

Brookside

REHAB AND NURSING CENTER

November 20, 2019

To Whom It May Concern;

I am writing to request a Time Limited Waiver on the following deficient K tags:

K162 Sunroom plywood roof does not meet code

Due to the complexity and needing to bring in an architect and engineer to determine how the deficiency can be corrected to meet code and complete the necessary work an extension of completion date of April 30, 2020 is requested.

K222 Egress doors

Due to the complexity and needing a life safety consultant visit as well as the lead time on ordering any new doors we are requesting an extension of April 30, 2020 as the correction date for the deficiency.

Respectfully,



Beverly Greene

Administrator

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

PRINTED: 11/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495267	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
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K 000	INITIAL COMMENTS TYPE OF STRUCTURE: One (1) story, Type II (111) non-combustible construction and is fully sprinklered. An unannounced recertification Life Safety Code survey was conducted on 11-7-19 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing Regulations. The facility was found to be not in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate noncompliance with title 42 Code of Regulations. Part 483.150 and 410 to 480 (Life safety from Fire).	K 000			
K 162 SS=D	Roofing Systems Involving Combustibles CFR(s): NFPA 101 Roofing Systems Involving Combustibles 2012 EXISTING Buildings of Type I (442), Type I (332), Type II (222), or Type II (111) having roof systems employing combustible roofing supports, decking or roofing meet the following: 1. Roof covering meets Class C requirements. 2. Roof is separated from occupied building portions with a noncombustible floor assembly using not less than 2 1/2 inches concrete or gypsum fill. 3. Attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. 19.1.6.2*, ASTM E108, ANSI/UL 790 This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the	K 162	K162 Roofing Systems Involving Combustibles A Time Limited Waiver has been requested for this deficiency for a completion date of April 30, 2020. Please see request letter		

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

TITLE

(X6) DATE

BA Greene

Administrator

11/26/19

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 222	<p>Continued From page 2</p> <p>system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was revealed that egress doors are not being maintained.</p> <p>Findings include:</p>	K 222			

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K 222	Continued From page 3 On 11-7-19 from 1:00 pm to 3:00 pm, it was revealed that some of the doors were malfunctioning. Examples found: 1) 6 pairs of cross corridor doors when closed, one of the leafs actually would lock, and required pressing a button on the side of the doors to open them. 2) The cross corridor doors required turning and pulling a knob, instead of a panic bar or immediate release (examples are by 116, 30, south dining room). 3) The exit doors by 101, 129, 166 North, Sun Room exit door, and by the Dietary Staff Office were hard to open. The Maintenance Director confirmed these findings.	K 222			
K 223 SS=D	Doors with Self-Closing Devices 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 * 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.	K 223	K223 Doors with Self-Closing Devices 1. Remove the clips and chains that were holding the door open. Will seal the ¼ inch gap around the doors. 2. A 100% audit of the facility will be conducted by the maintenance director to ensure this problem is not occurring anywhere else in the facility. 3. Staff will be re-educated on the importance of not propping doors open in the facility. 4. The maintenance director will do daily rounds five days per week for three months to ensure no doors are propped open or have gaps around when they are closed. 5. Date of correction will be December 20, 2019.		

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K 223	Continued From page 4 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: Based on observation and interview it was revealed that the doors to the dining room were propped open, and no approved releasing device was present. Findings include: On 11-7-19 at 1:30 pm it was revealed that the dining room double glass doors were held open by clip and chain devices, and could not be easily closed. When they were closed, there was a 1/4 inch gap around the doors. The open doors could expose the corridor to smoke in the event of a fire in the dining room. The Maintenance Director confirmed these findings.	K 223			
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 interview and record review, it was revealed that a smoke detector sensitivity report was not available.	K 345	K345 Fire Alarm System - Testing and Maintenance 1. Guardian Fire will print the sensitivity test report. 2. An audit of the sensitivity reports will be completed by the maintenance director or his designee to ensure that there were no problems with the test during the reporting period. 3. Guardian fire will print the sensitivity reports during their annual fire safety inspection and provide a copy to the maintenance director. 4. The administrator will audit the reports annually to ensure the maintenance director has the sensitivity report on file 5. Date of correction will be December 20, 2019.		

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K 345	Continued From page 5 Findings include: On 11-7-19 at approximately 11:20 am it was revealed that a smoke detector sensitivity report was not available. These findings were confirmed by the Maintenance Director.	K 345			
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. 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, the facility is not maintaining the corridor walls. Findings include;	K 362	K362 Corridors - Construction of Walls 1. The penetrations above the South Dining Room and the North Wing across from room 154 will be sealed with fire barrier caulk. 2. A 100% audit will be conducted by the maintenance director or designee to ensure that penetrations are sealed to meet regulation. 3. Education will be completed with the maintenance director and maintenance employees to ensure penetrations are sealed throughout the facility. 4. A monthly audit for three months will be conducted to ensure that all penetrations remain sealed. Results will be discussed monthly with the administrator and discussed at the monthly quality assurance meeting. 5. Date of correction will be December 20, 2019.		

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K 362	Continued From page 6 On 11-7-19 at 2:35 pm it was revealed that there were unsealed penetrations above the south dining room door. On 11-7-19 at 2:30 pm it was revealed that there was an unsealed penetration in the wall above the Telephone room in the North wing across from room 154. The Maintenance Director confirmed these findings.	K 362			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors	K 363	K363 Corridor - Doors 1. The door latch on room 120 was repaired and now latches according to regulation. 2.A 100% audit of all resident room doors in the facility was completed by the maintenance director to ensure that they latch as required by regulation. 3.The maintenance director or designee will do rounds two days per week to check facility door latches are meeting the code. Any doors that are deficient will be fixed immediately. 4.The maintenance director will bring results of his findings to the quality assurance quarterly meeting for discussion 5.Date of correction will be December 20, 2019		

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K 363	<p>Continued From page 7</p> <p>meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, it was revealed that the door to patient room 120 would not latch.</p> <p>Findings include:</p> <p>On 11-7-19 at approximately 1:30 pm it was revealed that the patient room door to 120 would not latch.</p> <p>The Maintenance Director confirmed these findings.</p>	K 363			

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K 711 SS=F	Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone	K 711			

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K 711	<p>Continued From page 9</p> <p>operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, it was revealed that there were no records of training of staff on the evacuation and relocation plan.</p> <p>Findings include:</p> <p>On 11-7-19 at approximately 11:15 am it was revealed that there were no records of training of staff on the Evacuation and Relocation plans.</p> <p>This was confirmed by the Administrator and Maintenance Director.</p>	K 711	<p>K711 Evacuation and Relocation Plan</p> <ol style="list-style-type: none"> 1. All employees will be trained on the evacuation and relocation plan at orientation and annually thereafter. 2. A sign in sheet with employee signatures will be kept in the evacuation plan so that dates of training are recorded as required. 3. Audits of the signature logs will be completed monthly by the in-service director to ensure that all employees are completing the required training annually. 4. All audits will be presented at quality assurance quarterly to determine that training is remaining current as required. 5. Date of correction will be December 20, 2019. 		