

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

PRINTED: 01/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Initial Medicaid 49A044 VA0422	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS CITY, STATE ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(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 a masonry structure with a brick veneer exterior. The ceilings and floors are concrete panels (span decking). The central portion is a single story which houses the administrative offices, boiler-room and kitchen facilities. The North wing is a three story structure which houses residents. The South wing is a two-story structure which houses residents. Construction - Type II(III) Sprinkler System: The facility is protected by an NFPA 13-7A pipe system and a dry pipe system that protects the exterior front entry canopy. The system is supplied by municipal water. An unannounced Standard Initial Life Safety Code Survey was conducted on 01-28-2020 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 42 CFR regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. The findings below demonstrate non-compliance with Title 42 Code of Regulations 483.90(a) et seq (Life Safety from Fire).	K 000	Kissito Health Services the state's focus on the health, safety and well being of facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, we have implemented a plan of correction to demonstrate continuing effort to provide quality care to our residents.	01/31/2020	
K 321	Hazardous Areas - Enclosure SS=E CFR(s) 18.3.2.1	K 321	K321 Penetrations with sealed conduits, ducts and pipes have been repaired and sealed in locations listed under findings.		
	Hazardous Areas - Enclosure 2012 New Hazardous areas are protected in accordance with 18.3.2.1. The areas shall be enclosed with a				

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

TITLE

(X6) DATE

Robert Nelson

Administrator

1/31/2020

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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NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112	
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	<p>Continued From page 1</p> <p>1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 18.3.2.1, 7.2.1.8, 8.4, 9.7, 9.7</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>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 and less than 100 square feet) g. Combustible Storage Rooms/Spaces (over 100 square feet) h. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the facility needs to repair the hazardous area fire separations</p> <p>Findings include: On 1-28-2020 it was revealed that there were unsealed penetrations of conduits, ducts and pipes in hazardous rooms on floors 1, 2, and 3, including 3rd floor by room 335, room 340, 2nd floor by Director of Nursing, 2nd floor day room storage room, 2nd floor south storage, 1st floor south storage walls and ceiling, Central Supply and kitchen storage. It was revealed that the doors to Cental Supply and the</p>		<p>doors to central supply and kitchen have been replaced with (3/4 hour) 45 minute doors to meet rated barrier</p> <p>Current residents in the center have the potential to be affected.</p> <p>Maintenance director/designee has been notified by the Regional Director of Maintenance to ensure that unsealed penetrations or doors not meeting code in hazardous areas are repaired and doors will be replaced to ensure hazardous areas are protected.</p> <p>Maintenance Director/designee will monitor areas for unsealed penetrations periodically to ensure hazardous areas are sealed properly. Periodically, rounds will be conducted by the Maintenance Director/designee when changes are made to ensure doors in hazardous areas meet code for rated barriers.</p> <p>In addition, the CAO/designee will monitor for findings of unsealed penetrations and ensure not meeting rated barrier and ensure corrections are completed.</p> <p>Results will be reported to the monthly Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, audits will be conducted on a random basis.</p> <p>01/31/2020</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2n421 Medicaid 49A044 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2020
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NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112
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K 321 Continued From page 2
Kitchen storage room were missing the 45 min
(3/4 hour) fire rating and closers.

The Administrator confirmed these findings.

K 351 Sprinkler System - Installation
SS=F CFR(s): NFPA 101

Sprinkler System - Installation
2012 NEW
Buildings are to be protected throughout by an
approved automatic sprinkler system in
accordance with NFPA 13, Standard for the
Installation of Sprinkler Systems.
In Type I and II construction, alternative protection
measures are permitted to be substituted for
sprinkler protection in specific areas where state
and local regulations prohibit sprinklers.
Listed quick-response or listed residential
sprinklers are used throughout smoke
compartments with patient sleeping rooms.
In hospitals, sprinklers are not required in closets
closets of patient sleeping rooms where the area
of the closet does not exceed six square feet
sprinkler coverage covers the closet footprint
required by NFPA 13, Standard for Installation
Sprinkler Systems.
18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7,
9.7.1.1(1), 18.3.5.10
This REQUIREMENT is not met as evidenced
by:
Based on observation and interview, it was
revealed that the facility had not upgraded to
sprinkler heads in the smoke compartments
patient sleeping rooms.

Findings include:

On 1-28-2020 it was revealed that the sprinkler

K 321

K 351 K351

Listed Quick or residential sprinklers
throughout compartments with sleeping
rooms have been installed by the facility
sprinkler contractor.

Current residents in the center have the
potential to be affected.

The Maintenance Director was educated
by the Regional Director of Maintenance/
designee on regulatory requirements for
listed quick-response or listed residential
sprinklers throughout smoke
compartments with sleeping rooms to
meet the code and ensure the facility is
protected.

The CAO/designee will monitor and keep
informed of any regulatory changes to the
life safety code to ensure the facility is
protected.

The results will be reported to the monthly
to the Quality Assurance Committee for
review and discussion. Once the Quality
Assurance Committee determines the
problem no longer exists, audits will be
conducted on a random basis.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <i>United Medical</i> 478046 VA0422	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2020
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112	
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K 351	Continued From page 3 heads in the smoke compartments with sleeping rooms were standard sprinklers. The 2012 New Regulations require listed smoke response or listed residential sprinklers in sleeping compartments with sleeping rooms. The Administrator confirms the findings.	K 351		
K 711	Evacuation and Relocation Plan S910 CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.7.2.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Based on observation and record review, it was revealed the facility has not updated the Evacuation and Relocation Plan. Findings include: On 1-28-2020 it was reviewed that the facility had reviewed the location of Blue Fire Smoke Barrier walls, which had an effect on evacuation and relocation plans, but the facility had not yet changed the written plans or trained staff. No documentation for training staff on the new plans	K 711	Written plans for evacuation for residents have been revised to reflect facility's revised evacuation plan and relocation plans to ensure residents are evacuated and relocated per the updated plan. Current residents in the center have the potential to be affected. Facility staff have been educated by the Regional Director of Maintenance/designee on revised evacuation and relocation plan for ground floor. The CAO/designee will review the evacuation and relocation plans periodically and will be responsible to ensure plans are current and ensure staff is educated on any changes. The results will be reported to the Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem has been resolved, audits will be conducted to ensure compliance.	

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K 711 Continued From:
was available.

K 711

The Administrator reviewed these findings.