STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495375	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/01/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPORIA MANOR LLC	**200 WEAVER AVENUE EMPORIA, VA 23847**

(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 Description of structure: The facility is 1story/stories frame structure with a construction type of V(000) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 05/01/2019 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	K 000		
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based upon observations, the fire alarm system is not being maintained properly. Findings include On 05/01/19 between 9:00 AM and 12:00 PM, it was observed that the facility Post Indicator Valve (PIV) alarm notification system is out of service.. The above deficiency was observed by the Director of Maintenance.	K 345	K 345 1- PIV alarm notification system repaired 5-14-19 2- This is the only Fire Alarm system affected 3- Maintenance Director or designee will assure PIV alarm notification system is inspected during the quarterly inspections by the vendor. 4- Administrator or Maintenance Director will monitor inspection documentation for compliance and report to Safety Committee.	6-15-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: William J Belmonte
TITLE: Administrator
(X6) DATE: 5-14-19

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 347 K 347 SS=E	Continued From page 1 Smoke Detection CFR(s): NFPA 101 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. Findings include On 05/01/19 between 9:00 AM and 12:00 PM, it was observed that the facility does not have documentation for smoke detection sensitivity testing values. The above deficiency was observed by the Director of Maintenance.	K 347 K 347	K 347 1- Smoke detector sensitivity testing conducted 5-6-19 2- All smoke detectors are affected by this deficiency 3- Maintenance Director or designee will assure sensitivity testing is conducted every 6 months. 4- Administrator or Maintenance Director will monitor inspection documentation for compliance and report to monthly Safety Committee	6-15-19
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based upon observations, there is evidence that the fire extinguishers are not being maintained properly. Findings include On 05/01/19 between 9:00 AM and 12:00 PM, it was observed that the K-Fire Extinguisher located	K 355	K 355 1- K-Fire extinguisher replaced 5-8-19 2- This is the only K- Fire extinguisher in facility 3- Maintenance Director or designee will inspect kitchen K-Fire extinguisher on annual basis. Will also include on monthly fire extinguisher inspections.	

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K 355	Continued From page 2 in the kitchen was out of date. The above deficiency was observed by the Director of Maintenance.	K 355	4- Administrator or Maintenance Director will monitor inspection documentation for compliance and report to monthly Safety committee	6-15-19
K 363 SS=D	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 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,	K 363	K 363 1- East Wing clean linen door handle replaced 5-2-19 Loading dock door and supply room double doors have been quoted and materials ordered 2- All corridor doors are at risk. 3- Maintenance Director or designee will make monthly inspections of corridor doors. 4- Administrator or Maintenance Director will monitor inspection documentation for compliance and report to Safety Committee.	6-15-19

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K 363	Continued From page 3 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: Based upon observations corridor door doors were found compromised that could allow smoke to pass through the doors. Findings include On 05/01/19 between 9:00 AM and 12:00 PM, it was observed several corridor doors are damaged with cracks and holes. Noted at the east nursing station clean linen door missing door handle, loading dock door and supply room double doors. The above deficiency was observed by the Director of Maintenance.	K 363		
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply	K 741	K 741 1- Ask tray in staff smoking area replaced 5-6-19 with a self-closing metal ask tray 2- This is the only staff smoking area 3- Maintenance Director or designee will monitor ash tray during daily inspections 4- Administrator or Maintenance Director will monitor inspection documentation for compliance and report to Safety Committee.	6-15-19

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K 741	Continued From page 4 where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based upon observations a self closing metal container was not readily available. Findings include. On 05/01/19 between 9:00 AM and 12:00 PM, it was observed in the staff smoking area that an ashtrays of noncombustible material of safe design was not provided and an metal container with a self closing cover device into which ashtrays can be emptied was not readily available. It was observed that a fire extinguisher was not readily available in the smoking area. The above deficiency was observed by the Director of Maintenance.	K 741		