

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

Printed: 07/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495419</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>05 - 2ND FLOOR</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COVENANT WOODS NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111</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 000	INITIAL COMMENTS  Description of structure: The facility is a one-story masonry structure Type II (111).  Sprinkler Status: Fully sprinklered - NFPA 13  An unannounced Standard Recertification Life Safety Code Survey was conducted on 7/10/19 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 New regulations. The facility was not 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 000  This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Covenant Woods is committed to sustaining compliance with regulations.	
K 161 SS=E	Building Construction Type and Height CFR(s): NFPA 101  Building Construction Type and Height 2012 NEW Building construction type and stories meets Table 18.1.6.1, unless otherwise permitted by 18.1.6.2 through 18.1.6.7. 18.1.6.4, 18.1.6.5  Construction Type 1 I (442), I (332), II (222) Not allowed non-sprinklered Any number of stories  2 II (111) Not allowed non-sprinklered Maximum 3 stories  sprinklered	K 161	K 161  1. Attic door and floor adjusted and now swings freely.  2. No other doors noted.  3. Staff re-educated to check doors when accessing attic spaces and ensure proper closure.  4. Closure of attic doors will be added to regular PMs.	20-Jul-19      01-Aug-19  01-Aug-19

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

TITLE

(X6) DATE

*Carrie Davis LNHA*

*Administrator*

*7-22-19*

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 161	Continued From page 1 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 1 story sprinklered 5 IV (2HH) 6 V (111)  7 III (200) Not allowed non-sprinklered 8 V (000) Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 18.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based upon observations there is there is a fire rated door between the floor and the attic that is held open.  Findings include  Between 3:00 PM and 4:00 PM on 7/10/19, it is observed that the attic fire rated door is held open with the non-approved hold open device in room C2103	K 161	K 161  5. Periodic walk-throughs of building and observation after work done in attic will be done to monitor effectiveness of the program. Any discrepancies will be addressed and documented.	22-Jul-19
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101  Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric	K 341		

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K 341	Continued From page 2 Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8  This REQUIREMENT is not met as evidenced by: Based upon observations there is a smoke detector that is not installed according to NFPA 72  Findings include  Between 3:00 PM and 4:00 PM on 7/10/19, it is observed that there is a smoke detector that is too close to air diffuser in resident laundry room.	K 341	K 341  1. Smoke detector relocated.  2. No other locations noted.  3. Placement of smoke detectors will be verified during regular Life Safety checks. Any discrepancies will be documented and addressed.	16-Jul-19  22-Jul-19	
K 345 SS=C	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based upon review of documentation observations of the fire alarm inspection	K 345	K345  1. Reports provided did not itemize the audible component.  2. No other specifics omitted from report.  3. Itemized lists of audible devices will be attached to drill reports.	22-Jul-19  23-Aug-19	

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K 345	Continued From page 3 documentation is not complete for testing and inspection of audible/visual notification devices according to NFPA 72.  Findings include  Between 1:00 PM and 3:00 PM on 7/10/19, during review of documentation for the testing and inspection of fire alarm system for the latest annual report for C wing the cover sheet notes that fire alarm notification devices (Audible & Visual) were not tested but in the report shows that the devices passed.	K 345	K345  4. Director of Facilities or designee will review reports for complete documentation.	23-Aug-19	
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Barrier Doors 2012 NEW Doors in smoke barriers have at least a 20 minute fire protection rating or are at least 1-3/4 inch thick solid bonded core wood. Required clear widths are provided per 18.3.7.6(4) and (5). Nonrated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal-sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction. Doors shall be self-closing and rabbets, bevels, or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.6, 18.3.7.7, 18.3.7.8 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors have gaps between the doors that could allow smoke to pass through the doors observed at one out of three smoke barrier doors.	K 374	K374  1. Smoke barrier doors adjusted to meet code requirements.  2. No other doors noted.  3. Door evaluation tools will be updated to itemize gap checks.  4. Any discrepancies noted on door evaluations will be documented, addressed and reported at QAPI for further recommendation.	10-Jul-19   01-Aug-19  01-Aug-19	



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K 374	Continued From page 4 Findings include  Between 3:00 PM and 4:00 PM on 7/10/19, it is observed that the fire rated smoke barrier doors have a gap between the astral and door that is greater than allowed by NFPA 80.	K 374			
K 521 SS=D	HVAC CFR(s): NFPA 101  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced by: Based upon interviews the facility does not have documentation that the fire dampers have been inspected and tested.  Findings include:  Between 1:00 PM and 3:00 PM on 7/10/19, during review of documentation for the testing and inspection of fire dampers and fire/smoke dampers within a year of the installation of the dampers documentation was not available at time of survey.	K 521	K521  1. Dampers inspected and report on file.  2. New PM schedule initiated to ensure timely inspection(s).  3. Life Safety inspection book for current calendar year updated to include a quick reference to last inspection results and when next inspection is due.	12-Jul-19  01-Aug-19  01-Aug-19	