

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

Printed: 03/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>495417</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/06/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>CARRINGTON PLACE AT RURAL RETREAT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>514 NORTH MAIN STREET<br/>RURAL RETREAT, VA 24368</b> |
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| K 000              | INITIAL COMMENTS<br><br>Description of structure: Single Story Wood Frame, type V(111)<br>Sprinkler status: Fully Sprinklered, NFPA 13<br><br>An unannounced routine Life Safety Code survey was conducted March 06, 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.<br><br>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 do not constitute admission or agreement by the provider of the conclusion set forth in the statement of deficiencies.  |                      |
| K 161<br>SS=F      | Building Construction Type and Height<br>CFR(s): NFPA 101<br><br>Building Construction Type and Height 2012 EXISTING<br>Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7<br>19.1.6.4, 19.1.6.6<br><br>Construction Type<br>1 I (442), I (332), II (222) Any number of stories<br>non-sprinklered and sprinklered<br>2 II (111) One story<br>non-sprinklered Maximum 3 stories<br>sprinklered<br>3 II (000) Not allowed  | K 161         | Fire rated caulking was placed in crack in fire rated ceiling on 3/6/19. The maintenance director will ensure all fire rated ceiling assemblies are in accordance with LSC.<br><br>Fire rated ceiling assemblies will be reviewed/inspected by director of maintenance to identify any non-compliance.<br><br>This process has been added to our maintenance checklist and will be reviewed by the maintenance director or designee on a weekly basis beginning 3/12/2019. |                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* LMHA TITLE *Executive Director* (X6) DATE *3/22/19*

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 161  | <p>Continued From page 1</p> <p>non-sprinklered<br/>4 III (211) Maximum 2 stories<br/>sprinklered<br/>5 IV (2HH)<br/>6 V (111)</p> <p>7 III (200) Not allowed<br/>non-sprinklered<br/>8 V (000) Maximum 1 story<br/>sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The STANDARD is not met as evidenced by:</p> <p>Surveyor: 12956</p> <p>Based on observation and staff interview, the facility failed to maintain structural fire rating in accordance with th LSC Section 19.1.6.1. The deficient practice could affect 60 patient, staff and visitors in the event of a fire due to the lack of joint and or penetration protection of the rated roof/ceiling assembly.</p> <p>Observations on 03/06/2019 during the tour from 9:00 am to 11:00am revealed that:</p> <p>At approximately 10:30 am, the fire rated ceiling assembly was not continuous behind the conduits penetrating the ceiling in the above the electric</p> | K 161   | <p>At our monthly meeting, the QA committee will review the schedule of required inspections and the results of those inspections for further determination and correction as needed.</p> <p>March 22, 2019</p> |   |

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| K 161         | Continued From page 2<br>panel in the Electrical Equipment Room on the West wing. An interview with the Director of Maintenance (DM) at the time of the observation revealed the DM was unaware the opening in the rated ceiling assembly. This did not meet the requirements of NFPA 101 section 19.1.6.7.<br><br>These findings were verified by the DM at the time of the observation and the Administrator at the exit conference on 03/06/2019 at 11:30 am.   | K 161 |  |  |
| K 324<br>SS=F | <b>Cooking Facilities</b><br>CFR(s): NFPA 101<br><br><b>Cooking Facilities</b><br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2<br>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.<br>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2<br><br>This REQUIREMENT is not met as evidenced | K 324 | <b>Cooking was stopped and filters</b> were inserted before cooking resumed on 03/06/2019. Hood inspection has been scheduled for 04/03/2019. Dietary manager and dietary staff were educated on 03/22/2019 regarding grease filters to always be in place prior to cooking.<br><br>Dietary manager and maintenance director will monitor the hood to ensure the filters are securely in place in the hood as required. Administrator will ensure that the hood inspection is scheduled and work completed as required.<br><br>This process has been added to our maintenance checklist and will be reviewed by the administrator on a monthly basis beginning 4/01/2019. Dietary manager and maintenance director will monitor to ensure proper placement of exhaust hood grease filters. |  |

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| K 324  | <p>Continued From page 3</p> <p>by:<br/>The STANDARD is not met as evidenced by:</p> <p>Surveyor: 12956</p> <p>Based on observation and staff interview, the facility failed to maintain structural Kitchen exhaust hood in accordance with th LSC Section . The deficient pratice could affect 120 patient, staff and visitors in the event of a fire due to the lack maintaining the kitchen exhaust hood equipment.</p> <p>Observations on 03/06/2019 during the tour from 9:00 am to 11:00am revealed that:</p> <p>At approximately 10:10 am, it was observed that the kitchen exhaust hood grease filters had been removed and cooking operations were on going producing grease laden vapors. An interview with Kitchen Manager indicated that the filters had been removed after the moring meal prep to clean the filters and that the cooking staff had realized that the filters had been removed. Cooking operations were stopped until the grease filter had been cleaned and replaced. This did not meet the requirement of NFPA 101 9.2.3</p> <p>At appoximately 10:10am, it was observed that the kitchen exhaust hood and duct exhaust system was not being maintained with semi annual inspection for grease buildup. An interview with the Director of Maintenance (DM) at the time of the observation revealed that the DM was unaware the hood had not been inspected within the last 6 months. This did not meet the requirement of NFPA 101 section 9.2.3 or NFPA 98 section 11.4.</p> <p>These findings were verified by the DM at the</p> | K 324   | <p>The results of the hood inspections and the routine monitoring of the filters will be discussed at our monthly QA meeting. The results of the inspections and the monitoring will be reviewed for appropriate action as needed.</p> <p>April 4, 2019</p> |                      |

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| K 324              | Continued From page 4<br>time of the observation and the Administrator at the exit conference on 03/06/2019 at 11:30 am.   | K 324         |  |                      |
| K 911<br>SS=D      | <p>Electrical Systems - Other<br/>CFR(s): NFPA 101</p> <p>Electrical Systems - Other<br/>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)<br/>This REQUIREMENT is not met as evidenced by:<br/>The STANDARD is not met as evidenced by:<br/>Surveyor: 12956</p> <p>Based on observation and staff interview, the facility failed to maintain a clear working area in front of electrical panels in accordance with NFPA 99 Chapter 6. The deficient practice could affect 60 patient, staff and visitors in the event of a fire due to the lack of access to the electrical panels</p> <p>Observations on 03/06/2019 during the tour from 9:00 am to 11:00am revealed that:</p> <p>At approximately 9:30 am, access to the electric panel in the Electrical Equipment Room on the East wing was obstructed an a clear working area was not provided where wheel chairs and other medical equipment was being stored in the electrical equipment room. An interview with the Director of Maintenance (DM) at the time of the observation revealed the DM was unaware the electrical equipment room being used for storage of medical equipment. This did not meet the requirements of NFPA 99 chapter 6 and NFPA 70</p> | K 911         | <p>Equipment was removed immediately from electrical room before exit. Staff was educated. The maintenance director will ensure electrical rooms remain clutter free.</p> <p>The electrical rooms will be free of wheelchairs and medical equipment. The Maintenance Director will routinely monitor for compliance and will report to executive director.</p> <p>This process has been added to our maintenance checklist and will be reviewed by the maintenance director or designee on a weekly basis beginning 3/12/2019.</p> <p>At our monthly meeting, the QA committee will review the schedule of required inspections and the results of those inspections for further determination and correction as needed.</p> <p>March 22, 2019</p> |                      |

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| K 911  | Continued From page 5 section 110.26.<br><br>These findings were verified by the DM at the time of the observation and the Administrator at the exit conference on 03/06/2019 at 11:30 am. | K 911   |   |  |