

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

Printed: 02/07/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2020</b>
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NAME OF PROVIDER OR SUPPLIER <b>ENVOY OF WINCHESTER, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 LAUCK DR WINCHESTER, VA 22603</b>
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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 01/29/2020 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 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	K 363	K363  1. The door to resident room 33 was repaired to properly latch. 2. Additional resident room doors were reviewed for proper latching. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Corridor-Doors specific to maintaining resident room doors to properly latch, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the facility's monthly QAPI Committee. 5. 2/15/2020	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Executive Director* (X6) DATE *2-11-2020*

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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K 363	Continued From page 1 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 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 01/29/2020 at 12:28 PM, the door to resident room 33 was not completely closing.	K 363		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  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.	K 372		

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K 372	Continued From page 2 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: Surveyor: 35701 Based on observation, the facility failed to maintain smoke barrier construction. This has the potential to affect two smoke compartments.  The Findings include:  It was observed on 01/29/2020 at 12:12 PM, penetrations located above ceiling and above the smoke doors near room 10 was not completely sealed around conduits and cables.	K 372	K372  1. The penetrations noted around conduits and cables, above the ceiling and above the smoke doors near room 10, were properly sealed with NFPA approved fire-stopping materials. 2. Additional smoke barriers were reviewed for improperly sealed penetrations. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Construction specific to properly sealing penetrations in smoke barriers, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the facility's monthly QAPI Committee. 5. 2/15/2020	
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101  Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited.	K 741		

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K 741	Continued From page 3 (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4  This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the smoking regulations identified in the smoking policy. This has the potential to affect all residents and staff.  The Findings include:  It was observed on 01/29/2020 at 12:02 PM, cigarette butts was discarded on the patio surface and not placed in the approved ash cans.	K 741	K741  1. The noted improperly discarded cigarette butts on the patio surface were removed on-site and discarded in approved ash cans. 2. Additional designated smoking areas were reviewed for improperly discarded cigarette butts. 3. The Executive Director/designee will educate staff on the importance of NFPA 101 Smoking Regulations specific to the proper disposal of cigarette butts. The Maintenance Director/designee will review the designated smoking areas for the improper disposal of cigarette butts, Monday-Friday x 4 weeks, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the facility's monthly QAPI Committee. 5. 2/15/2020	
K 918 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40	K 918		

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K 918	<p>Continued From page 4</p> <p>day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35701</p> <p>Based on observation, the facility failed to maintain emergency generator set locations and equipment . This has the potential to affect all residents and staff.</p> <p>The Findings include:</p> <p>It was observed on 01/29/2020 at 11:58 AM, the emergency generator set location for the emergency generator ATS located in the electrical room was not provided with battery powerd emergency lighting.</p> <p>7.3 Lighting. 7.3.1 The Level 1 or Level 2 EPS equipment</p>	K 918	<p>K918</p> <ol style="list-style-type: none"> <li>1. Battery powered emergency lighting was installed in the emergency generator ATS electrical room.</li> <li>2. There is only one emergency generator ATS electrical room, therefore no additional reviews were needed.</li> <li>3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Systems- Essential Electrical System Maintenance and Testing specific to maintaining battery powered emergency lighting in generator set and equipment locations, and will continue to monitor in accordance with NFPA standards.</li> <li>4. Any findings will be reported to the facility's monthly QAPI Committee.</li> <li>5. 2/15/2020</li> </ol>	

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K 918	Continued From page 5 location(s) shall be provided with battery-powered emergency lighting. This requirement shall not apply to units located outdoors in enclosures that do not include walk-in access. 7.3.2 The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. 7.3.3* The intensity of illumination in the separate building or room housing the EPS equipment for Level 1 shall be 32.3 lux (3.0 ft-candles), unless otherwise specified by a requirement recognized by the authority having jurisdiction	K 918		