Printed: 02/26/2020 FORMAPPROVED 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 495362 02/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET . ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 1. The noted missing latching Description of structure: The facility is a one story hardware will be installed structure Type II (000). on the fire rated cross Sprinkler Status: Fully sprinklered - NFPA 13 corridor doors near room 222, and the Rehab An unannounced Standard Recertification Life department door will be Safety Code Survey was conducted on 2/19/2020 made to self-close and in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long latch. Term Care Facilities. The facility was surveyed for 2. Additional fire rated cross compliance using the LSC 2012 Existing corridor doors will be regulations. The facility was not in compliance with the Requirements for Participation Medicare reviewed for missing and Medicaid. latching hardware. Additional hazard room The findings that follow demonstrate non-compliance with Title 42 Code of doors will be reviewed for Regulations, proper self-closing and 483.70(a) et seq (Life Safety from Fire.) latching. K 223 Doors with Self-Closing Devices K 223 3. The Executive Director/ SS=E CFR(s): NFPA 101 designee will educate the Maintenance Director on Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, the importance of NFPA or horizontal exit, smoke barrier, or hazardous 101 Doors with Selfarea enclosure are self-closing and kept in the Closing Devices specific to closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically maintaining latching closes all such doors throughout the smoke hardware on fire rated compartment or entire facility upon activation of: cross corridor doors, and \* Required manual fire alarm system; and maintaining hazard room \* Local smoke detectors designed to detect smoke passing through the opening or a required doors to properly selfsmoke detection system; and close and latch, and will \* Automatic sprinkler system, if installed; and continue to monitor in \* Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 accordance with NFPA This REQUIREMENT is not met as evidenced standards.

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.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

495362

B. WING

02/19/2020

### NAME OF PROVIDER OR SUPPLIER

#### ASHLAND NURSING AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
906 THOMPSON STREET
ASHLAND, VA 23005

(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)	COMPLETION DATE
	Continued From page 1 Based upon observations there are fire rated doors that are not self closing and latching.  Findings include  Between 9:35 am and 10:35 am during our walkthrough it was observed that the fire rated cross corridor doors by room 222 was missing the latching hardware.  Between 9:35 am and 10:35 am during our walkthrough it was observed that the fire rated door to the Rehab department is not self closing and latching.  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	K 223	<ul> <li>4. Any findings will be reported to the monthly QAPI Committee for further review.</li> <li>5. March 3, 2020</li> <li>1. The noted annual fire door reports will be filled out completely.</li> <li>2. There is only one requirement for the documentation of annual fire door reports, therefore no additional reviews were needed.</li> <li>3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Protection- Other specific to properly completing the annual fire door reports, and will</li> </ul>	7
	by: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections.  Findings include:  Between 10:40 am and 11:30 am during document review it was observed that the annual fire door reports were not completed for 2019 and		continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.  5. March 3, 2020	

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(X2) MULTIPLE CONSTRUCTION
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ASHLAND NURSING AND REHABILITATION

B. WING \_\_\_\_\_\_STREET ADDRESS, CITY, STATE, ZIP CODE

906 THOMPSON STREET .

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR OR LSC IDENTIFYING INFORMATION)	ID RY 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 2 the reports were not filled out completely. Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353	The noted missing ceiling	
	Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, 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 not being maintained.		tiles in the Rehab department, and wing 3 Electrical room, will be replaced.  2. Additional hazard rooms will be reviewed for missing ceiling tiles.  3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to properly maintaining ceiling tiles in hazard rooms, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be	
	Findings include: Between 9:35 am and 10:35 am during our walkthrough it was observed that there were multiple ceiling tiles missing in the Rehab department and wing 3 electrical room.		reported to the monthly QAPI Committee for further review. 5. March 3, 2020	
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed	K 914	The annual electrical receptacle testing in	

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K 914	Continued From page 3 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. Findings include  Between 10:40 am and 11:30 am during	K 914	patient rooms will be completed.  2. There is only one requirement for the annual testing of electrical receptacles in patient rooms, therefore no additional reviews were needed.  3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Systems-Maintenance and Testing specific to completing electrical receptacle testing in patient rooms annually. This task will be added to the facility's TELS Preventative Maintenance (PM) Calendar, and will continue to be monitored	7
	document review it was observed that the annual electrical outlet inspections in the patient rooms had not been completed in 2019.		in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.  5. March 3, 2020	