

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 495279	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 • MAIN BUILDING 01 WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018	
NAME OF PROVIDER OR SUPPLIER CULPEPER HEALTH & REHABILITATION CEN		STREET ADDRESS CITY, STATE ZIP CODE 602 MADISON ROAD CULPEPER, VA 22701		
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K 223	Continued From page 1 Based on interview the facility failed to maintain self closing doors. This has the possibility to affect 70% of the residents. The Findings Include: On 10/16/18 approximately 10:45AM it was identified by observation that the door to Room 25 did not latch. On 10/16/18 approximately 10:34AM, it was identified by observation that the door to Room 6 did not latch. On 10/16/18 approximately 11:07 AM, it was identified by observation that the door to Unit 1 Dining did not latch.	K223		
K 325 SS=F	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: • Corridor is at least 6 feet wide • Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols • Dispensers shall have a minimum of 4-foot horizontal spacing • Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room • Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 • Dispensers are not installed within 1 inch of an ignition source • Dispensers over carpeted floors are in sprinklered smoke compartments • ABHR does not exceed 95 percent alcohol • Operation of the dispenser shall comply with	K325	K325 1. The maintenance director & housekeeping director will develop & implement a plan on testing & documenting alcohol based hand rub dispensers. 2. Maintenance director & Housekeeping director will in-service housekeepers on properly safety testing devices & documenting it by 11/5/2018. 3. Maintenance director & Housekeeping director will continually monitor to ensure devices are properly documented. 4. Any findings of out of compliance hand sanitizer dispensers will be submitted quarterly during our Quality Assurance Safety Committee. 5. Compliance date: 11/5/2018	

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

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FORM APPROVED
OMB NO 0938-0391

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K 325	Continued From page 2 Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Based on interview the facility failed to keep records for the testing of Alcohol Based Hand Dispensers. This has the possibility to affect 100% of the residents. The Findings Include: On 10/16/2018 at approximately 10:47 AM, it was identified by interview the facility failed to keep records for the testing of Alcohol Based Hand Rub Dispensers.	K325	