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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495386	A. BUILDING **01 - BUILDING 0101** B. WING _____	**04/19/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON PLACE AT BOTETOURT COMM	**290 COMMONS PARKWAY DALEVILLE, VA 24083**

(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 Surveyor: 34730 Description of Structure: The structure is a 1-story protected wood frame building on a slab. The attic space is separated from the living area by a 2-hour rated horizontal assembly. The building is separated into three smoke zones. Construction Type: III(211) Sprinkler Status: The facility is protected by NFPA 13 wet and dry pipe systems. The systems are supplied by municipal water. An unannounced LSC standard recertification survey was conducted on 04/19/2019 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	This plan of correction constitutes our credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.	
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.	K 353		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 4/29/2019

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 353	Continued From page 1 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: Surveyor: 34730 Based on observation and interview, it was observed that the facility failed to maintain the sprinkler system. This affects all occupants of the building. Findings include: On 04/19/2019, at approximately 8:58 A.M., it was observed during inspection that there is combustible storage closer than the allowable 18 inches to the sprinkler deflector in the Occupational Therapy storage closet. On 4/19/2019 at approximately 9:15 A.M. it was observed during inspection that there are sprinkler escutcheons missing in the Dining Room. The Director of Maintenance witnessed this evidence by observation and interview.	K 353	K 353 1. Combustible storage was moved beyond the allowable 18 inches to the sprinkler deflector in the Occupational Therapy storage closet on 4/19/2019. Escutcheon on identified sprinkler in dining room to be replaced by contracted vendor. 2. A facility wide audit completed by facility maintenance personnel to ensure combustible storage was not closer than the allowable 18 inches to a sprinkler deflector and presence of sprinkler escutcheons. No other issues identified. 3. Facility maintenance personnel and Executive Director were educated on K353 by State Fire Marshal on 4/19/2019. A weekly audit to be conducted by facility Maintenance Director or designee to ensure combustible storage is beyond the allowable 18 inches to a sprinkler deflector and presence of sprinkler escutcheons. Audit to be completed for a period of three (3) months then randomly thereafter. 4. Results of audits to be brought to our Quality Assurance and Performance Improvement (QAPI) on a monthly basis for review and revision as necessary. 5. 5/15/2019	
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 363		

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K 363	Continued From page 2 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 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. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and interview, it was revealed the facility failed to maintain the corridor	K 363	K363 1. Dining Room corridor smoke doors have been adjusted to narrow center gap. 2. Facility wide audit of smoke doors completed by Maintenance Director and designee to ensure smoke doors have allowable gaps. No other issues identified. 3. Facility maintenance personnel and Executive Director were educated by State Fire Marshal on K363 on 4/19/2019. A facility wide audit of smoke doors to be completed by Maintenance Director or designee on a weekly basis for allowable gaps. Audit to be completed for a period of three (3) months and then randomly thereafter. 4. Results of audits to be brought to our Quality Assurance and Performance Improvement (QAPI) on a monthly basis for review and revision as necessary. 5. 4/24/2019	4/24/19

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K 363	Continued From page 3 doors. This has the ability to affect all occupants of the building. Findings include: On 04/19/2019, at approximately 9:18 A.M., it was observed during inspection that the Dining Room corridor smoke doors have a center gap that is too large. The Director of Maintenance witnessed this evidence by observation and interview.	K 363		4/24/19
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based on observation and interview, it was revealed the facility failed to maintain power strips. This has the ability to affect all occupants of the building. Findings include: On 04/19/2019, at approximately 9:23 A.M., it was observed during inspection that a power strip in the HR Office has a damaged plug end and is in use. The Director of Maintenance witnessed this	K 911	K911 1. Power strip in HR office was replaced on 4/22/2019. 2. A facility wide audit of power strips was conducted by facility maintenance personnel to identify damaged plug end. No other issues identified. 3. Facility maintenance personnel and Executive Director were educated by State Fire Marshal on K911 on 4/19/2019. A facility wide audit of power strips to be conducted by Maintenance Director or designee on a weekly basis to identify damaged power strips. Audits to be conducted for a period of three (3) months and then randomly thereafter. 4. Results of audits to be brought to our Quality Assurance and Performance Improvement (QAPI) on a monthly basis for review and revision as necessary. 5. 4/24/2019	

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K 911	Continued From page 4 evidence by observation and interview.	K 911		
K 918 SS=F	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 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:	K 918	K918: 1. generator weekly check records do, in fact, indicate the generator batteries electrolyte levels are being checked weekly as evidenced by documenting generator battery specific gravity. No correction is necessary. 2. Documentation is within compliance and does not require corrective action. 3. Maintenance personnel has been educated by facility Executive Director on K918 indicating that documentation on battery specific gravity is synonymous with battery electrolyte level. A monthly audit of weekly generator checks to be completed by facility Maintenance Director to ensure documentation of generator battery electrolyte level aka specific gravity. Audits to be completed for a period of three (3) months and then randomly thereafter. 4. Results of audits to be brought to our Quality Assurance and Performance Improvement (QAPI) on a monthly basis for review and revision as necessary. 5. 4/24/2019	4/24/19

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K 918	Continued From page 5 Surveyor: 34730 Based on observation and interview, it was revealed the facility failed to maintain the electrical system. This has the ability to affect all occupants of the building. Findings include: On 04/19/2019, at approximately 12:02 P.M., it was observed during the record review of the generator records that documentation does not indicate the generator batteries electrolyte levels are being checked weekly. Reference: NFPA 110, 2010 Edition, Section 8.3.1 The Director of Maintenance witnessed this evidence by observation and interview.	K 918		