

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

W-0144-001

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

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|---|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495221 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/09/2019 |
| NAME OF PROVIDER OR SUPPLIER THE BRIAN CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 ALLEGHANY REGIONAL HOSPITAL LANE LOW MOOR, VA 24457 | | |
| (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 | <p>INITIAL COMMENTS</p> <p>Surveyor: 21761</p> <p>Construction Type: V(111)</p> <p>Description of structure: The facility is a one story, wood framed structure with exterior brick fascia, and exposed wood trusses in the attic.</p> <p>Sprinkler status: The Facility is fully sprinklered with NFPA #13 systems. Systems are supplied by Municipal water.</p> <p>An unannounced recertification Life Safety Code survey was conducted 10/09/19 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 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 | <p>Kissito Healthcare shares the state's focus on the health, safety and well being of facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, we have implemented a plan of correction to demonstrate our continuing effort to provide quality care to our residents.</p> | |
| K 353 SS=F | <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked</p> | K 353 | <ol style="list-style-type: none"> On October 14th the vinyl cladding obstructing the sprinkler head under the front canopy was repaired. After observing vinyl cladding obstructing one sprinkler head under canopy, all sprinkler heads under canopy observed. Vinyl cladding caps ordered for future possibility of replacement. The Director of Maintenance/designee will monitor the canopy area to ensure vinyl cladding does not obstruct sprinkler heads. Maintenance Director/designee will report any vinyl cladding that is missing under the canopy to the Chief Administrative Officer to ensure compliant repair. Complete Date: 11/08/2019 | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

David N. East

Administrator

10/17/19

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 353 | <p>Continued From page 1</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>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: Surveyor: 21761</p> <p>Based on observation and inspection the facility failed to maintain the sprinkler systems. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>1. On 10/09/19, at approximately 3:05 PM, it was observed through observation and inspection that there is one sprinkler obstructed by vinyl cladding that has come loose in the front exterior canopy.</p> <p>2. On 10/09/19, at approximately 2:05 PM, it was discovered during records review, and observed during inspection that there are no records of the annual partial trip testing of the dry pipe valve in the sprinkler inspection reports or on the hang tags.</p> <p>The Chief Administrative Officer and Maintenance staff witnessed this evidence by observation and interview.</p> | K 353 | <ol style="list-style-type: none"> 1. The Annual trip testing of the dry pipe valve was tested on October 15th. 2. After being educated the trip test of the dry pipe valve needs to be performed annually. Maintenance Director/CAO will ensure trip test is performed annually on dry pipe valve. 3. Maintenance Director/designee will consult annually with Sprinkler Company to ensure annual partial trip testing of the dry pipe valve is performed. 4. After made aware of annual trip testing, sprinkler company will now be instructed to perform their test annually. Results of trip test will be reported to the monthly Quality Assurance Committee for review and discussion. Trip test will be scheduled again for October 2020. 5. Completion Date: 11/08/2019 | |
| K 753 SS=F | <p>Combustible Decorations</p> <p>CFR(s): NFPA 101</p> <p>Combustible Decorations</p> <p>Combustible decorations shall be prohibited unless one of the following is met:</p> <ul style="list-style-type: none"> o Flame retardant or treated with approved | K 753 | | |

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| K 753 | <p>Continued From page 2</p> <p>fire-retardant coating that is listed and labeled for product.</p> <ul style="list-style-type: none"> o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. <p>19.7.5.6 This REQUIREMENT is not met as evidenced by: Surveyor: 21761</p> <p>Based on observation and inspection the facility failed to prevent the introduction of combustible decorations. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 10/09/19, at approximately 3:00 PM, it was observed through observation and inspection there are combustible decorations in a large display case off the main corridor containing small bales of straw, and scarecrows made out of corn husks.</p> <p>The Chief Administrative Officer and Maintenance staff witnessed this evidence by observation and interview.</p> | K 753 | <ol style="list-style-type: none"> 1. Corrective action made at time of inspection. Combustible decorations containing small bales of straw and scarecrows made of corn husk were removed from display case on 10/9/2019. 2. Maintenance director/CAO will conduct rounds monthly to ensure combustible decorations that are not permitted will not be used in the facility. 3. CAO/Maintenance director have educated Director of Activities in regards to using combustible decorations. 4. The results of the findings will be reported to the monthly Quality Assurance Committee for review and discussion. Once QAPI committee determines the problem no longer exists, audits will be conducted on a periodic basis. 5. Completion Date 11/08/2019 | |
| K 921 SS=F | <p>Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101</p> <p>Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage</p> | K 921 | | |

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| K 921 | <p>Continued From page 3</p> <p>current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training.</p> <p>10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 21761</p> <p>Based on observation and inspection the facility failed to maintain the PCREE records. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 10/09/19, at approximately 3:05 PM, it was discovered during records review, the Personal Care Electrical Equipment (PCREE) records were not up to date with the equipment manufacturer's</p> | K 921 | <ol style="list-style-type: none"> 1. PCREE testing will be completed on all beds by November 8, 2019. 2. The facilities Maintenance Director/CAO will ensure PCREE testing is performed on all patient care related electrical equipment at least yearly or when repairs are performed. 3. Maintenance Director/CAO will contact vendors and manufacturers of PCREE equipment to ensure testing is completed when required or suggested by the manufacturer. 4. Maintenance director/designee will now test/document PCREE equipment yearly after learning manufacturer's requirements. Completion of the periodic testing will be reported to the Quality Assurance Committee. 5. Completion Date: 11/08/2019 | |

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| K 921 | Continued From page 4 periodic testing and inspection requirements. The Chief Administrative Officer and Maintenance staff witnessed this evidence by observation and interview. | K 921 | | |