CENTEROT	OK MEDICARE & MEDICARD SERVICES			4 FORW
	FOF ISOLATED DEFICIENCIES WHICH CAUSE VITH ONLY A POTENTIAL FOR MINIMAL HARM	PROVIDER #	DATE SURVEY COMPLETE:	
FOR SNFs Al	ND NFs	495260	03/05/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE,	ZIP CODE	
	T HEALTH AND REHABILITATION CENTER	200 HIOAKS ROAD RICHMOND, VA. 23225		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101			
	Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, Inspection, Testing, and Maintaining of Water-based Fire Protect inspection and testing are maintained in a secure location and rea 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-req 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based upon observations of the sprinkler system that the required Findings include: Between 10:30am and 12:00pm on March 5th, 2019, during our data plate on the sprinkler riser to the new addition in the PT/OT 1) FLSA will create and attach new data plate 2) FLSA will inspect both risers to make sure data plates 3) FLSA will make sure plate is secure during all inspection 4) Maintenance will check data plate during weekly gauge	tion Systems. Records of system deadily available.	esign, maintenance, esystem. being maintained.	
	5) 3/22/19	e inspection		

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.

The above isolated deficiencies pose no actual harm to the residents C. D. LNHA

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		1	LE CONSTRUCTION 01 - Main Building 01	(X3) DATE SURVEY COMPLETED
		495260		B. WNG		03/05/2019
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	
BEAUFON	NT HEALTH AND REH	IABILITATION CENTEF		ND, VA 23:		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BY BE PRECEDED BY FULL RE- ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
K 000	INITIAL COMMENTS	3		K 000		
	Description of structustructure Type V (111	re: The facility is a one	story			
	Sprinkler Status: Full	y sprinklered - NFPA 13	3			
	An unannounced Standard Recertification Life Safety Code Survey was conducted on 3/5/19 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.		19 in tion,			
	The findings that follonon-compliance with Regulations, 483,70(a) et seq (Life	Title 42 Code of				
K 161 SS=E	Building Construction CFR(s): NFPA 101	Type and Height		K 161		
	Table 19.1.6.1, unles 19.1.6.2 through 19.1.6.4, 19.1.6.5	type and stories meets s otherwise permitted b 1.6,7				
	Construction 1 I (442), I (33 stories	32), II (222) Any nur	mber of			
	sprinklered	non-sprinklered and				
	2 II (111) non-sprinklered	One story Maximum 3 stories				
	sprinklered	Maximum 3 Stories				
LABORATOR:	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIV	E'S SIGNATURE		TITLE	(X6) DATE

Administrator

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.

STATEMENT OF DEI AND PLAN OF CORI		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		i' '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SUR' COMPLETE	
		495260		B. WING		03/05	5/2019
NAME OF PROVIDE		ABILITATION CENTER	200 HIO	ESS, CITY, STATE AKS ROAD OND, VA 232			
(X4) ID PREFIX (EA TAG	ACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REG ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
3 non- 4 sprid 5 6 7 non- 8 sprid Sprid thro syst 19.3 Give cons base loca app plan This by: Bas acce ceili Find Bett 201 obse was K 222 Egre	sughout by an app tem in accordance (3.5) e a brief description struction, the number and the struction of smoke or forwal. Complete so the building as a REQUIREMENT (1.5) sed upon observated upon observates door in the ceing and assemblied (1.5) dings include (1.5) ween 10:30am and (1.5) ween 10:30am and (1.5) and the rate of the self closing and (1.5) and the rate of the self closing and (1.5)	Not allowed Maximum 2 storic Not allowed Maximum 1 story ust be sprinklered roved, supervised auto e with section 9.7. (See on, in REMARKS, of the aber of stories, including which patients are local fire barriers and dates of ketch or attach small fle is appropriate. is not met as evidence ions there is a fire rated rote it in the fire rated rote is that are not maintained d 12:00pm on March 50 through of the facility it ed access door to the a	matic e d ted, of coor ed d of ed.	K 161	 Adjust spring to allow door to clatch Remove all three attic doors, cl door, frame, and attach new sp allow door to close and latch Add to monthly door inspection Administrator will oversee main inspections 4/5/19 	ean rings to	4/5/19
Egre Doo		neans of egress shall no or a lock that requires			O. en LNHA		يار ايم

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CENTERS FOR MEDICAVE OF	HEDICAID SERVICES			OMB_NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDENSOPPLIENGLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	495260		B. WING	03/05/2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRES	SS, CITY, STATE, ZIP CODE	

BEAUFONT HEALTH AND REHABILITATION CENTER

200 HIOAKS ROAD

	RICHA	IOND, VA 2322	5	
(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 222	Continued From page 2	K 222		
	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 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			
			an o. M	4/1/15

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03/05/2019

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED B. WING _ 495260

NAME OF PROVIDER OR SUPPLIER BEAUFONT HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

200 HIOAKS ROAD

	RICHM	IOND, VA 232	225	
(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 222	Continued From page 3 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.	K 222	1) Identified door with proper labeling and re-calibrated to allow for 15 second release 2) Re-calibarted all exit doors 3) Will add mag lock to monthly fire door inspection 4) Inspection reports will be monitored through the QAPI committee quarterly 5)3/8/19	3/8/19
	18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based upon observations there are items that are installed on the doors that restricts the full operation of the doors so occupants can egress to an exit. Findings include		 Adjust pin Checked all doors for proper pin placement Will add mag lock to monthly fire door inspection Inspection reports will be monitored through the QAPI committee quarterly 3/7/19 	3/7/19
	Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the egress door by the employee lounge controlled by a mag lock was not identified properly and it was set to 30 seconds and it should be set to 15 seconds.			
	Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the egress door by the laundry room that is controlled by a mag lock would not release and it was not properly.			
	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321		
	Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier		en J. M	नीगीव

FORM CMS-2567(02-99) Previous Versions Obsolete

5G5721

If continuation sheet Page 4 of 10

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OCH TENOTON MEDICANE WI	NEDICKID SEKVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDENOSUPPLIENCLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	495260		B. WNG	03/05/2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRES	SS, CITY, STATE, ZIP CODE	
REALIFONT HEALTH AND REH	ARII ITATION CENTER	200 110 4	KS BOAD	

RICHMOND, VA 23	EAUFONT HEALTH AND REHABILITATION CENTER	200 HIOAKS ROAD
		RICHMOND, VA 2322

		MOND, VA 232		
(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 321	Continued From page 4 having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing	K 321	 Put new closer on the boiler room door Checked all other door closers for leaks Add door closer to monthly door inspections Inspection reports will be monitored through the QAPI committee quarterly 3/11/19 Put new closer on the laundry room door 	3/11/19
	and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9		2) Checked all other door closers for leaks 3) Add door closer to monthly door inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/11/19	
	Area Automatic Sprinkler Separation N/A 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 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching.			
	Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the rated boiler room door is not		and.en	

Printed: 03/18/2019 **FORM APPROVED**

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495260 B. WING 03/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER BEAUFONT HEALTH AND REHABILITATION CENTER **200 HIOAKS ROAD** RICHMOND, VA 23225 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 321 Continued From page 5 K 321 self-closing and latching. Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the rated laundry room door is not self-closing and latching. K 353 Sprinkler System - Maintenance and Testing K 353 3/18/19 1) Filled sprinkler gap with fire caulk SS=B CFR(s): NFPA 101 2) Checked all sprinkler heads throughout building Sprinkler System - Maintenance and Testing 3) Will do in house inspection semi Automatic sprinkler and standpipe systems are annually inspected, tested, and maintained in accordance 4) Will have FLSA inspect sprinkler with NFPA 25, Standard for the Inspection. heads for gap during quarterly Testing, and Maintaining of Water-based Fire inspection Protection Systems. Records of system design, 5) 3/18/19 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: Based upon observations of the sprinkler system that the required maintenance of the system is

Findings include:

not being maintained.

Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there are gaps around the sprinkler

- Olh

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS	S FOR MEDICARE & M	MEDICAID SERVICES		- 500		OMB NO.	0938-039
	OF DEFICIENCIES F CORRECTION	(XI) PROVIDERGOPPLIERICLIA		1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		EY
	<u> </u>	495260		B. WING		03/05/2	2019
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRI	ESS, CITY, STA	TE, ZIP CODE		
BEAUFON	NT HEALTH AND REH	ABILITATION CENTER		AKS ROAD ND, VA 23			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)

	RICH	10ND, VA 232	225	
(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 353	Continued From page 6	K 353		3107/251
	heads in the exterior electrical rooms.			
k 355	Portable Fire Extinguishers	K 355		
	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 review of documentation and observations there are portable fire extinguishers that are not in compliance with NFPA 10.	K 355	 6 year inspection was completed 3/12/18 Maintenance director and administrator will identify all upcoming quarterly and yearly inspections Will have FLSA remind facility during prior inspections to prepare for payment Inspection reports will be monitored through the QAPI committee quarterly 3/13/19 	
	Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that the fire extinguishers were overdue for their 6 year inspection throughout the building.			
	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101	K 374		
	Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.			
	19.3.7.6, 19.3.7.8, 19.3.7.9		an O. ela	4/1/19

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		495260		B. WING	03/05/2019		
=	OVIDER OR SUPPLIER			ESS, CITY, STAT	E, ZIP CODE	,	
BEAUFON	IT HEALTH AND RE	HABILITATION CENTER		AKS ROAD ND, VA 232	225		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REI DENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
K 374	This REQUIREMEN by: Based upon observer rated doors are not should allow smoke to observed at one out Findings include Between 10:30am at 2019, during our was observed that the rates.	T is not met as evidence ations the smoke barrier self closing and latching to pass through the doors of three smoke barrier of three smoke barrier of the smoke barrier of the facility it ted door between the orliction in the attic was not attend to the smoke barrier of the facility it ted door between the orliction in the attic was not attend to the smoke barrier of the smoke the sm	fire that s doors. th, was iginal	K 374	1) Adjust spring to allow door to c 2) Remove all three attic doors, cl frame, and attach new springs to close and latch 3) Ad to monthly door inspections 4) Inspection reports will be monit the QAPI committee quarterly 5) 4/5/19	ean door, to allow door	
K 914 SS=C	CFR(s): NFPA 101 Electrical Systems - Hospital-grade recellocations and where anesthesia is admininstallation, replacer testing is performed documented performilisted as hospital-gratested at intervals not isolation monitors (Lintervals of less than actuating the LIM tewhich activates both LIM circuits with aut manual test is performed to 12 months. 6.3.3.3.2 after any relectric distribution smaintained of requir	ed tests and associated ons, containing date, roo	al initial onal s not e Line ed at m. For an or per	K 914			
		T is not met as evidence	ed		es 0 es.		

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495260 B. WING_ 03/05/2019

NAME OF PROVIDER OR SUPPLIER BEAUFONT HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

200 HIOAKS ROAD

(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
	OR LSC IDENTIFYING INFORMATION)		1) Maintenance will complete yearly receptacle inspection 2) Maintenance department will add receptacle inspection to TELS (Daily/Weekly/Monthly/ Yearly PM catalog) 3) Maintenance and TELS representative will go through all inspections to ensure facility is in compliance with all life safety inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/20/19 1) Maintenance has cleared room of storage 2) Will inservice staff on why electrical panels need to be kept clear 3) Will add inservice to all orientation for new staff 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 4/5/19	
	Findings include: Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the electrical panels in the exterior electrical rooms were obstructed by storage. Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		
33-D	Electrical Equipment - Power Cords and Extension Cords			

STATEMENT OF CERCITIONS (XX) PROVIDERS LINEARY CONSTRUCTION A SULDING 91 - MAIN BUILDING 91 SUMMARY STATEMENT OF CERCITION ASSUMANCE STATEMENT OF CERCITION REALTH AND REHABILITATION CENTER BEAUFONT HEALTH AND REHABILITATION CENTER REALTH CHARLITY AND REHABILITATION CONTENTS REALTH CHARLITY AND REHABILITATION CONTENTS REALTH CHARLITY AND REHABILITATION CONTENT	CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938							0.0938-0391
NAME OF PROVIDER OR SUPPLIER BEAUFONT HEALTH AND REHABILITATION CENTER (EACH DEPTICIENCY MUST BE PRECEDED BY FULL REGULATORY TAGS) FREETY AND RESCRIPTION OF THE APPROPRIATE OF DEPTICIENCIES (EACH DEPTICIENCY MUST BE PRECEDED BY FULL REGULATORY TAGS) K 920 Continued From page 9 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles 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 U. 1983A or U. Boolbort. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet U.1 1383. 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. 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 are extension cords being used as permenant wiring. Findings include Between 10.30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there were multiple extension cords								
BEAUFONT HEALTH AND REHABILITATION CENTEF CACH DESTINATION CENTEF CACH DEFICIENCY MUST BE PRECEDED BY PALL REGULATORY			495260		B. WING		03/05	5/2019
INCHMOND, VA 23225 XAND SUMMARY STATEMENT OF DEFICIENCES FROM DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG	NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	-	
K 920 Continued From page 9 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles 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 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 wring 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. 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 are extension cords being used as permeant wiring. Findings include Between 10.30am and 12.00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there were multiple extension cords	BEAUFO	NT HEALTH AND REH	ABILITATION CENTER					
Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles 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 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. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), 11A 12-5 This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems that there are extension cords being used as permenant wiring. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there were multiple extension cords	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
	K 920	Power strips in a paticused for components patient-care-related et (PCREE) assembles by qualified personne 10.2.3.6. Power strip may not be used for relectronics), except in rooms that do not use PCREE meet UL 136 strips for non-PCREE (outside of vicinity) mare rooms, power st standards. All power precautions. Extension cords used immediately upon conwhich it was installed 10.2.4. 10.2.3.6 (NFPA 99), (NFPA 70), 590.3(D) This REQUIREMENT by: Based upon observational there are extension permenant wiring. Findings include Between 10:30am and 2019, during our walk observed that there we	ent care vicinity are onle of movable electrical equipment that have been assembled and meet the conditions in the patient care vicinon-PCREE (e.g., person long-term care reside the PCREE. Power strips 3A or UL 60601-1. Post in the patient care rooteet UL 1363. In non-purips meet other UL estrips are used with geon cords are not used a ring of a structure. If temporarily are removempletion of the purpose and meets the condition of the purpose and meets the conditions the electrical system of the security of the facility in the purpose of the	oled ons of cinity onal ont for wer ms atient eneral as a ed e for ons of B ed ems s	K 920	Maintenance will inspect entire be extension cords monthly Inservice staff on when and how extension cords Have inservice during all orientatestaff	uilding for to use	4/5/19

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		(X1) PROVIDER/SUPPLIER/O	-LIA) MULTIPLE CONSTRUCTION BUILDING 02 - NEW BUILDING & REHAB		(X3) DATE SURVEY COMPLETED	
		495260		B. WING		03	/05/2019	
	OVIDER OR SUPPLIER			RESS, CITY, STAT	TE, ZIP CODE	,		
BEAUFON	IT HEALTH AND REF	ABILITATION CENTER		OAKS ROAD OND, VA 232	225			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS	3		K 000				
	Description of structustructure Type V (11	ure: The facility is a one 1).	story					
	Sprinkler Status: Full	ly sprinklered - NFPA 13	3					
	An unannounced Standard Recertification Life Safety Code Survey was conducted on 3/5/19 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. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)							
	Egress Doors CFR(s): NFPA 101			K 222				
	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							
					200. le	n	4/1/19	
LABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIV	E'S SIGNATURE		TITE		CXBLOATE	

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.

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING 02 - NEW BUILDING & REHAB		(X3) DATE SURVEY COMPLETED		
		495260		B. WING		03	(05/2019
	OVIDER OR SUPPLIER	HABILITATION CENTER	200 HIOA	SS, CITY, STATE, KS ROAD ND, VA 2322		'	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 222	SPECIAL NEEDS L Where special locki safety needs of the Clinical or Security being met. In additic electrical locks that upon loss of power protected by a supe system and the lock complete smoke de constantly monitore within the locked sp and detection syste doors upon activatic 18.2.2.2.5.2, 19.2.2 DELAYED-EGRES: ARRANGEMENTS Approved, listed de installed in accorda permitted on door a ordinary hazard cor throughout by an ap fire detection syster automatic sprinkler 18.2.2.2.4, 19.2.2.2 ACCESS-CONTRO ARRANGEMENTS Access-Controlled installed in accorda permitted. 18.2.2.2.4, 19.2.2.2 ELEVATOR LOBBY ARRANGEMENTS Elevator lobby exit accordance with 7.3 door assemblies in by an approved, su	CCKING ARRANGEMENT IN THE PRICE OF THE PATENT OF THE PATEN	e e e e e e e e e e e e e e e e e e e	K 222			ah lio
FORM CMS-2	567(02-99) Previous Vers	ions Obsolete			5G5721	If continual	ion sheet Page 2 of

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CLIVICAS FOR MEDICARE & I	MEDICAID SERVICES			UNB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDERVAUPPLIERVILIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NEW BUILDING & REHAB	(X3) DATE SURVEY COMPLETED
	495260		B. WING	03/05/2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
BEAUFONT HEALTH AND REHABILITATION CENTER		200 HIOA	KS ROAD	

EAUFONT HEALTH AND REHABILITATION CENTER	200 HIOAKS ROAD
	RICHMOND, VA 23225

		RICHMOND, VA 232	225	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGU OR LSC IDENTIFYING INFORMATION)	JLATORY PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 222	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based upon observations there are items that installed on the doors that restricts the full operation of the doors so occupants can egres to an exit. Findings include	are	 Re-calibrate door by room 18 to initiate in 1 second Re-Calibrate all exit doors Will add mag lock to monthly door inspection Inspection reports will be monitored through the QAPI committee quarterly 3/7/19 	3/7/18
	Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it w observed that the egress door by room 18 tool seconds to initiate the 15 second countdown when it should only take 1 second.	/as		
	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, install 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 review of documentation and observations there are portable fire extinguisher that are not in compliance with NFPA 10.	1	 6 year inspection was completed 3/12/18 Maintenance director and administrator will identify all upcoming quarterly and yearly inspections Will have FLSA remind facility during prior inspections to prepare for payment Inspection reports will be monitored through teh QAPI committee quarterly 3/13/19 	3/13/19
	Findings include: Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that the fire extinguishers were overdue for the year inspection throughout the building. Electrical Systems - Maintenance and Testing CFR(s): NFPA 101	d eir 6		
	Electrical Systems - Maintenance and Testing		an new	4/1115

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OCIVICIO I OIL MICDIOAILE & I	CWID NO. 0930-039								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NEW BUILDING & REHAB	(X3) DATE SURVEY COMPLETED					
	495260		B. WING	03/05/2019					
NAME OF PROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STATE, ZIP CODE						

BEAUFONT HEALTH AND REHABILITATION CENTER

200 HIOAK	(S RO	AD
RICHMON	D, VA	23225

X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETION
REFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR OR LSC IDENTIFYING INFORMATION)	RY PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
K 914	Continued From page 3	K 914	1) Maintenance Department will complete	3/20/19
	Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based observations and inquiry that there are no reports that the receptacles in patient rooms that have not been tested and inspected annually.		yearly receptacle inspection 2) Maintenance Department will add receptacle inspection to TELS (Daily/ Weekly/Monthly/Yearly PM catalog 3) Maintenance and TELS representative will go through all inspections on website to ensure facility is in compliance with all life safety inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/20/19	
	Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that there was no documentation of the annual receptacle inspection in the patient rooms.			
	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		
	Electrical Equipment - Power Cords and Extension Cords			
	Power strips in a patient care vicinity are only		G 000	. 1. 110

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NEW BUILDING & REHAB		(X3) DATE SUI COMPLET		
		495260		B. WING		03/0	5/2019
	OVIDER OR SUPPLIER	IABILITATION CENTER		ESS, CITY, STAT AKS ROAD ND, VA 232		•	–
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 920	used for components patient-care-related (PCREE) assembles by qualified personned 10.2.3.6. Power strip may not be used for electronics), except in rooms that do not us PCREE meet UL 136 strips for non-PCREI (outside of vicinity) in care rooms, power sistandards. All power precautions. Extens substitute for fixed with Extension cords use immediately upon complete which it was installed 10.2.4. 10.2.3.6 (NFPA 99), (NFPA 70), 590.3(D) This REQUIREMENT by: Based upon observating there is an exter permenant wiring. Findings include Between 10:30am at 2019, during our wall observed that there is in the activity room.	s of movable electrical equipment that have been assemble and meet the conditions in the patient care violation on the patient care violation on the patient care residence PCREE. Power strips 33A or UL 60601-1. Power in the patient care roomeet UL 1363. In non-patrips meet other UL or strips are used with geing cords are not used a siring of a structure. In the purposed and meets the condition of the purposed and 12:00pm on March 5 kthrough of the facility it was an extension cord in the second of the	ens of cinity conal nt for wer ms atient eneral as a ed e for cons of ed ems s	K 920	1) Maintenance removed exter 2) Maintenance will inspect en building for extension cords 3) Inservice staff on when and use extension cords 4) Have inservice during all ori for new staff 5) 4/5/19	tire monthly how to	4/5/19
FURM CMS-2	567(02-99) Previous Versio	ns Ubsolete			5G5721	ii continuatioi	isineer Fage 2015