Safety Meeting.  12/10/2018	
K 918	Electrical Systems - Essential Electric Syste	K 918		

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K 918 SS=F	<p>Continued From page 3 CFR(s): NFPA 101</p> <p><b>Electrical Systems - Essential Electric System Maintenance and Testing</b> The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Based upon review of documentation that there is not complete documentation of the testing and</p>	K 918	<p>K918</p> <ol style="list-style-type: none"> <li>1. All battery powered emergency lighting and EXIT signs have been 90 minute tested.</li> <li>2. 100% audit on all battery powered emergency lighting and EXIT signs. No further concerns identified.</li> <li>3. Staff re-trained on 90 minute testing of emergency lighting and EXIT signs..</li> <li>4. Preventive Maintenance performed on 100% of the battery powered emergency lighting and EXIT signs annually by Maintenance Director or designee and brought to the Quarterly Safety Meeting.</li> </ol> <p>12/10/2018</p>	

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K 918	Continued From page 4 inspection of the 90 minute testing of the emergency lights and EXIT signs per NFPA 110.  Findings include  Between 12:45pm and 1:30pm on November 29, 2018, during document review it is observed that there is no documentation of the 90-minute testing of the battery powered emergency lighting and EXIT signs.	K 918			
K 919 SS=E	Electrical Equipment - Other CFR(s): NFPA 101  Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations there are unprotected openings in the electrical panels and open junction boxes.  Findings include:  Between 1:30pm and 2:30pm on November 29, 2018, during the walkthrough of the facility it is observed that there is an opening in electrical panel B in the activity storage room.  Between 1:30pm and 2:30pm on November 29, 2018, during the walkthrough of the facility it is observed that there is an open junction box in the ceiling in the kitchen manager's office.	K 919	K919  1.All unprotected openings in electrical panels and open junction boxes have been corrected and covered. 2. 100% audit of all electrical panels and junction boxes. No further concerns identified. 3. Staff re-trained on unprotected openings in electrical panels and junction boxes. 4. . Preventive Maintenance performed on 100% of electrical panels and junction boxes monthly by Maintenance Director or designee and brought to the Quarterly Safety Meeting.  12/10/2018		