

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495380</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER <b>CHASE CITY HEALTH AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5539 HIGHWAY FORTY SEVEN CHASE CITY, VA</b>		
(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) COMPL N DA
K 000	INITIAL COMMENTS  Surveyor: 25557  Description of Structure: This is a 1 story, fully sprinklered building of protected construction.  Construction Type: V(III)  Sprinkler status: Fully Sprinklered, NFPA 13 System.  An unannounced recertification Life Safety Code survey was conducted 05/18/2018 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.  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 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2  This REQUIREMENT is not met as evidenced by: Surveyor: 25557	K 511		

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

*Robert J. Parrott, LWHHA*

TITLE

*Administrator*

(X6)

*6/4/2018*

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

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NAME OF PROVIDER OR SUPPLIER <b>CHASE CITY HEALTH AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5539 HIGHWAY FORTY SEVEN CHASE CITY, VA 22024</b>		
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K 511	<p>Continued From page 1</p> <p>Based upon observations and interviews the facility failed to ensure the electrical wiring and equipment complies with NFPA 70, National Electrical Code. This has the ability to affect the occupants of the affected compartment.</p> <p>The findings include:</p> <p>On 05/18/2018 at approximately 2:40 PM it was observed that non-metallic sheathed electrical cable was used above the drop-in ceiling, near the staff break room to supply an unidentified electrical circuit. [NFPA 70, 334.12, A(2)]</p> <p>The Facility Maintenance Director and Assistant Administrator witnessed this evidence by interview and observation on 05/18/2018 at approximately 4:00 PM during the exit interview.</p>	K 511	<ol style="list-style-type: none"> <li>1. The non- metallic sheathed electric cable has been removed by the Maintenance Department</li> <li>2. The Maintenance Director and Assistant has completed a tour and ceiling audit of building to ensure the absence of non-metallic sheath electrical cable.</li> <li>3. The Maintenance Director and Assistant have been educated on the non-use of the non-metallic sheathed electrical cable.</li> <li>4. The Maintenance Director has been educated and will inform the center's Safety Committee of any findings related to the discovery of non-metallic electrical cable above the ceiling.</li> <li>5. Date of compliance: June 12, 2018</li> </ol>	06/12/18