

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

Printed: 12/12/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495328	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2018
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF TAPPAHANNOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 MARSH STREET TAPPAHANNOCK, VA 22560		
(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: 39900 Description of structure: The facility is a two story structure Type II (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 12/6/18 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.	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 conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared solely because it is required by the provision of federal and state laws.	
K 300 SS=E	Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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. This REQUIREMENT is not met as evidenced by: Surveyor: 39900	K 300	1. Facility out of compliance with annual fire door inspection as evidenced by no required documentation of this annual inspection. The Executive Director obtained NFPA 80 certification to inspect fire doors. 2. All fire doors in facility were inspected in facility per NFPA 80 on 12/10 2018. No further concerns noted. 3. In service provided to maintenance regarding CMS requirements for annual fire door inspections. Annual fire door inspections to be held annually in December and logged with maintenance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrator* (X6) DATE *12/20/18*

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 300	Continued From page 1 Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections. Findings include: Between 10:25am and 10:45am on December 6th, 2018 during review of documentation, it was observed that there was no documentation of the annual fire door inspections throughout the facility.	K 300	4. Results of such inspections will be reviewed with QAPI, who will determine the need for intervention. 5. Compliance Date: 12/10/2018.	
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 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. 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:	K 920	1. Extension cord being used as permanent wiring in main equipment room. A licensed electrician was immediately contacted to evaluate the need for additional receptacles. Receptacles installed on 12/18/2018. 2. A 100% inspection of facility conducted with no further extension cords in use. 3. In service to maintenance regarding extension cords not being used as permanent wiring. Maintenance and/or designee to inspect all service and equipment areas three times weekly to ensure no extension cords are being used for 60 days. 4. Findings of weekly audits will be followed by QAPI, who will determine the need and/or duration of future audits. 5. Compliance Date: 12/18/2018.	

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K 920	Continued From page 2 Surveyor: 39900 Based upon observations the electrical systems that there is an extension cord being used as permanent wiring in in the main equipment room. Findings include Between 10:45am and 11:25am during our walk through of the facility it is observed that there is an extension cord being used as permanent wiring in the main equipment room.	K 920		

 Administrator 12/20/18