

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

Printed: 03/18/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495178	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/07/2019
NAME OF PROVIDER OR SUPPLIER  CHARLOTTESVILLE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 WEST RIO ROAD CHARLOTTESVILLE, VA 22901		
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K 000	INITIAL COMMENTS  Surveyor: 25557  Description of Building: Building is 1 story on a concrete slab.  Construction Type: V (111)  Sprinkler status: The facility is fully sprinklered.  An unannounced recertification Life Safety Code survey was conducted 03/07/2019 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		
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321	K 321  1. The laundry room door has been adjusted to meet requirements for smoke resistance. The wall in utility room one has been patched to meet requirements for smoke resistance.	

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

*Kate Blum*

TITLE

Administrator

(X6) DATE

3/28/19

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 321	<p>Continued From page 1</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to maintain the smoke resisting partitions and doors in a hazardous area. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>The findings include:</p> <p>On 03/07/2019 at approximately 11:28 PM it was observed that the door to the laundry room from the corridor was not smoke resisting.</p> <p>On 03/07/2019 at approximately 12:22 PM it was observed that the wall in utility room 1 not smoke resisting.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/07/2019 at approximately 3:00 PM during the exit interview.</p>	K 321	<p>2. All smoke resistant barriers are at risk.</p> <p>3. Smoke barriers will be inspected and documented monthly to ensure they meet the requirements for smoke resistance. This will be documented in the maintenance TELs system.</p> <p>4. Review any issues found during inspection in safety committee meeting and track during quarterly QA meetings.</p> <p>5. 4/12/2019</p>	
K 353 SS=F	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection,</p>	K 353		

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K 353	<p>Continued From page 2</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03/07/2019 at approximately 11:25 AM it was observed that a fire sprinkler head in the laundry room had visible corrosion on the fire sprinkler head.</p> <p>On 03/07/2019 at approximately 1:27 PM it was observed that a fire sprinkler head in the kitchen dishwashing area had visible corrosion on the fire sprinkler head.</p> <p>On 03/07/2019 at approximately 2:28 PM it was observed that a fire sprinkler heads installed in the lobby were of mixed thermal sensitivity. (NFPA 13, 8.3.3.2)</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/07/2019 at</p>	K 353	<p><b>K 353</b></p> <p>1. Sprinkler heads in the laundry room and dishwashing room have been replaced with new ones. Sprinkler heads in the lobby have been replaced to ensure matching thermal sensitivity.</p> <p>2. All sprinkler heads are at risk.</p> <p>3. Sprinkler heads will be inspected monthly to ensure they have no corrosion or other inference for proper working ability. This will be documented in the maintenance TELs system.</p> <p>4. Review any issues found during inspection in safety committee meeting and track during quarterly QA meetings.</p> <p>5. 3/25/2019</p>	

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K 353	Continued From page 3 approximately 3:00 PM during the exit interview.	K 353		
K 374 SS=F	<p>Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Surveyor: 25557</p> <p>Based on observation and interview, it was revealed the facility failed to maintain the smoke barrier doors in the facility. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>The findings include:</p> <p>On 03/07/2019 at approximately 11:38 AM it was observed that the cross corridor door to the smoke compartment where the laundry is located would not close to prevent the passage of smoke.</p> <p>On 03/07/2019 at approximately 12:25 PM it was observed that the cross corridor doors between units 5 and 6 would not close to prevent the passage of smoke.</p> <p>On 03/07/2019 at approximately 1:37 PM it was observed that the cross corridor doors at the</p>	K 374	<p><b>K 374</b></p> <ol style="list-style-type: none"> <li>1. Smoke barrier doors at the laundry hall, zones 5 and 6, and therapy area have all been adjusted to meet the requirements for preventing the passage of smoke.</li> <li>2. All smoke barrier doors are at risk.</li> <li>3. Smoke barrier doors will be inspected and tested monthly to ensure that they meet requirements for smoke barrier protection. This will be documented in the maintenance TELs system.</li> <li>4. Review any issues found during section in safety committee meeting and track during quarterly QA meetings.</li> <li>5. 4/12/2019</li> </ol>	

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K 374	Continued From page 4 therapy area had a gap between the doors and which would not prevent the passage of smoke.  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/07/2019 at approximately 3:00 PM during the exit interview.	K 374		
K 521 SS=F	HVAC CFR(s): NFPA 101  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced by: Surveyor: 25557  Based upon observations and interviews the facility failed to maintain the heating, ventilation, and air conditioning equipment as required by the Life Safety Code. This has the ability to affect all occupants in the affected smoke compartment.  The findings include:  On 03/07/2019 at approximately 10:30 AM it was observed and noted during record review that the facility could not provide documentation that the fire dampers are tested and maintained. [(NFPA 90A, 5.4.8.1)(NFPA 80, 19.4.9)]  The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/07/2019 at approximately 3:00 PM during the exit interview.	K 521	<b>K 521</b>  1. Fire dampers in the facility have been inspected and cleaned by internal maintenance and have a scheduled vendor cleaning on April 29 <sup>th</sup> .  2. All fire dampers in the facility are at risk.  3. Fire dampers will be tested and cleaned and inspected by maintenance staff annually and by an outside vendor every 4 years. Results of inspections and cleanings will be documented in the maintenance TELS system.  4. Review any issues found during inspection in safety committee meeting and track during quarterly QA meetings.  5. 4/12/2019	