



# Courtland Health & Rehabilitation Center

23020 Main Street  
Courtland, VA 23837-1133  
(757) 653-0908  
Fax (757) 653-9007

December 14, 2018

Mr. Rusty Chase, Deputy Fire Marshal  
State Fire Marshal's Office, Tidewater Division  
102 Pratt Street, Suite 101  
Fort Monroe, Virginia 23651

Dear Mr. Chase;

Enclosed is the Plan of Correction for the Life Safety Code survey of Courtland Health and Rehabilitation Center, conducted on November 30, 2018.

If you have any questions, please contact me at the facility.

Sincerely,

  
Anita Willis

Administrator

/aw



LifeWorks Rehab®

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

Printed: 12/05/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/30/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>COURTLAND HEALTH &amp; REHABILITATION CE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>23020 MAIN STREET COURTLAND, VA 23837</b>		
(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 741	Continued From page 1 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: Based upon observations a self closing metal container was not readily available.  Findings include.  On 11/30/18 between 12:30 PM and 3:30 PM it was observed that the facility did not have documentation of smoking regulations. The above deficiency was observed by the Director of Maintenance.	K 741	The facility purchased a self closing metal container for use in the staff smoking area. Maintenance staff reviewed smoking equipment at the facility, and determined that no other equipment failed to meet the regulation. Maintenance staff will review facility smoking equipment monthly, and ensure no smoking equipment fails to meet the regulation. Maintenance staff will attend quarterly QA and report to QA the results of their monthly review for one year. Date of correction December 12, 2018  A written smoking policy has been done for the facility. Maintenance Staff reviewed smoking practices at the facility to see that the regulation is met. The written policy will be reviewed by Maintenance Staff quarterly, and updated as necessary. Maintenance Staff will attend quarterly QA and report to QA the result of the quarterly review for one year. Date of correction December 12, 2018.	

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K 000	INITIAL COMMENTS  Description of structure: The facility is 1 story frame structure with a construction type of V(000)  Sprinkler status: Fully Sprinklered  An unannounced recertification Life Safety Code survey was conducted 11/30/2018 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	K 000		
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. (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	K 741		

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

TITLE

(X6) DATE

*Ante Willis*

*Administrator*

12/14/18

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.