

# ENVOY

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*of* Lawrenceville

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November 2, 2018

Dee Madsen

Chief Deputy State Fire Marshall

Department of Fire Programs

State Fire Marshal's Office

Division 1 Office

1005 Technology Park Drive

Glen Allen, Virginia 23058

Dear Fire Marshall Madsen

Enclosed is our response to the 2567 with duly noted plans of correction and dates of compliance.

If you have any questions please feel free to contact me at 434 848 4766

Sincerely,



Allen Sinowitz, Executive Director

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

Printed: 10/25/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> - MAIN BUILDING <b>0101</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/23/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>ENVOY OF LAWRENCEVILLE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868</b>		
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K 000	INITIAL COMMENTS  Description of structure: The facility is a one story structure with Type V (111) construction.  Sprinkler Status: Fully sprinklered - NFPA 13  An unannounced Standard Recertification Life Safety Code Survey was conducted on 10/23/18 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 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 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 sprinklered	K 161	K 161  1. The fire rated attic access door in the ceiling in the laundry closet will be made to self-close and latch. The holes in the fire rated ceiling in the Director of Resident and Family Services office will be repaired.  2. Additional attic access doors will be reviewed for self-closing and latching, and additional fire rated ceilings will be reviewed for unsealed holes.		
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 161	Continued From page 1  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: Based upon observations there is access door in the fire rated roof ceiling assemblies that are not self closing and latching, and penetrations that are not fire stopped to maintain the required fire resistance ratings of the assemblies.  Findings include  Between 2:36 PM and 3:10 PM on 10-24-18, is observed that the fire rated access door in the in the ceiling of the fire rated roof ceiling assembly to the attic is not self-closing and latching laundry closet.  Between 3:38 PM and 4:00 PM on 10-24-18, is observed that there are holes in the ceiling of the	K 161	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Building Construction Type and Height specific to maintaining self- closing and latching fire rated attic access doors, and repairing holes in the fire rated ceiling, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.	11/19/18

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K 161	Continued From page 2 fire rated roof ceiling that is not fire stopped or repaired to maintain the required fire resistance of the rated assembly in the Director of Resident and Family Services office.	K 161			
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, 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: Based upon observations there is no door hardware that can allow occupant to unlatch the door to exit the space.  Findings include  Between 12:27 PM and 3:30 PM on 10-24-18, is observed that door for sprinkler and water heater room and hazardous storage room has no door hardware to unlatch the door that if closed and latched then occupant could not exit to the outside.	K 211	K 211  1. Hardware will be installed on the inside of the sprinkler and water heater room door and hazardous storage room door, to allow an occupant to open the door from the inside.  2. Additional hazard room doors were reviewed for hardware to allow an occupant to open the doors from the inside.  3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Means of Egress – General specific to having door opening hardware on the inside of hazard room doors, and will continue to monitor in accordance with NFPA standards.		
K 300 SS=C	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.	K 300			

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K 161	Continued From page 2 fire rated roof ceiling that is not fire stopped or repaired to maintain the required fire resistance of the rated assembly in the Director of Resident and Family Services office.	K 161		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, 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: Based upon observations there is no door hardware that can allow occupant to unlatch the door to exit the space.  Findings include  Between 12:27 PM and 3:30 PM on 10-24-18, is observed that door for sprinkler and water heater room and hazardous storage room has no door hardware to unlatch the door that if closed and latched then occupant could not exit to the outside.	K 211	4. Any findings will be reported to the monthly QAPI Committee for further review.	11/19/18
K 300 SS=C	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.	K 300	K 300  1. The annual fire door inspection will be completed. 2. There is only one required annual fire door inspection, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Protection- Other specific to completing the fire door inspection annually. The annual fire door inspection will be added to the facility's TELS Preventative Maintenance calendar, and will continue to be monitored in accordance with NFPA standards.	



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K 300	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections.  Findings include  Between 1:00 PM and 2:30 PM on 10-24-18, during review of documentation it is observed that the annual fire door inspection and test report is not available at time of survey.	K 300	4. Any findings will be reported to the monthly QAPI Committee for further review.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9  Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321	K 321  1. The fire rated wall behind the washers will be repaired and the penetrations will be sealed with an approved fire stop product.  2. Additional fire rated walls will be reviewed for damage and penetrations.  3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Areas- Enclosure specific to properly maintaining fire walls, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.	11/19/18

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K 321	Continued From page 4 c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are penetrations and damaged walls that do not maintain the required fire resistance rating of the wall.  Findings include  Around 2:36 PM on 10-24-18, it is observed that the fire rated wall behind the washers is damaged and there are penetrations of water lines that are not fire stopped with a listed design and product.	K 321			
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 available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____	K 353	K 353  1. The Annual sprinkler test was conducted in October by a qualified vendor, and the quarterly sprinkler testing will be added to the facility's TELS Preventative Maintenance calendar. The paint was removed from the sprinkler head in room 108.		

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K 353	Continued From page 5  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: Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained.  Findings include  Between 1:00 PM and 2:30 PM on 10-24-18, during review of documentation it is observed that the quarterly sprinkler inspection report is not available at time of survey for July 2018.  Around 2:12 PM on 10-24-18, it is observed that there is paint on the sprinkler head in room 108.	K 353	2. Additional fire sprinkler documentation was reviewed for missing reports, and additional sprinkler heads were reviewed for paint.  3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System-Maintenance and Testing specific to scheduling the quarterly sprinkler inspections, and keeping sprinkler heads free of paint, and will continue to monitor in accordance with NFPA standards.	11/19/18
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	K 363	4. Any findings will be reported to the monthly QAPI Committee for further review.	



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K 363	Continued From page 6 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 by: Based upon observations of all corridor doors there are doors found that did not have positive latching and requires excessive force to close the door that could allow smoke to pass through the doors.  Findings include  Between 3:38 PM and 3:52 PM on 10-24-18, it is observed that the corridor doors to rooms 305 and 211 requires excessive force to close the doors and the doors do not have positive latching.	K 363	K 363  1. The corridor doors to rooms 305 and 211 will be repaired to positively latch. 2. Additional corridor doors were reviewed for positive latching. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor- Doors specific to positive latching corridor doors, and will continue to monitor  in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	11/19/18
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Barrier Doors	K 374		

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K 374	Continued From page 7 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors have gaps between the doors and between the door and frame that could allow smoke to pass through the doors.  Findings include  Between 3:10 PM and 3:42 PM, it is observed that there is gaps between the cross corridor smoke barrier doors and or door jamb stops near rooms 111, 208, and 311 that is greater than allowed in NFPA 80 of a gap 1/8 plus or minus 1/16 of an inch.	K 374	K 374  1. The gaps on the cross corridor smoke barrier doors near rooms 111, 208, and 311 will be repaired. 2. Additional cross corridor smoke barrier doors will be reviewed for excessive gaps. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Doors specific to maintaining the gaps on the cross corridor smoke barrier doors, and will continue to monitor in accordance with NFPA standards.		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101  Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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, Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced	K 911	4. Any findings will be reported to the monthly QAP I Committee for further review.	11/19/18	

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K 911	<p>Continued From page 8</p> <p>by: Based upon observations the electrical systems and equipment is not being maintained.</p> <p>Findings include</p> <p>Around 2:34 on 10-24-18, it is observed that there is switch and receptacle covers missing in the service hall.</p> <p>Around 2:36 PM on 10-24-18, it is observed that the power strip looks to have some chemical residue on it.</p>	K 911	<p>K 911</p> <ol style="list-style-type: none"> <li>1. The missing switch and receptacle covers on the service hall, which were removed while the walls were being painted, were replaced. The power strip with the chemical residue was removed.</li> <li>2. Additional switches and receptacles were reviewed for missing covers.</li> <li>3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Systems- Other b specific to switches and receptacles having covers, and will continue to monitor in accordance with NFPA standards.</li> <li>4. Any findings will be reported to the monthly QAPI Committee for further review.</li> </ol>	11/19/18	