STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495318	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/23/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRY HILL NURSING HOME	**621 BERRY HILL ROAD SOUTH BOSTON, VA 24592**

(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: 25557 Description of Structure: One story with partial basement. Basement is separated from 1st floor by rated floor construction. Basement is masonry walls and steel with bar joist floor supports. 1st floor is metal decking on bar joist with poured concrete floor. Flat roof is on metal decking supported by bar joist. There is a void space between the ceiling tiles and the roof. Construction Type: II (000) Sprinkler status: Fully Sprinklered. An unannounced recertification Life Safety Code survey was conducted 01/23/2020 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 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.)	K 000		
K 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)	K 916	K916 On 2/4/2020, contracted company came to facility to inspect the essential electric systems. On 2/10/2020, facility received quote for the installation of 2 remote alarm annunciators. On 1/24/2020, all Maintenance staff were in-serviced by the Administrator on the NFPA 101: Electrical Systems – Essential Electric System Alarm Annunciator regulation.	3/6/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Alexandra Bale — 2.10.2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495318	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRY HILL NURSING HOME	621 BERRY HILL ROAD SOUTH BOSTON, VA 24592

(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 916	Continued From page 1 This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based on observation and interview, the facility failed to provide a remote annunciator for the Essential Electric System as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 01/23/2020 at approximately 3:29 PM it was observed that the facility did not have a remote annunciator panel for the two installed Essential Electric Systems at the facility. The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 01/23/2020 at approximately 4:00 PM during the exit interview.	K 916	Beginning 3/6/2020, both remote annunciators will be audited by the Maintenance Director utilizing the *Remote Annunciator Audit Tool*. Remote annunciators will be checked for functionality weekly for four (4) weeks then monthly for one (1) month. The Maintenace Director will address all areas of concern during the audit. The Administrator will review and initial the *Remote Annunciator Audit Tool* weekly for four (4) weeks and then monthly for one (1) month. The Administrator will forward results of *Remote Annunciator Audit Tool* to the Quality Assurance and Performance Improvement Committee (QAPI) month for two (2) months for review and to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.	
K 918 SS=F	Electrical Systems - Essential Electric Syste 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 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	K 918	<u>K918</u> On 5/15/2019, facility's generator was tested by contracted company. On 1/23/2020, facility received a copy of the call summary documenting routine maintenance and testing. On 1/24/2020, all Maintenace staff were in-serviced on NFPA 101: Essential Electric System Maintenance and Testing. On 2/11/2020, the facility ordered a conductivity meter.	3/6/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495318	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRY HILL NURSING HOME	621 BERRY HILL ROAD SOUTH BOSTON, VA 24592

(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 918	Continued From page 2 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Surveyor: 25557 Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building. The findings include: On 01/23/2020 at approximately 2:00 PM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply Systems are maintained as required by the Life Safety Code. (NFPA 110.8.4.2) On 01/23/2020 at approximately 2:00 PM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply System, EPSS, battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NFPA 110.8.3.7.1) The Facility Maintenance Director and	K 918	Beginning 2/17/2020, the Maintenance Director will audit both generators to ensure required routine maintenance and testing has occurred, to include battery conductance testing, utilizing the *Generator Audit Tool.* This audit will be completed weekly for four (4) weeks then monthly for one (1) month. The Maintenance Director will address all areas of concern during the audit. The Administrator will review and initial the *Generator Audit Tool* weekly for four (4) weeks and then monthly for one (1) month. The Administrator will forward results of *Generator Audit Tool* to the Quality Assurance and Performance Improvement Committee (QAPI) month for two (2) months for review and to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495318	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/23/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRY HILL NURSING HOME	**621 BERRY HILL ROAD SOUTH BOSTON, VA 24592**

(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 918	Continued From page 3 Administrator witnessed this evidence by interview and observation on 01/23/2020 at approximately 4:00 PM during the exit interview.	K 918		