

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

Printed: 10/09/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495397	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/03/2018
NAME OF PROVIDER OR SUPPLIER THE CHESAPEAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 955 HARPERSVILLE RD NEWPORT NEWS, VA 23601		
(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: 36033 Description of structure: 1 Story II(111) Sprinkler status: Fully Sprinklered An unannounced Life Safety Code survey was conducted 10/03/2018 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.	K 000			
K 300 SS=D	Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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. This REQUIREMENT is not met as evidenced by: Surveyor: 36033 Based upon observations & discussions there are open penetrations above the Fire Doors in the Corridors which will allow the passage of smoke & flames from one smoke compartment to another. Findings Include on 10/03/2018 accompanied by the Director of Facilities, the following item was noted: Observed open penetrations in the fire walls/ rated ceilings in the following locations:	K 300	<ol style="list-style-type: none"> Repairs to the wall penetrations will be completed by a licensed fire stop contractor. All areas in HC will be reviewed to ensure there are no penetrations to fire walls. Above ceiling permits will be included in vendor agreements for all above ceiling work. All team members will be educated on use of proper repair products when above ceiling work is required. Building and Grounds team will conduct quarterly monitoring of fire walls/ceilings and inspect work prior to departure of each vendor. Any discrepancies will be brought to the QAPI committee for further evaluation and recommendation 11/15/2018 		

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

TITLE

(X6) DATE

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 300	Continued From page 1 Penetrations to the fire wall in 3 places near the health care entrance Penetrations to the fire wall near room 13, wires resting on the sprinkler pipe in this location The Director of Facilities and Administrator confirmed these findings.	K 300			
K 345 SS=D	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: Surveyor: 36033 Based upon observations, interviews & discussions the Fire Alarm System records indicate all of the Fire Alarm and associated ancillary equipment attached to it are not being properly tested annually. Findings include that between the hours of 1 pm and 4 pm on 10/03/2018 accompanied by the Facilities Maintenance Director & his staff, the following item was noted: The review of the Fire Alarm Maintenance report indicated that all of the components of the Fire Alarm System's annual test has not been performed within the last 12 months. The Facilities Maintenance Director confirmed these findings. The above observations were witnessed by the Facilities Maintenance Director.	K 345	<ol style="list-style-type: none"> 1. The fire alarm testing was scheduled with Ambassador and will be completed by 10/12/2018. 2. The testing will be placed on an annual schedule with the vendor beginning this year for all subsequent years to ensure annual testing occurs routinely 30 days prior to the actual due date. 3. The Building and Grounds team will be educated to include routine alarm testing on the maintenance schedule of the electronic work order tracking system. 4. The Building and Grounds director will monitor to ensure that testing is done in compliance with maintenance and regulatory schedules. Any discrepancies will be brought to the QAPI committee for further evaluation and recommendation 5. 11/15/2018 		

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