

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

Printed: 03/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495254	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER COLONNADES HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 COLONNADES HILL DRIVE CHARLOTTESVILLE, VA 22901		
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a 2 story structure. Patient rooms are located on the first floor of the building. The second floor is a assisted living facility with a 2 hour separation from the first floor.</p> <p>Construction Type: II (222)</p> <p>Sprinkler status: Fully Sprinklered with supplemental fire pump.</p> <p>An unannounced recertification Life Safety Code survey was conducted 03/08/2019 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.</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		
K 133 SS=F	<p>Multiple Occupancies - Construction Type CFR(s): NFPA 101</p> <p>Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the</p>	K 133	<p>please reference attached Plan of Correction</p>	

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

TITLE

(X8) DATE



Skilled Nursing Administrator 4/8/19

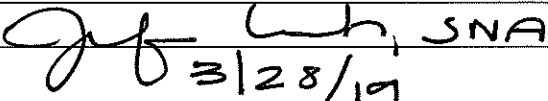
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 133	<p>Continued From page 1</p> <p>building in accordance with 18/19.1.6 and Tables 18/19.1.6.1</p> <p>* The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to maintain the required separation between buildings of different construction types at the facility. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03/08/2019 at approximately 2:20 PM it was observed that the concrete masonry unit wall separating the main building from the health care building was not complete.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03/08/2019 at approximately 3:15 PM during the exit interview.</p>	K 133		

Sunrise Senior Living
Skilled Nursing Plan of Correction Template

Name of Community:	The Colonnades
Medicare or License Number:	495254
Survey Date(s):	3/8/19
Name and Title of Representative Signing the Plan of Correction:	Jennifer Crouch, Licensed Nursing Home Administrator
Signature of Representative:	
Submission Date to Regulatory Agency:	3/28/19

Per CMS, a Skilled Nursing Community may submit their POC as a separate document attachment or document the POC on the right side of CMS Form 2567.

Regulation	Target Date By Which Correction Will Be Completed	Plan of Correction
K133 Multiple Occupancies-Construction Type	4/26/19	<p>A. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited:</p> <p>The Director of Environmental Services has engaged a certified contractor who specializes fire wall systems to fix the gap between the 2 hours fire wall that is already in place and the beam that it needs to connect to. This will be fixed no later than 4/26/19.</p>
	3/8/19	<p>B. The procedure for implementing the acceptable plan of correction for the specific deficiency cited:</p> <p>The Director of Environmental Services conducted walking rounds of the community on 3/8/19 to inspect the facility fire/smoke walls to confirm compliance with required separation between buildings of different structure types.</p> <p>No issues were identified.</p>
	3/8/19	<p>C. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements:</p> <p>The Director of Environmental Services will conduct routine rounds of the facility to observe and check fire/smoke walls</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

	4/18/19	<p>and to confirm the fire/smoke walls are in compliance with regulatory requirements weekly for 1 month and monthly for 2 months.</p> <p>The Director of Environmental Services or designee will report findings of the above observation to the Quality Assurance and Performance Improvement (QAPI) Committee for the next 90 days.</p> <p>During and at the conclusion of the 90-day period the Committee will re-evaluate and initiate any necessary action or extend the review period.</p>
	3/8/19	<p>D. The title of the person responsible for implementing the acceptable plan of correction (not the name):</p> <p>The Skilled Nursing Administrator is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing and resolving variances that may occur.</p>
Regulation	Target Date By Which Correction Will Be Completed	Plan of Correction
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