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	495389	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WINCHESTER, LLC	110 LAUCK DR WINCHESTER, VA 22603

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K 000	INITIAL COMMENTS Surveyor: 35701 The facility is a single story skilled nursing facility. The facility is Type II (000) construction and is fully sprinklered. An unannounced Life Safety Code recertification survey was conducted on 11/14/2018 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing Regulations. The facility was found to be not in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate noncompliance with title 42 Code of Regulations. Part 483.150 and 410 to 480 (Life safety from Fire).	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the	K 222	K222 1. The exit door on 40 hall with the 15 second delayed egress hardware was corrected on-site to release on or before the 15 second delay. 2. Additional exit doors with 15 second delayed egress hardware were reviewed for properly releasing on or before the 15 second delay.	

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

Anthony N. Turner | Executive Director | 11-20-18

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 222	Continued From page 1 safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:	K 222	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Egress Doors specific to exit doors with 15 second delayed egress hardware properly releasing on or before the 15 second delay, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI committee for further review. 5. 12/28/2018	

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K 222	Continued From page 2 Surveyor: 35701 Based on observation, the facility failed to maintain delayed egress exit doors. This has the potential to affect one smoke compartment. The Findings include: It was observed on 1/14/2018 at 3:22 PM, the exit door at the end of the 40 Hall was identified as a delayed egress door with a 15 second delayed activation and release. Observation of the delayed egress door when activated was not releasing on or before the 15 second delay.	K 222		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the exit discharge. This has the potential to affect all residents and staff. The Findings include: It was observed on 11/14/2018 at 3:30 PM, the exit discharge from the dining hall and physical therapy starting from the patio to the public way was not constructed of a hard packed all weather travel surface in accordance with CMS Survey and Certification letter 05-38.	K 271	K271 1. The exit discharge from the dining hall and physical therapy starting from the patio to the public way will be constructed with a hard packed all weather travel surface. 2. Additional exterior egresses to the public way were reviewed for being constructed with a hard packed all weather travel surface.	
K 325	Alcohol Based Hand Rub Dispenser (ABHR)	K 325		

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K 325 SS=D	Continued From page 3 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: 35701 Based on interview, the facility failed to maintain alcohol based hand rub dispensing units. This has the potential to affect all residents and staff. The Findings include: An interview with the administrator on 11/14/2018 at approximately 1:50 PM revealed the alcohol based hand rub dispensers was not being tested in accordance with manufacturer guidelines.	K 325	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Discharge from Exits specific to exterior egresses to the public way being constructed with a hard packed all weather travel surface, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI committee for further review. 5. 12/28/2018	

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K 353 K 353 SS=D	Continued From page 4 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: 35701 Based on observation, the facility failed to maintain the sprinkler system. This has the potential to affect all residents and staff. The Findings include: It was observed on 11/14/2018 at 3:16 PM, the valves for the wet sprinkler system was not identified in accordance with NFPA 25 2011 edition. 13.3.2.2* The valve inspection shall verify that the valves are in the following condition: (1) In the normal open or closed position	K 353 K 353	K325 1. The facility's Alcohol Based Hand Rub Dispensers (ABHRs) will be tested per manufacturer guidelines. 2. The manufacturer guidelines for additional ABHRs were reviewed for testing guidelines. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) specific to ABHRs being tested in accordance with manufacturer guidelines, and will continue to monitor in accordance with NFPA standards.	

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K 353	Continued From page 5 (2)*Sealed, locked, or supervised (3) Accessible (4) Provided with correct wrenches (5) Free from external leaks (6) Provided with applicable identification It was observed on 11/14/2018 at 3:03 PM, the sprinkler head located in room 12 near the window was loaded with dust. It was observed on 11/14/2018 at 3:10 PM, the sprinkler head located in room 10 near the window was loaded with dust.	K 353	4. Any findings will be reported to the monthly QAPI committee for further review. 5. 12/28/2018 K353 1. The valves for the wet sprinkler system will be properly identified in accordance with NFPA 25 2011 Edition. The dust was removed from the sprinkler heads near the windows in rooms 10 and 12. 2. Additional wet sprinkler system valves were reviewed for proper identification, and additional sprinkler heads were reviewed for dust build-up.	
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	K 363		

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K 363	Continued From page 6 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, 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: 35701 Based on observation, the facility failed to maintain corridor doors. This has the potential to affect one smoke compartment. The Findings include: It was observed on 11/14/2018 at 3:26 PM, the door to resident room 35 was equipped with a magnetic hold open device. Observation revealed a food tray was placed in front of the door preventing the door from closing.	K 363	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System-Maintenance and Testing specific to wet sprinkler system valves being properly identified, and sprinkler heads being free of dust build-up, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI committee for further review. 5. 12/28/2018	
K 921 SS=D	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6	K 921		

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K 921	Continued From page 7 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on interview, the facility failed to maintain electrical equipment. This has the potential to affect all residents. The Findings include: An interview with the administrator on 11/14/2018 at 1:45 PM revealed the facility was not conducting the physical integrity, resistance, leakage current and touch current test for fixed and portable patient care related electrical equipment. 10.3 Testing Requirements - Fixed and Portable. 10.3.1* Physical Integrity. The physical integrity of the power	K 921	K363 1. The food tray table was immediately removed from the doorway in room #35. 2. Additional resident room doors were reviewed for obstructions that might prevent the door from closing. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor- Doors specific to obstructions that might prevent resident room doors from closing, and will continue to monitor in accordance with NFPA standards.	

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K 921	Continued From page 8 cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. 10.3.2* Resistance. 10.3.2.1 For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. 10.3.2.2 The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). 10.3.3* Leakage Current Tests. 10.3.3.1 General. 10.3.3.1.1 The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. 10.3.3.1.2 Tests shall be performed with the power switch ON and OFF. 10.3.3.2 Resistance Test. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements.	K 921	4. Any findings will be reported to the monthly QAPI committee for further review. 5. 12/28/2018	

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K 921	Continued From page 9 10.3.3.3* Techniques of Measurement. The test shall not be made on the load side of an isolated power system or seperable isolation transformer. 10.3.3.4* Leakage Current Limits. The leakage current limits in 10.3.4 and 10.3.5 shall be followed. 10.3.4 Leakage Current - Fixed Equipment. 10.3.4.1 Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. 10.3.4.2 The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA(ac or dc) with all grounds lifted. 10.3.5 Touch Current - Portable Equipment. 10.3.5.1* Touch Current Limits. The touch current for cord connected equipment shall not exceed 100 iA with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 iA with the ground wire disconnected. 10.3.5.2 If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. 10.3.5.3 When multiple devices are connected together and more than one power cord supplies power, the devices shall be	K 921	K921 1. The Patient Care Related Electronic Equipment (PCREE) testing will be performed by a qualified vendor. 2. There is only one required annual PCREE testing, therefore no additional reviews were needed.	

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K 921	Continued From page 10 separated into groups according to their power supply cord, and the leakage current shall be measured independently for each group as an assembly. 10.3.5.4 Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: (1) Power plug connected normally with the appliance on (2) Power plug connected normally with the appliance off (if equipped with an on/off switch) 10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. 10.3.5.4.2 Test shall be made with Switch A in Figure 10.3.5.4 closed. 10.3.6* Lead Leakage Current Tests and Limits - Portable Equipment. 10.3.6.1 The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. 10.3.6.2 An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. 10.3.6.3 The leakage current shall not exceed 100 iA for	K 921	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment-Maintenance and Testing Requirements specific to the annual PCREE testing. The annual PCREE testing will be added to the facility's TELS Preventative Maintenance calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI committee for further review. 5. 12/28/2018	

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K 921	Continued From page 11 ground wire closed and 500 lA ac for ground wire open.	K 921		