

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

Printed: 07/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495153	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER CEDARS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1242 CEDARS CT CHARLOTTESVILLE, VA 22903		
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a 2 story structure. Patient rooms are located on both floors of the building. The primary entrance is located on upper level with a patient therapy area, mechanical, and the kitchen for the facility located on the lower level.</p> <p>Construction Type: II (III)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced recertification Life Safety Code survey was conducted 07/12/2018 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>Preparation, Submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>K293 – Exit Signage</p> <p>Exit sign above the exit door, in courtyard, to direct people back in the building was installed on 8/1/2018 by Southern Air, an outside vendor.</p>	
K 293 SS=F	<p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p>	K 293	<p>Maintenance Director conducted audit of all exit doors, in courtyards and other exits of the facility, to ensure exit signs were in place and functional; no other courtyards or exits were found to be affected by the alleged deficient practice.</p>	K293 8/1/18

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

Ma Jim Fitch

TITLE

Executive Director

(X6) DATE

8/2/2018

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 293	Continued From page 1 Based upon observations and interviews the facility failed to maintain that exit and directional signs are displayed in accordance with the Life Safety Code. This has the ability to affect all occupants in the effected compartment of the building. The findings include: On 07/12/2018 at approximately 4:05 PM it was observed that the exterior courtyards of the building did not have Exit Signs above the exit doors to direct you back in the building from the courtyard. The Facility Maintenance Director and Director of Nursing witnessed this evidence by interview and observation on 07/12/2018 at approximately 5:00 PM during the exit interview.	K 293	Maintenance staff educated on Exit Signage code for courtyards. Maintenance director or designee will monitor all courtyard exits signs monthly for 3 months, coordinate with outside vendor to remedy any further adverse findings and report any findings monthly to the Safety Committee.	
K 345 SS=F	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: Surveyor: 25557 Based upon observations and interviews the facility failed to test and maintain the building fire alarm system. This has the ability to affect all occupants of the building. The findings include: On 07/12/2018 at approximately 1:15 PM it was	K 345	The Executive Director will review the audits produced by the Maintenance Director or Designee, and bring the findings to the monthly QA meeting monthly for 3 months to ensure continued compliance. K 345 – Fire Alarm System An inspection & testing of the fire alarm system was performed by Tyco/Simplex on 7/13/2018. A record of the inspection/test was given to the Maintenance Director as documentation of the system functionality to include any recommendations for repairs. The	K 345 8/24/18

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K 345	Continued From page 2 observed and noted during record review that facility could not provide a fire alarm system inspection report that showed the required testing of alarm notification devices. (NFPA 72, Table 14.4.2.2) The Facility Maintenance Director and Director of Nursing witnessed this evidence by interview and observation on 07/12/2018 at approximately 5:00 PM during the exit interview.	K 345	facility will work with Tyco/Simplex to remedy carry out any suggestions for repairs and to coordinate their continued serve as the vendor to inspect, test the fire alarm system routinely, report/document their findings and as required by the NFPA 101.	
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 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	K 363	Work will be completed on 8/24/2018. Maintenance staff were educated on the NFPA 101 Fire Alarm System inspection and testing system requirements by Christopher Ambrose, Regional Facilities Manager. Maintenance Director or Designee will keep organized records of monthly inspections for one year. Maintenance Director of Designee will report findings monthly for 3 months to the Safety Meeting. The Executive Director will maintain additional copies of all such reports in a readily accessible location for future purposes of Life	

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K 363	<p>Continued From page 3</p> <p>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: Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to maintain the doors protecting corridor openings as required by the Life Safety Code. This has the ability to affect all occupants in the effected smoke compartment of the building.</p> <p>The findings include:</p> <p>On 07/12/2018 at approximately 2:44 PM it was observed that the corridor smoke barrier doors in the building had astragals installed, which created an impediment to the closing the door.</p> <p>The Facility Maintenance Director and Director of Nursing witnessed this evidence by interview and observation on 07/12/2018 at approximately 5:00 PM during the exit interview.</p>	K 363	<p>Safety and to ensure timely completion of the Fire Alarm System testing and inspection requirements as set forth by NFPA 101. All reports will be reviewed by the Executive Directo during QA meeting monthly for 3 months to ensure continued compliance.</p> <p>Any inspections and corresponding reports of the facility Fire Alarm System will be reviewed monthly by the Regional Facilities Manager for 3 months; and report findings to the QA committee monthly for 3 months for continued compliance.</p> <p>K363 – Corridor – Doors</p>	<p>K 363 8/1/18</p>	
K 531 SS=F	<p>Elevators</p> <p>CFR(s): NFPA 101</p> <p>Elevators</p> <p>2012 EXISTING</p> <p>Elevators comply with the provision of 9.4.</p> <p>Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record.</p> <p>Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the</p>	K 531	<p>All corridor doors identified with astragals installed, which created an impediment to the door closing have been replaced by an outside vendor, Teal Construction on 8/1/2018.</p> <p>The Maintenance Director conducted a 100% audit of all</p>		

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K 531	<p>Continued From page 4</p> <p>level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the elevators as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 07/12/2018 at approximately 1:45 PM it was observed and noted during record review that the facility could not provide documentation that the firefighter's service on the elevators is operated monthly with a written record.</p> <p>The Facility Maintenance Director and Director of Nursing witnessed this evidence by interview and observation on 07/12/2018 at approximately 5:00 PM during the exit interview.</p>	K 531	<p>other facility doors and found no other doors to be affected by the same alleged deficient practice.</p> <p>Maintenance Director or designee will conduct and document monthly door inspections, remedy any adverse findings and report monthly for 3 three months to the Safety Committee.</p> <p>Executive Director will review documentation monthly for 3 months and report findings to the QA committee.</p> <p>K 531 – Elevators</p> <p>The elevator recall test was performed by the Maintenance Director on 7/30/2018 to include Phase I and Phase II recalls. A written record of the inspection will be obtained by the Maintenance Director.</p> <p>Maintenance staff were educated on the elevator inspection and testing requirements in ASME A17.1 Safety Code for elevators and Escalators, by Christopher Ambrose, Regional Facilities Manager.</p>	K 531 7/30/18
K 918 SS=F	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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</p>	K 918		

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K 918	<p>Continued From page 5</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 07/12/2018 at approximately 1:15 PM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply System, EPSS, battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NFPA 110.8.3.7.1)</p>	K 918	<p>-</p> <p>Maintenance Director or Designee will keep organized and readily accessible these records of monthly inspections for 3 months.</p> <p>The Executive Director will maintain additional copies of all such reports in a readily accessible location for future purposes of Life Safety and to ensure timely, accurate and sufficient testing and inspection of the facility elevator as stipulated in the ASME A17.1 Safety Code for elevators and Escalators. All reports will be reviewed by the Safety Committee monthly for 3 months, then monthly for 3 months during QA to ensure continued compliance.</p> <p>K 918 Electrical Systems – Essential Electrical Systems</p> <p>A battery electrolyte specific gravity level test was performed and recorded by the Maintenance Director on 7/17/2018.</p>	<p>K918 7/17/18</p>	

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K 918	Continued From page 6 The Facility Maintenance Director and Director of Nursing witnessed this evidence by interview and observation on 07/12/2018 at approximately 5:00 PM during the exit interview.	K 918	<p>Maintenance Staff educated by the Regional Facilities Manager regarding Maintenance and documentation of maintenance on the Essential Electrical Systems.</p> <p>Specific gravity level test added to the TELS system by the Regional Facilities Manager; this is an automated monthly check, utilizing our computer software, for the Maintenance Director or designee to document the specific gravity level test on the battery for the Emergency Power Supply System.</p> <p>Any findings will be documented and reviewed by the Safety Committee monthly for 3 months; then monthly during the QA committee meetings, by the Executive Director, thereafter for 3 months to ensure continued compliance.</p>		