

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

Printed: 12/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 0101</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>CONCORDIA TRANSITIONAL CARE AND REH.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454</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) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
	Description of structure: The facility is 1 story/stories frame structure with a construction type of V(111)			
	Sprinkler status: Fully Sprinklered			
	An unannounced recertification Life Safety Code survey was conducted 11/28/2018 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.		K347 Smoke Detection	
K 347 SS=D	Smoke Detection CFR(s): NFPA 101	K 347	CFR(s): NFPA 101  SS=D	
	Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Based upon review of smoke detection system sensitivity results are not documented.		1. The facility had smoke sensitivity testing in January 2018. The results were provided to the Life Safety Survey Inspector on November 30, 2018.	
	Findings include		2. Residents residing at Concordia Bay Pointe have the potential to be affected.	
	On 11/28/18 between 9:00 AM and 12:00 PM it was observed that the facility does not have documentation for sensitivity testing. The above deficiency was observed by the Director of Maintenance.		3. The Maintenance Director and Maintenance Assistant will be educated on the importance of having complete inspection records. Sensitivity testing results will be reviewed in accordance with the NFPA standards and verified as conducted every two years by the Administrator and/or designee.	
K 521 SS=E	HVAC CFR(s): NFPA 101	K 521	4. Any noted discrepancies will be immediately addressed, recorded and forwarded to the Quality Assurance Committee for review and further recommendation.	
			5. January 11, 2019	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelly C. Myers TITLE: Exec. Dir. (X6) DATE: 12/14/18

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.

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

Printed: 12/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 0101</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>CONCORDIA TRANSITIONAL CARE AND REH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454</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) COMPLETION DATE
K 521	<p>Continued From page 1</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations vent/duct returns need to be cleaned.</p> <p>Findings include</p> <p>On 11/28/18 between 9:00 AM and 12:00 PM, it was observed in the kitchen and laundry room the vent/duct returns needs to be cleaned of dust and debris. The above deficiency was observed by the Director of Maintenance.</p>	K 521	<p>K521 HVAC</p> <p>CFR(s): NFPA 101</p> <p>SS=E</p> <ol style="list-style-type: none"> <li>1. The kitchen and laundry room vents/ducts were cleaned of visible dust and debris.</li> <li>2. Residents residing at Concordia Bay Pointe have the potential to be affected.</li> <li>3. A preventative maintenance system will be initiated to ensure kitchen and laundry room vents/ducts remain free of visible dust and debris. The Administrator and/or designee will conduct weekly visible vent/duct observation rounds for 4 weeks, followed by monthly for 2 months, or until compliance is sustained.</li> <li>4. Any-noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</li> <li>5. January 11, 2019</li> </ol>	
K 911 SS=D	<p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems and equipment is not being maintained.</p> <p>Findings include</p>	K 911		

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

Printed: 12/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 0101</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>CONCORDIA TRANSITIONAL CARE AND REH.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454</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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 911	Continued From page 2.	K 911	K911 Electrical Systems -- Other	
K 919 SS=D	<p>On 11/28/18 between 9:00 AM and 12:00 PM it was observed that the panel box on the second floor panel E-3 is not properly labeled . The above deficiencies was observed by the the Director of Maintenance.</p> <p>Electrical Equipment - Other CFR(s): NFPA 101</p> <p>Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations of the electrical system that the required maintenance of the system is not being maintained.</p> <p>Findings include</p>	K 919	<p>CFR(s): NFPA 101</p> <p>SS=D</p> <ol style="list-style-type: none"> <li>1. The panel box on the second floor, noted as panel E-3 will be corrected by a licensed contractor.</li> <li>2. Residents residing at Concordia Bay Pointe have the potential to be affected.</li> <li>3. The Maintenance Director and/or designee will conduct monthly rounds to observe the labeling on the panel box remains intact. This will be an ongoing process.</li> <li>4. Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</li> <li>5. January 11, 2019</li> </ol>	
K 920 SS=D	<p>On 11/28/18 between 9:00 AM and 12:00 PM it was observed numerous missing ceiling tiles and open junction boxes without covers in the ceiling above located in the first floor housekeeping closet. The above deficiencies were observed by the Director of Maintenance.</p> <p>Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment</p>	K 920	<p>K919 Electrical Equipment -- Other</p> <p>CFR(s): NFPA 101</p> <p>SS=D</p> <ol style="list-style-type: none"> <li>1. The missing ceiling tiles were replaced. The open junction boxes were corrected on December 7, 2018 by a licensed electrician.</li> <li>2. Residents residing at Concordia Bay Pointe have the potential to be affected.</li> <li>3. The Maintenance Director and/or designee will conduct monthly rounds to observe for missing ceiling tiles and open junction boxes. This will be an ongoing process.</li> <li>4. Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</li> <li>5. January 11, 2019</li> </ol>	

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

Printed: 12/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 0101</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>CONCORDIA TRANSITIONAL CARE AND REH,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454</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) COMPLETION DATE
K 920	<p>Continued From page 3 .</p> <p>(PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems that there is non-approved extension cord and multiplug adapter being used in patient care areas.</p> <p>Findings include</p> <p>Between 09:00 AM and 12:00 PM on 11/28/18 it is observed that there is extension cord in use draped above the ceiling into an adjacent room located in the 2nd floor soiled utility room. Observed a multiplug adapter in use in medical records behind employee desk. The above deficiency was observed by the Director of Maintenance.</p>	K 920	<p>K920 Electrical Equipment – Power Cords and extensions</p> <p>CFR(s): NFPA 101</p> <p>SS=D</p> <ol style="list-style-type: none"> <li>1. The non-approved extension cord was replaced by a licensed electrician on 12/11/18. The multiplug adaptor has been replaced. A 100% building audit was conducted to ensure no other ceiling extension cords exist.</li> <li>2. Residents residing at Concordia Bay Pointe have the potential to be affected.</li> <li>3. Rounds will be conducted weekly to check for unapproved cords in rooms and offices for 12 weeks or until compliance is sustained.</li> <li>4. Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</li> <li>5. January 11, 2019</li> </ol>	

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

Printed: 12/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - BUILDING 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2018</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>CONCORDIA TRANSITIONAL CARE AND REH,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454</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) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Description of structure: The facility is 1 story/stories frame structure with a construction type of V(111)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced recertification Life Safety Code survey was conducted 11/28/2018 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 found to be in compliance with the Requirements for Participation Medicare and Medicaid.</p>	K 000		

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

*Keel Myles* *Exec. Dir.* **12/14/18**

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.