

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

Printed: 02/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 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)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Description of structure: The facility is a one story structure Type II (000). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 2/19/2020 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 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by:	K 223	1. The noted missing latching hardware will be installed on the fire rated cross corridor doors near room 222, and the Rehab department door will be made to self-close and latch. 2. Additional fire rated cross corridor doors will be reviewed for missing latching hardware. Additional hazard room doors will be reviewed for proper self-closing and latching. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Doors with Self-Closing Devices specific to maintaining latching hardware on fire rated cross corridor doors, and maintaining hazard room doors to properly self-close and latch, and will continue to monitor in accordance with NFPA standards.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

Executive Director

(X9) DATE

2/28/2020

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 223	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.	K 223	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. March 3, 2020	
K 300 SS=D	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 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	K 300	1. The noted annual fire door reports will be filled out completely. 2. There is only one requirement for the documentation of annual fire door reports, therefore no additional reviews were needed. 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 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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K 914	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>Findings include</p> <p>Between 10:40 am and 11:30 am during document review it was observed that the annual electrical outlet inspections in the patient rooms had not been completed in 2019.</p>	K 914	<p>patient rooms will be completed.</p> <ol style="list-style-type: none"> There is only one requirement for the annual testing of electrical receptacles in patient rooms, therefore no additional reviews were needed. 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 in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. March 3, 2020 	