

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

Printed: 08/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2018
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NAME OF PROVIDER OR SUPPLIER DOGWOOD VILLAGE OF ORANGE COUNTY H	STREET ADDRESS, CITY, STATE, ZIP CODE 120 DOGWOOD LANE ORANGE, VA 22960
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 35701</p> <p>The facility is a two story skilled nursing facility. The facility is Type II (111) construction and is fully sprinklered.</p> <p>An unannounced Life Safety Code recertification survey was conducted on 08/06/2018 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing Regulations. The facility was found to be not in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate noncompliance with title 42 Code of Regulations. Part 483.150 and 410 to 480 (Life safety from Fire).</p>	K 000		
K 225 SS=D	<p>Stairways and Smokeproof Enclosures CFR(s): NFPA 101</p> <p>Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2.18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain exit enclosures. This has the potential to affect two smoke compartments.</p> <p>The Findings include: It was observed on 08/06/2018 at 12:20 PM, a</p>	K 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 225	Continued From page 1 penetration located above ceiling and near the SM exit enclosure was not sealed on the corridor side or in the exit enclosure. Observation revealed the penetration was sealed with an unapproved spray foam on the corridor side	K 225		
K 345 SS=D	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: Surveyor: 35701 Based on observation, the facility failed to maintain the fire alarm system. This has the potential to affect one smoke compartment. The Findings include: It was observed on 08/06/2018 at 11:35 AM, the manual pull station located in the East Main Social Area was obstructed by a medical cart.	K 345		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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	K 353		

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K 353	<p>Continued From page 2 available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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: Surveyor: 35701 Based on observation, the facility failed to maintain the sprinkler system. This has the potential to affect all residents and staff.</p> <p>The Findings include:</p> <p>It was observed on 08/06/2018 at 12:10 PM, the sprinkler head located in room WM 7 above the left side bed was loaded with dust.</p> <p>It was observed on 08/06/2018 at 1:23 PM, the sprinkler head located in the walk in freezer in the kitchen was obstructed by stored items on the top shelf.</p> <p>It was observed on 08/06/2018 at 1:34 PM, the hydraulic design plate was not legible and the information was missing from the sign. Observation revealed the hydraulic design plate was not attached to the sprinkler control valves.</p> <p>It was observed on 08/06/2018 at 1:54 PM, the sprinkler control valve room located in the SW section of the facility was not identified.</p>	K 353		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363		

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K 363	Continued From page 3 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced	K 363		

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K 363	Continued From page 4 by: Surveyor: 35701 Based on observation, the facility failed to maintain corridor doors. This has the potential to affect two smoke compartments. The Findings include: It was observed on 08/06/2018 at 1:00 PM, the smoke doors to SG Dining was not completely closing.	K 363		
K 372 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the smoke barrier. This has the potential to affect three smoke compartments. The Findings include: It was observed on 08/06/2018 at 12:09 PM, penetrations located in the smoke barrier above ceiling and above the smoke doors near WM 10	K 372		

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K 372	Continued From page 5 was sealed with an unapproved spray foam near the top of the wall along the ceiling trusses. It was observed on 08/06/2018 at 12:15 PM, penetrations located in the smoke barrier above ceiling and above the smoke doors near WM 9 was sealed with an unapproved spray foam near the top of the wall along the ceiling trusses. It was observed on 08/06/2018 at 1:05 PM, penetrations located in the smoke barrier above ceiling and above the smoke doors near WG 8 was sealed with an unapproved spray foam near the top of the wall along the ceiling trusses and around the black telecom cables.	K 372		
K 711 SS=D	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on record review, the facility failed to maintain the evacuation and relocation plan. This has the potential to affect all staff and residents. The Findings include:	K 711		

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K 711	Continued From page 6	K 711		
K 918 SS=D	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA</p>	K 918		

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K 918	Continued From page 7 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on record review, the facility failed to maintain the emergency generator log. This has the potential to affect all residents and staff. The Findings include: A review of records on 08/06/2018 at 10:56 AM revealed the monthly recordings for the three generators was not recorded in kW.	K 918		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5	K 920		

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K 920	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect all residents and staff.</p> <p>The Findings include:</p> <p>It was observed on 08/06/2018 at 11:33 AM, a powerstrip located in EM 14 was supplying power to non patient care related electrical equipment outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 11:33 AM, a powerstrip located in EM 12 within the patient care area was not listed for use.</p> <p>It was observed on 08/06/2018 at 11:48 AM, a powerstrip located in EM 6 within the patient care area was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:02 PM, a powerstrip located in WM 4 within the patient care area was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:10 PM, a powerstrip located in WM 7 located on the left side of the room was supplying power to non patient care related electrical equipment outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:18 PM, a powerstrip located in SM 8 was supplying power to non patient care related electrical equipment outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:26 PM, a</p>	K 920		

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K 920	<p>Continued From page 9</p> <p>powerstrip located in SM 7 was supplying power to non patient care related electrical equipment outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:38 PM, a powers located in WG 14 on the left side by the dresser was supplying power to non patient care related electrical equipment outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:48, a powerstrip located in WG 10 within the patient care area was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:52 PM, a powerstrip located in SG 4 was supplying power to the TV outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 12:55 PM, a powerstrip located in SG 11 was supplying power to non patient care related electrical equipment outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 1:08 PM, a powerstrip located in WG 3 was supplying power to the TV outside the patient care area and was not listed for use.</p> <p>It was observed on 08/06/2018 at 1:25 PM, powerstrips located in the Physical Therapy Gym was supplying power to patient care related electrical equipment located below the windows and near the wall beside the bathroom.</p> <p>It was observed on 08/06/2018 at 1:35 PM, a powerstrip located in EG Therapy was supplying power to non patient care related electrical</p>	K 920		

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K 920	Continued From page 10 equipment within the patient care area and was not listed for use. It was observed on 08/06/2018 at 1:40 PM, a powerstrip located in Occupational Therapy was supplying power to non patient care related electrical equipment within the patient care area and was not listed for use. Observation revealed the manufacturer installation specifications require the appliance to plugged into a grounded receptacle.	K 920		
K 923 SS=E	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES)	K 923		

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K 923	<p>Continued From page 11</p> <p>STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35701</p> <p>Based on observation, the facility failed to properly store oxygen cylinders. This has the potential to affect three smoke compartments.</p> <p>The Findings include:</p> <p>It was observed on 08/06/2018 at 11:42 AM, the empty oxygen E cylinders stored in EMSA storage room was not segregated from the full E cylinders.</p> <p>It was observed on 08/06/2018 at 12:31 PM, the empty oxygen E cylinders stored in WM storage room was not segregated from the full E cylinders.</p> <p>It was observed on 08/06/2018 at 1:05 PM, the empty oxygen E cylinders stored in WG storage room was not segregated from the full E cylinders.</p>	K 923		