

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


Printed: 12/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 11 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2018
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NAME OF PROVIDER OR SUPPLIER CHILDRENS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2924 BROOK RD RICHMOND, VA 23220
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>Description of structure: The LTC facility is located on part of the first floor of a two story masonry structure Type II (222) .</p> <p>Sprinkler Status: Fully sprinklered - NFPA 13</p> <p>An unannounced Standard Recertification Life Safety Code Survey was conducted on 11/26/18 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 compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<p><i>Address the corrective action taken for the identified problem</i></p> <p>The penetration was inspected on the front side with direct access and the rear side using a remote inspection camera. The front was sealed with 3M fire stopping and the rear side was found to be complaint.</p> <p><i>Address how facility will identify similar occurrences of the problem:</i></p> <p>Owner will survey the facility for other penetrations and make repairs as necessary.</p> <p><i>Identify measures/systemic changes to ensure deficient practice will not recur</i></p> <p>Facilities Management Staff will receive additional fire stopping training and then apply that training in the field, searching for potential fire stopping opportunities.</p>	
K 372 SS=E	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:</p>	K 372	<p><i>Indicate how facility will monitor its performance</i></p> <p>Along with fire door inspections, staff members will make above the ceiling inspections and report any open issues to the Safety Committee.</p> <p><i>Date of correction, not to exceed 45th day after the survey.</i></p> <p>Issue will be corrected on or before 12/28/2018.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Mark D. Nicol Director, Fac Mgmt	(X6) DATE 12/17/2018
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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 372	Continued From page 1 Based upon observations the fire rated smoke barrier walls have penetrations, joints and openings that are not fire stopped and could allow smoke to pass from one side of the smoke barrier to the other side. Findings include On 11/26/18 between 9:30 AM and 11:00 AM it is observed, that there is openings, joints and penetrations in the fire rated smoke barrier wall above the ceiling that are not fire stopped with a listed design and product near room 1411.	K 372		