The Hundley Center
Your Home for Health & Living

June 6, 2018

Kenneth L. Kent
State Fire Marshal's Office
6744 Thirlane Road
Roanoke, VA 24019

RE: 495177 Life Safety Code Survey of 05/22/2018

Dear Mr. Kent:

This letter is in response to the unannounced Recertification Life Safety Code Survey conducted on 05/22/2018, and received in this office on 05/31/2018.

See the attached Plan of Corrections for the following buildings:

Building 02-Hundley Annex

All corrections will be made as of 06/29/2018.

Please review our plan and should you have any questions please feel free to contact us. We appreciate your attention and promptness in accepting our Plan of Corrections.

Sincerely,

Regina Williams

Regina Williams, R.N., M.S.H.A.
Administrator

cc: Ursula Butts
VP Patient Services

cc: Archie McCartney
Director of Facility Engineering

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495177	A. BUILDING 02 - HUNDLEY ANNEX B. WING _____	05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY MEMORIAL HOSPITAL HUNDLEY CEN	125 BUENA VISTA CIRCLE SOUTH HILL, VA 23970

(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: 25557 Description of Structure: This is a 3 story structure. Patients sleeping rooms are located on floors 1 and 2, with customary access to the dining room and beauty salon located on the ground floor. Construction Type: II (222) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 05/22/2018 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	**This Plan of Correction for the items cited during the Life Safety inspection conducted on 5/22/2018 is respectfully submitted as evidence of compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with the life safety codes.**	
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story	K 161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Regina Williams | Administrator | 6/6/18

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 161	Continued From page 1 non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based upon observations and interviews the facility failed to maintain the construction type of the facility . This has the ability to affect all occupants in the effected compartment of the building. The findings include: On 05/22/2018 at approximately 1:59 PM it was observed that the floor ceiling assembly in the first floor Data Room had penetrations to the ground floor that were not properly protected to maintain the construction type of the building. The Facility Maintenance Director and	K 161	K 161: **Corrective Measure for Areas Affected** Work Order 22934 was issued on 05/24/18 and all floor ceiling penetrations were caulked with approved fire caulk. **Identification of Other Areas with Potential To Be Affected** Engineering inspected the facility for any other occurrences. Corrections were made as needed during the inspection. **Measures to Prevent Recurrence** Facility Engineering has implemented a semiannual Preventive Maintenance (PM) for above ceiling inspections. Facility Engineering staff will educate all contractors and staff about proper sealing of penetrations and hold them accountable. **Monitoring** Designated Facility Engineering staff will continue to monitor all "Above Ceiling Permits" and make sure all penetrations are properly sealed prior to contractors or staff leaving for the day. **Correction Date: 6/29/2018**	

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K 161	Continued From page 2 Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 161		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based upon observations and interviews the facility failed to maintain the construction fire resistive rating of the stairway. This has the ability to affect all occupants in the effected compartment of the building. The findings include: On 05/22/2018 at approximately 12:57 PM it was observed that the CMU wall of the 2 North Stairway, had unprotected penetration by CPVC sprinkler pipe and electrical conduit to the corridor. The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 311	K 311: **Corrective Measure for Areas Affected** Work Order 22922 was issued on 05/23/18 to install approved fire caulking in all penetrations of the 2nd floor stairway. Engineering staff installed approved fire caulk in all penetrations on both sides of the wall. Completed 05/23/18. **Identification of Other Areas with Potential To Be Affected** Engineering staff conducted a building inspection and sealed any additional penetrations that they found. **Measures to Prevent Recurrence** Facility Engineering has implemented a semiannual PM for above ceiling inspections. Engineering staff will educate all contractors and staff about proper sealing of penetrations and hold them accountable.	
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321		

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K 321	Continued From page 3 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 Area Automatic Sprinkler Separation N/A 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 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. The findings include: On 05/22/2018 at approximately 2:37 PM it was observed that the door to the ground floor clean linen room, storage room greater than 100	K 321	**Monitoring:** Designated Engineering staff will monitor "Above Ceiling Permits" to ensure all penetrations are properly sealed prior to contractors' staff leaving for the day. **Correction Date: 6/29/2018** K 321: **Corrective Measure for Areas Affected** Work Order 22937 was issued 05/23/18 to install automatic door closer on the door. Door closer was ordered and received. Installed on 05/23/18. Completed 5/23/18 **Identification of Other Areas with Potential To Be Affected** Engineering inspected the facility for any similar occurrences and no issues were found. **Measures to Prevent Recurrence** All future changes in room usage will be reviewed/examined and approved by Facilities Engineering Director to ensure compliance. Department Managers shall be in-serviced on this requirement. **Monitoring:** Verify during monthly EOC rounds that rooms are used per design and all features such as door closures are installed and working properly.	

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K 321	Continued From page 4 square feet, was not self closing. The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 321	**Completion Date: 6/29/18** **K 325:** **Corrective Measure for Areas Affected** Engineering investigated the light switches below alcohol based sanitizer dispenser and found that the night lights are no longer used. Work order 24240 was placed on 06/06/18 to remove the light switch and seal the blank covers over the opening, thereby removing the ignition source. **Identification of Other Areas with Potential To Be Affected** Engineering has reviewed all the rooms for similar occurrences of the problem. All material to complete the work order has been ordered. **Measures to Prevent Recurrence** Engineering has trained their staff and Infection Control on the requirement that alcohol-based sanitizers cannot be installed within 1" of ignition source. Monitoring: Unit Manager or designated staff will inspect rooms weekly X 3 to ensure newly installed plate are in place. Then monthly as part of EOC rounds. Completion Date: 6/29/18	
K 325 SS=F	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based upon observations and interviews the facility failed to maintain the Alcohol Based Hand Rub Dispensers as required by the Life Safety Code. This has the ability to affect all occupants of the building.	K 325		

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K 325	Continued From page 5 The findings include: On 05/22/2018 at approximately 1:01 PM it was observed that Alcohol Based Hand Rub Dispensers were installed within 1 inch of an ignition source, light switches, throughout the building. The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 325	K 353: **Corrective Measure for Areas Affected** Work Orders: 22930, 22931, 22932 & 22933 were issued 05/23/18 to address the cable and wiring on the CPVC fire sprinkler pipe. All work orders were completed and cabling and wiring were removed by 05/24/18. Work orders 22926. 22927, 22928 & 22929 were issued on 5/23/18 and all cited sprinkler heads were cleaned. Work order 22923 was issued to investigate the corroded sprinkler head in the oxygen storage room. A purchase order was submitted to Eagle Fire company to replace the sprinkler head. Parts are on order and will be installed as soon as they arrive. **Identification of Other Areas with Potential To Be Affected** Information Technologies conducted training with their current contractor. The contractor is in process of inspecting the rest of the facility and removing cabling on any sprinkler piping. Facility Engineering staff has completed inspections of the rest of the sprinkler heads and they were cleaned as needed. Facility Engineering staff has inspected sprinkler heads to identify others with corrosion problem and will address those	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system installation requirements. This has the ability to affect all occupants of the	K 353		

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K 353	Continued From page 6 building. The findings include: On 05/22/2018 at approximately 12:55 PM it was observed that network cable and other plastic sheathed wiring were in contact with the CPVC fire sprinkler piping above the drop-in ceiling, in the 2 north stairway [NFPA 13, 6.3.6.1] On 05/22/2018 at approximately 1:10 PM it was observed that the fire sprinkler head in the oxygen storage room was visibly corroded. [NFPA 25, 5.2.1.1.4] On 05/22/2018 at approximately 1:12 PM it was observed that the fire sprinkler head in the 2nd floor diet kitchen, was loaded with dust and lint. [NFPA 25, 5.2.1.1.4] On 05/22/2018 at approximately 1:24 PM it was observed that network cable and other plastic sheathed wiring were in contact with the CPVC fire sprinkler piping above the drop-in ceiling, in the 2 south stairway [NFPA 13, 6.3.6.1] On 05/22/2018 at approximately 1:50 PM it was observed that the fire sprinkler head in the 1st floor Nurses Station workroom, was loaded with dust and lint. [NFPA 25, 5.2.1.1.4] On 05/22/2018 at approximately 1:57 PM it was observed that the fire sprinkler head in the 1st floor diet kitchen, was loaded with dust and lint. [NFPA 25, 5.2.1.1.4] On 05/22/2018 at approximately 2:08 PM it was observed that network cable and other plastic sheathed wiring were in contact with the CPVC fire sprinkler piping above the drop-in ceiling, near the 1 west stairway [NFPA 13, 6.3.6.1] On 05/22/2018 at approximately 2:15 PM it was observed that network cable and other plastic	K 353	Continue K 353: found to have corrosion. **Measures to Prevent Recurrence** Information Technology conducted training with their contractor. Facility Engineering and Information Technologies will be involved in any future projects to ensure contractor is aware of and trained on life safety requirements. Facility Engineering has created a semi-annual PM to have the sprinkler heads, inspected, cleaned and/or replaced as necessary. **Monitoring:** Sprinkler pipes will be inspected quarterly by Facility Engineering while conducting their scheduled maintenance. They will also check sprinkler heads for presence of corrosion and/or dust and corrections will be made as needed. **Correction Date: 6/29/2018**	

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K 353	Continued From page 7 sheathed wiring were in contact with the CPVC fire sprinkler piping above the drop-in ceiling, near the 1 south elevator lobby. [NFPA 13, 6.3.6.1] On 05/22/2018 at approximately 2:50 PM it was observed that the fire sprinkler head in the kitchen tray preparation area, was loaded with dust and lint. [NFPA 25, 5.2.1.1.4] The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 353		
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	K 363	K363: **Corrective Measure for Areas Affected** The curtains and over bed tables that were cited were moved from the door ways of the rooms identified during the inspection. The door leaf for room 223 was closed and secured. **Identification of Other Areas with Potential To Be Affected** Nursing staff conducted rounds to identify other rooms with similar issues. Rooms with similar issues were corrected by repositioning curtains and moving over bed tables that were impeding door from closing. There were no issues found with the leaf on the other bariatric rooms.	

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K 363	Continued From page 8 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 there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Surveyor: 25557 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. The findings include: On 05/22/2018 at approximately 1:18 PM it was observed that the doors to patient room 214 had an impediment to the closing the door, a patient overbed table. On 05/22/2018 at approximately 1:27 PM it was observed that the doors to patient room 217 had an impediment to the closing the door, the privacy curtain. On 05/22/2018 at approximately 1:35 PM it was observed that the doors to patient room 223 would not resist the passage of smoke, the inactive door leaf was not secured to latch the active leaf of the door. On 05/22/2018 at approximately 1:37 PM it was observed that the doors to patient room 227 had an impediment to the closing the door, a patient overbed table.	K 363	**Measures to Prevent Recurrence** Nursing staff were in-serviced on identifying and correcting these issues. Facility Engineering will research additional methods for retaining the curtains so they will not block the door ways. When the best solution is found it will be implemented in each room to prevent further problems. **Monitoring:** Nursing staff will monitor on daily rounds times 2 weeks and Director or Supervisor will monitor monthly X 3 months. **Correction Date: 6/29/2018**	

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K 363	Continued From page 9 On 05/22/2018 at approximately 1:43 PM it was observed that the doors to patient room 234 had an impediment to the closing the door, a trash container. On 05/22/2018 at approximately 2:16 PM it was observed that the doors to patient room 115 had an impediment to the closing the door, a patient over bed table. The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 363		
K 754 SS=F	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based upon observations and interviews the facility is using collection containers greater than 32 gallons stored within a 64 square foot area.	K 754	K 754: **Corrective Measure for Areas Affected** Trash containers were removed from the room. **Identification of Other Areas with Potential To Be Affected** Environmental director has inspected areas for similar violations and any trash container not meeting life safety code were removed. **Measures to Prevent Recurrence** Environmental director has in-serviced appropriate staff on the life safety code requirement. **Monitoring** Environmental director will monitor all areas weekly X 3, then monthly X 3. **Correction Date: 6/29/18**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495177	A. BUILDING **02 - HUNDLEY ANNEX** B. WING _____	**05/22/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY MEMORIAL HOSPITAL HUNDLEY CEN	**125 BUENA VISTA CIRCLE SOUTH HILL, VA 23970**

(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 754	Continued From page 10 This has the ability to affect all occupants in the effected compartment of the building. The findings include: On 05/22/2018 at approximately 2:27 PM it was observed that the ground floor janitors closet had a 55 gallon and 44 gallon container unattended inside the room, which is not protected as a hazardous area. The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 05/22/2018 at approximately 3:30 PM during the exit interview.	K 754		