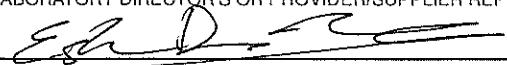


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2018
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NAME OF PROVIDER OR SUPPLIER BRANDON OAKS NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 3837 BRANDON AVENUE ROANOKE, VA 24018
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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
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 21761</p> <p>Description of Structure: The facility is a single story wood frame protected structure with vinyl siding and a brick facade on a concrete slab.</p> <p>Construction: Type V(III)</p> <p>Sprinkler Status: The facility is protected by an NFPA 13 wet pipe system and a dry pipe system that protects the exterior front entry canopy and attics. The system is supplied by municipal water.</p> <p>An unannounced LSC standard recertification survey was conducted on 09/24/18 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000		
K 912 SS=D	<p>Electrical Systems - Receptacles CFR(s): NFPA 101</p> <p>Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed.</p>	K 912	<p>K912 <u>Corrective Action:</u> The missing electrical receptacle cover in the kitchen was replaced and secured on 9/24/18. <u>Identification of Deficient Practices</u> All other receptacles in the building could potentially be affected. The Maintenance Supervisor will conduct an inspection of all other receptacles in the building and address any findings accordingly.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10/2/18
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2018
NAME OF PROVIDER OR SUPPLIER BRANDON OAKS NURSING AND REHABILITA		STREET ADDRESS, CITY, STATE, ZIP CODE 3837 BRANDON AVENUE ROANOKE, VA 24018		
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K 912	Continued From page 1 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to maintain electrical equipment, evidenced as follows: Findings include: On 09/24/18, at approximately 2:31 P.M., it was observed during inspection there is an electrical receptacle cover missing in the kitchen. The Administrator and Operations Manager witnessed this evidence by observation and interview.	K 912	<u>Systemic Changes:</u> Facility staff will be in-serviced by Maintenance Supervisor on reporting missing receptacles and submitting maintenance work orders. <u>Monitoring:</u> The Maintenance Supervisor and Administrator are responsible for compliance. The Maintenance Supervisor or designee will conduct weekly rounds throughout the building to identify and replace any missing or damaged receptacles. <u>Completion Date:</u> October 12, 2018	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing 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. 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	K 918	<u>K 918</u> <u>Corrective Action:</u> The facility acquired a hydrometer on 9/24/18 and the emergency generator's batteries were tested for specific gravity that day. All parameters were within normal range. <u>Identification of Deficient Practices</u> No other areas were potentially affected, as the facility has one emergency generator. <u>Systemic Changes:</u> Testing the emergency generator's batteries for specific gravity will be added to the monthly Preventative Maintenance (PM) schedule. The Facilities General Manager will in-service the Maintenance Supervisor on this required testing.	

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

Printed: 10/22/2018
FORM APPROVED
OMB NO. 0938-0391

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K 918	Continued From page 2 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to properly document testing of emergency electrical equipment, evidenced as follows; Findings include: On 09/24/18, at approximately 11:40 A.M., it was observed during documentation review, there is no documentation for periodic testing of battery electrolyte levels, or specific gravity for the emergency generator. The Administrator and Operations Manager witnessed this evidence by observation and interview.	K 918	<u>Monitoring:</u> The Maintenance Supervisor and Administrator are responsible for compliance. The Facilities Manager or designee will conduct monthly checks of the PM documentation for the emergency generator. <u>Completion Date:</u> October 12, 2018	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable	K 920	<u>K 920</u> <u>Corrective Action:</u> The extension cord in the Dietary Office was removed on 9/24/18.	

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K 920	<p>Continued From page 3</p> <p>patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 21761</p> <p>Based on observation and interview, it was revealed the facility failed to properly use electrical equipment, evidenced as follows;</p> <p>Findings include:</p> <p>On 09/24/18, at approximately 2:29 P.M., it was observed during inspection an extension cord was being used as permanent wiring in the Dietary Office.</p> <p>The Administrator and Operations Manager witnessed this evidence by observation and interview.</p>	K 920	<p><u>Identification of Deficient Practices</u></p> <p>All other areas in the building could potentially be affected. The facility's maintenance staff will conduct an inspection of all other areas in the building and remove any extension cords used as permanent wiring.</p> <p><u>Systemic Changes:</u></p> <p>The Maintenance Supervisor will in-service facility staff on the proper use of extension cords in the facility.</p> <p><u>Monitoring:</u></p> <p>The Maintenance Supervisor and Administrator are responsible for compliance. The Maintenance Supervisor or designee will conduct weekly rounds throughout the building to identify and remove any extension cords used as permanent wiring.</p> <p><u>Completion Date:</u></p> <p>October 12, 2018</p>