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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495203	A. BUILDING 01 - **MAIN BUILDING 01** B. WING	03/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF ALEXANDRIA, LLC	**900 VIRGINIA AVENUE** **ALEXANDRIA, VA 22302**

(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 Surveyor: 29282 Description of structure: The facility is a three story with a construction type of II(III). Sprinkler status: The facility is a fully sprinklered building. An unannounced recertification Life Safety Code survey was conducted 3/14/19 in accordance with 42 Code of Federal Regulation, Part 483.70: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code. 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 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories	K 161	1. The missing/ damaged fire proofing in LTC by 209 was repaired. 2. Additional areas were reviewed for missing/ damaged fire proofing where required. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Building Construction Type and Height specific to properly maintaining fire proofing where required, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]
TITLE: Executive Director
(X6) DATE: 4/5/19

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 sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) 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: Surveyor: 29282 Based on observations it was determined the health care facility failed to maintain the fire resistant rating of a structural beam. This has the possibility to affect 20% of the residents. The Findings Include: On 3/14/2019 at approximately 1:10 PM, it was revealed by observation there was missing/damaged fire proofing in LTC by 209.	K 161	1. The exit door on the Terrace Level of the back stairwell was corrected on-site. 2. Additional exit doors were reviewed for proper function. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Means of Egress- General; specific to maintaining proper function on exit doors, and will continue to monitor in accordance with NFPA standards.	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges,	K 211	4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

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K 211	Continued From page 2 exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Surveyor: 29282 Based on observation the facility failed to maintain an exit. This has the possibility to affect 25% of the residents. The Findings Include: On 3/14/2019 at approximately 12:26 PM, it was identified by observation the exit door on the Terrace Level of the back stairwell would not open.(Corrected onsite)	K 211		
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: Surveyor: 29282 NFPA 96 8-1.4 - Instructions for manually operating the fire-extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed periodically with employees by the	K 300	1. The Kitchen staff employee who could not describe procedures to follow upon discovery of a fire in the kitchen was re-educated. 2. Additional Kitchen staff were evaluated for knowledge of procedures to follow upon discovery of a fire in the Kitchen. 3. The Executive Director educated the Kitchen Dietary Manager on the Importance of NFPA 101 Protection- Other; specific to Kitchen personnel being knowledgeable of procedures to follow upon discovery of a fire in the Kitchen. The Dietary Manager and Designee re-educated Kitchen staff on procedures to follow upon discovery of a fire in the Kitchen, and the Executive Director will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

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K 300	Continued From page 3 management. Based on observations and interview it was determined a member of the health care facility kitchen staff failed to maintain knowledge of fire safety. This has the possibility to affect 30% of the residents. On 3/14/2019 at approximately 11:35 AM during the facility survey of the kitchen an interviewed employee was not able to accurately identify and/or describe the procedures to follow upon discovery of a fire on the kitchen cooking equipment. An interview on 3/14/2019 at approximately 11:35 PM with the kitchen manager confirmed this evidence.	K 300		
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: 29282 Based on observations it was determined the health care facility failed to maintain a component of the fire detection system. This has the possibility to affect 20% of the residents. The Findings Include:	K 345	1. The tape on the smoke detector in the Kitchen hallway that was in the process of being painted was removed on-site. 2. Additional smoke detectors were reviewed for having tape on them. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance, specific to removing tape from smoke detectors when work projects are completed, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

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K 345	Continued From page 4 On 3/14/2019 at approximately 11:17 AM, it was revealed by observation there was tape on the smoke detector in the kitchen hallway.(Corrected onsite)	K 345		
K 353 SS=F	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 available. a) Date sprinkler system last checked ______ b) Who provided system test ______ c) Water system supply source ______ 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: 29282 Based on observations it was determined the health care facility failed to maintain the fire suppression system. This has the possibility to affect 100% of the residents. The Findings Include: On 3/14/2019 between approximately 11:00 AM and 1:15 PM, it was revealed by observation there were items resting sprinkler piping through out the facility.	K 353	1. The noted items resting on the sprinkler piping were removed. The missing ceiling tile in the housekeeping closet on the Terrace Level was corrected on-site. The missing escutcheon ring in the first floor dining room was replaced. The wires attached to the sprinkler piping in LTC2 by 209 were removed. 2. Additional sprinkler piping was reviewed for items resting on them. Additional ceiling areas were reviewed for missing ceiling tiles. Additional sprinkler heads were reviewed for missing escutcheon rings. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System-Maintenance and Testing; specific to items resting on sprinkler piping, missing ceiling tiles, and missing escutcheon rings, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

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K 353	Continued From page 5 On 3/14/2019 at approximately 11:42 AM, it was revealed by observation there was a missing ceiling tile in the Terrace Level housekeeping closet.(Corrected onsite) On 3/14/2019 at approximately 12:31 PM, it was revealed by observation there was a missing escutcheon ring in the first floor dining room. On 3/14/2019 at approximately 1:09 PM, it was revealed by observation there were wires attached to sprinkler piping in the LTC2 by 209.	K 353	1. The props holding the doors to resident rooms 12 and 3 open were removed.	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 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	K 363	2. Additional resident room doors were reviewed for being improperly propped open. 3. The Executive Director and Designee educated the Maintenance Director and facility staff on the Importance of NFPA 101 - Corridor Doors; specific to resident rooms being improperly propped open, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

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K 363	Continued From page 6 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 by: Surveyor: 29282 Based on observation the facility failed to maintain correct operation of a resident's room door. This has the possibility to affect 20% of the residents. The Findings Include: On 3/14/2019 at approximately 12:13 PM, it was identified by observation the door to resident room 12 was propped open. On 3/14/2019 at approximately 12:13 PM, it was identified by observation the door to resident room 3 was propped open.	K 363	1. The Terrace Level rated doors that were not functioning properly will be replaced. 2. Additional rated doors were reviewed for proper function. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Construction; specific to rated doors functioning properly, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19
K 372 SS=D	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	K 372		

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K 372	Continued From page 7 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: 29282 Based on observation the facility failed to maintain rated doors. This has the possibility to affect 25% of the residents. The Findings Include: On 3/14/2019 at approximately 12:00 PM, it was identified by observation the Terrace Level rated doors did not function properly.	K 372		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Surveyor: 29282 Dennis, Tony Based on observation the facility failed to prevent electrical hazards. This has the possibility to affect 10% of the residents.	K 511	1. The cover was replaced on the open box in the elevator room. The exposed wires noted in the boiler room were no longer in use, and therefore removed. The space heater and extension cord were removed from the Housekeeping Supervisor's office. 2. Additional areas were reviewed for open boxes, exposed wires, space heaters and extension cords. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Utilities- Gas and Electric; specific to open boxes, exposed wires, and the improper use of space heaters and extension cords, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

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K 511	Continued From page 8 The Findings Include: On 3/14/2019 at approximately 11:30 AM, it was identified by observation there was an open box in the elevator room. On 3/14/2019 at approximately 11:50 AM, it was identified by observation there were exposed wires in the boiler room. On 3/14/2019 at approximately 12:59 PM, it was identified by observation there was a space heater plugged into an extension cord in the housekeeping supervisor's office.	K 511		
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: Surveyor: 29282 Based on observation the facility failed to prevent lint accumulation. This has the possibility to affect 20% of the residents. The Findings Include: On 3/14/2019 at approximately 12:43 PM, it was identified by observation there was excessive accumulation of lint in/around the dryer in PT.	K 521	1. The lint around the dryer in PT was removed. 2. Additional dryers were reviewed for excessive lint build up. 3. The Executive Director educated the Maintenance Director and Rehab staff on the importance of NFPA 101 HVAC; specific to routinely cleaning lint from around the dryers. A routine schedule of cleaning lint around the dryers will be added to the facility's TELS Preventative Maintenance Calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101	K 741		

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K 741	Continued From page 9 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 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: Surveyor: 29282 Based on observation the facility failed to enforce their smoking regulations. This has the possibility to affect 30% of the residents. The Findings Include: On 3/14/2019 at approximately 12:24 PM, it was identified by observation there were discarded cigarettes in the trash can in the Terrace smoking area.	K 741	1. The trash can with discarded cigarettes in the Terrace smoking area was removed. A new trash can was purchased and properly labelled "TRASH ONLY." 2. Additional designated smoking area was reviewed for discarded cigarettes in trash cans. 3. The Executive Director educated the Maintenance Director and facility staff on the importance of NFPA 101 Smoking Regulations specific to discarding only trash in the smoking area trash can. The Executive Director/designee re-educated staff on facility smoking regulations, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19
K 920	Electrical Equipment - Power Cords and Extens	K 920		

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K 920 SS=F	Continued From page 10 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) assembles 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 This REQUIREMENT is not met as evidenced by: Surveyor: 29282 Based on observation the facility failed to maintain control of the proper use of electrical components. This has the possibility to affect 70% of the residents. The Findings Include: On 3/14/2019 at approximately 11:38 AM, it was identified by observation there was an extension cord in use in the dietary supervisor's office. On 3/14/2019 at approximately 11:39 AM, it was	K 920	1. The extension cord and power strip were removed from the Dietary Supervisor's office. The unapproved multi-plug cord in use behind the vending machines was removed. The power strips in use within the Patient Care Vicinity (PCV) in rooms 1B, 11A, 110B, and 223A were removed. The unapproved multi-plug cord in use in room 213A was removed. 2. Additional rooms were reviewed for unapproved power strips and multi-plug cords, and improper use of power strips within PCV. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment-Power Cords and Extension Cords; specific to the use of unapproved power strips and multi-plug cords, and improper use of power strips within the PCV, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	4/27/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495203	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	**03/14/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 920	Continued From page 11 identified by observation there was a power strip that was not directly connected to a permanent electrical outlet in the dietary supervisor's office. On 3/14/2019 at approximately 12:04 PM, it was identified by observation there was an unapproved multi plug cord in use behind the vending machines. On 3/14/2019 at approximately 12:07 PM, it was identified by observation there was a power strip in use within the patient care vicinity in room 1B. On 3/14/2019 at approximately 12:14 PM, it was identified by observation there was a power strip in use within the patient care vicinity in room 11A. On 3/14/2019 at approximately 12:36 PM, it was identified by observation there was a power strip in use within the patient care vicinity in room 110B. On 3/14/2019 at approximately 12:52 PM, it was identified by observation there was a power strip in use within the patient care vicinity in room 223A. On 3/14/2019 at approximately 1:03 PM, it was identified by observation there was an unapproved multi plug cord in use in room 213A.	K 920		