ENVOY
of Lawrenceville

January 17, 2020

Dee Madsen
Department of Fire Programs
1005 Technology Park Dr.
Glen Allen, Va. 23059

RE: Plan of Correction

Dear Mr. Madsen:

Please find attached a copy of the Plan of Correction for Envoy of Lawrenceville. If you should have any questions/concerns please feel free to contact us at (434)848-4766.

Warmest Regards,

Allen Sinwotiz, Div. ED
Tracie Seward, DON

1722 Lawrenceville Plank Road | Lawrenceville, VA 23868
p. (434) 848-4766 *f.* (434) 848-6587 | www.**consulate**healthcare.com

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495192	A. BUILDING **01 - MAIN BUILDING 0101** B. WING _____	**12/31/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF LAWRENCEVILLE, LLC	**1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868**

(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 V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 12/31/19 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 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=E	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	1. The noted holes that have been cut into ceiling, and the noted damaged gypsum and joint not secured to the structure of the roof ceiling assembly, will be repaired and the ceiling of the noted fire rated roof ceiling assembly will be fired stopped with a listed design and product. The penetration noted in the ceiling of the fire rated roof celiing assembly in the mail/data room will be fire stopped with NFPA approved materials. The noted fire rated ceiling access door to the attic in the fire rated roof ceiling assembly that was not self-closing and latching will be corrected. 2. Additional fire rated toof ceiling assemblies will be reviewed for proper installation and improperly sealed penetrations. Additional fire rated celing access door to the attic will be reviewed for prpoer self-closing and latching. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Building Construction Type and Height specific to ceilings of the fire rated roof ceiling assemly being properly installed and fire stopped, and fire rated ceiling access doors to the attic properly self-closing and latching, and will continue to monitor in accordance with NFPA standards.	

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

Allen Sinowitz / Jeacie Seward, DON — 1/17/2020

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 damaged or missing fire proofing, openings in fire rated assembles that are not repaired, fire rated roof ceiling and floor ceiling assemblies that are not maintained, and penetrations that are not fire stopped to maintain the required fire resistance ratings of the assemblies. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is holes that have been cut into ceiling, damaged gypsum and joints not secured to the structure of the fire rated roof ceiling assembly. The ceiling of the fire rated roof ceiling assembly is not fire stopped with a listed	K 161	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of compliance 2/14/2020	

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K 161	Continued From page 2 design and product and or the gypsum is not installed with the requirements of the listed assembly. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is a penetration in the ceiling of the fire rated roof ceiling assembly in the mail / data room that is not fire stop with a listed design and product. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that fire rated ceiling access door to the attic in the fire rated roof ceiling assembly is not self-closing and latching.	K 161		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are	K 222	1. The time delay lock on the exit door near Room 300 that did not unlock the door when pushed will be corrected. 2. Additional exit doors with time delay locks will be reviewed for proper function. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Egress Doors specific to exit doors with time delay locks properly opening when pushed, and will continue to monitor in accordance to NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for ffurther review. 5 Date of Compliance: 2/14/2020	

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K 222	Continued From page 3 being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based upon observations there are items that are installed on the doors that restricts the full	K 222		

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K 222	Continued From page 4 operation of the doors so occupants can egress to an exit. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that time delay lock on the exit door near Room 300 did no unlock the door when pushed.	K 222		
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: Based upon observations top of storage is located apove the clear distance in non sprinklered out building. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that top of storage is located above 2 feet from the ceiling in the non-sprinkled in the back building shop and storage area. Referenced by 2015 Virginia Statewide Fire Prevention Code Section 315.3.2	K 300	1. The storage noted located above 2ft. from the ceiling in the non-sprinkler in the back building shop and storage area was removed. 2. Thereis only one non-sprinkled back shop and storage building, therefore no additional reviews were needed. 3. The Executive Director/designee will educated the Maintenance Director on the importance of NFPA 101 Protection- Other specific to keeping storage in the non-sprinkled shop and storage building 2ft below the 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. 5. Date of Compliance: 2/14/2020	
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321	1. The soiled utility room fire rated corridor door that was not proprly selff-closing and latching with gaps	

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K 321	Continued From page 5 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) 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 doors that are not self closing, have gaps, are not self-closing and latching and doors that do not have the required listing for door that could allow smoke and hot gasses to pass through the doors.	K 321	greater than 1/8" between the edge of the door and doorframe, and not labeled on the frame will be corrected. The painted label on the doorframe of the soiled utility room fire rated door between the laundry room and soiled utility room will be corrected. The painted label on the fire rated doorframe of of the door between the clean linen and laundry will be corrected. The fire rated doorframe for the door that does not have a label for the corridor door to clean linen storage room will be corrected. The fire rated door to central supply in west wing noted with a gap between door and doorframe that is greater than 1/8" will be corrected. 2. Additonal fire rated doors will be reviewed for proper self-closing and latching, gaps greater than 1/8" between the edge of the door and door fram, and painted/mising lables replaced. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Hazardous Area-Enclosure specific to hazard room doors properly self-closing and latching, having gaps greter thatn 1/8" bewteen the edge of the doorframe, and having painted/missing labels, and will continue to monitor in accordance with NFPA standards. 4.Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Complince: 2/14/2020	

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K 321	Continued From page 6 Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that soiled utility room fire rated corridor door is not self-closing and latching, there are gaps between the edge of the door and doorframe that are greater than 1/8 of an inch plus or minus 1/16 and there is not label on the door frame. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that soiled utility room fire rated doorframe between the laundry room and the soiled utility room has a painted label. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that fire rated doorframe has a painted label of the door between clean linen and laundry. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that the fire rated doorframe for the door does not have a label for the corridor door to the clean linen storage room. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that the fire rated door to central supply in west wing has a gap between door and doorframe that is greater than 1/8 of an inch.	K 321		
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	K 341	1. The abndoned fire alarm cable noted in the attic above admin will be removed. 2. Additional attic areas will be reviewed for abandoned fire cables. 3. The Executive Director.designee will educate the Maintenance Direcor of the importance of NFPS 101	

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K 341	Continued From page 7 accordance with NFPA 70, National Electric 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 of the fire alarm system that there wires that have not been removed according to NFPA 72. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that abandoned fire alarm cable in the attic above admin has not been removed.	K 341	Fire Alarm System-Installation specific to removing abandoned fire alarm cable in the attic, and will continue to monitor in accordance with NFPA stanards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020.	
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:	K 345	1. The main fire alarm panel inspeciton report will be corrected by a qualified vendor to include all devices, and deficiencies noted on the report will be corrected. 2. Additional fire alram inspection reports will be corrected by a qualified vendor to include all devices, and deficiencies noted on the report will be corrected. 3. The Exective Director/designee will educate the Maintenance Director on the importance of NFPA 101 Fire Alarm System - Testing and Maintenance specific to including all devices on the fire alarm inspection report and the timely correction of deficiencies noted on the fire alarm inspection report, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020.	

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K 345	Continued From page 8 Based upon review of documentation observations of the fire alarm inspection documentation is not complete for testing and inspection of fire alarm devices devices according to NFPA 72 and deficiencies have not been corrected. Findings include Between 9:00 AM and 10:00 AM PM on 12/31/19, during review of reports it is observed that inspection report for replacement of main fire alarm panel did not list all devices. The fire alarm inspection report from fire conducted by Life Safety America on December 17, 2019 noted some deficiencies that has not been corrected.	K 345		
K 353 SS=E	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:	K 353	1. The noted insulation the attic that dropped down and obstructs sprinkler coverage abot the south wing and above admin was removed. The noted dirty sprinkler head behind the dryers was corrected. 2. Additional attic areas will be reviewed for fallen inslulation obsrtructin sprinkler head coverage. Additional sprinkler heads will be reviewed for being dirty. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Sprinkler System - Maintenance and Testing specific to keeping fallen insulation from obstructing sprinkler head coverage, and keeping sprinkler heads free of dirt, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. Date of Compliance: 2/14/2020	

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K 353	Continued From page 9 Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that Insulation in the in the attic has dropped down and obstructs sprinkler coverage above the south wing. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is a dirty sprinkler head behind the dryers. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that Insulation that has dropped down obstructs sprinkler coverage in the attic above admin.	K 353		
K 363 SS=E	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	K 363	1. The corridor doors to room 210, 211, 214, 115, 107, 103, 101 and 106 that were noted to not be properly latching will be corrected. The noted gap beween the doorstop and the face of the door to room 306 will be corrected. 2. Additional corridor doors will be reviewed for proper latching and gaps between the doorstop and the face of the door. 3. The Executive Director/designee will educate the Maintenance Dirctor on the importance of NFPA 101 Corridor - Doors specific to cooridor doors properly latching and having excessive gaps between the door-stop and the face of the door and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Complinace: 2/14/2020	

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K 363	Continued From page 10 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 by: Based upon observations of all corridor doors there are doors found that did not have positive latching that could allow smoke to pass through the doors. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that corridor doors to rooms 210 and 311 are not latching in west wing. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that the corridor door to room 306	K 363	greater than 1/8" between the edge of the door and doorframe, and not labeled on the frame will be corrected. The painted label on the doorframe of the soiled utility room fire rated door between the laundry room and soiled utility room will be corrected. The painted label on the fire rated doorframe of of the door between the clean linen and laudry will be corrected. The fire rated doorframe for the door that does not have a lable for the corridor door to clean linen storage room will be corrected. The fire rated door to central supply in west wing noted with a gap between door and doorframe that is greater than 1/8" will be corrected. 2. Additonal fire rated doors will be reviewed for proper self-closing and latching, gaps greater than 1/8" between the edge of the door and door fram, and painted/mising lables replaced. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Hazardous Area-Enclosure specific to hazard room doors properly self-closing and latching, having gaps greter thatn 1/8" bewteen the edge of the doorframe, and having painted/missing labels, and will continue to monitor in accordance with NFPA standards. 4.Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Complince: 2/14/2020	

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	495192	A. BUILDING **01 - MAIN BUILDING 0101** B. WING _____	**12/31/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF LAWRENCEVILLE, LLC	**1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868**

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K 363	Continued From page 11 has a gap between the doorstop and the face of the door that is greater than ½ inch. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that the corridor doors to rooms 204, 115, 107, 103, 101 and 106 are not latching in the east wing.	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: Based upon observations the fire rated smoke barrier walls have penetrations, joints and openings that are not fire stopped and could allow smoke to pass from one side of the smoke barrier to the other side. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there are penetrations in the fire rated smoke barrier wall that is not fire stopped with a listed design and product in the attic of the south wing.	K 372	1. The penetrations in the fire rated smoke barrier wall in the atic of the south wing and above admin will be fire stopped with a listed design and product. 2. Additional fire rated smoke barrier walls in the attic will be reviewed for improperly sealed penetrations. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Subdivisin of Building Spaces - Smoke Barrier Construction specific to fire rated smoke barier wall in the attic being properly sealed with a listed design and product and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	

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K 372	Continued From page 12 Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there are penetrations of the fire rated smoke barrier wall in the attic has not been fire stopped with a listed design and product above admin.	K 372		
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 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 door and the astragal that could allow smoke to pass through the doors observed at one out of three smoke barrier doors. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is a gap between the door astragal and face of the fire rated smoke barrier door is greater than 1/8" by room 311.	K 374	1. The gap between the door astragal and face of the fire rated smoke barrier door by room 311 that is noted greater than 1/8" will be corrected. 2. Additional fire rated smoke barrier doors with astragals will be reviewed for excessive gaps. 3. The Executive Director/designee will educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces -Smoke Barrier Doors specific to fire rated smoke barrier doors with astragals not having excessive gaps between the astragal and face of the door and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101	K 511		

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K 511	Continued From page 13 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: Based upon observation the vents for the dryers are not installed properly. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that the dryer vent is secured with screws that penetrates to the inside that can collect lint and the vent is not supported according to the manufactures installation instructions.	K 511	1. The dryer vent noted being secured with screws that penetrate to the inside that can collect lint and the vent is not supported according to the manufactures installation instructions will be corrected. 2. Additional dryer vents will be reviewed for proper installation per manfucturer's instructions. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Utilities-Gas and Electric specific to dryer vents being properly installed per manfactuer's instructions and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	
K 521 SS=E	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	K 521	1. The required 4yr. damper testing and fire damper/smoke damper in the fire rated smoke barrier wall in the attic is noted not wired and is not in operation in the south wing, will be completed by a qualified vendor. 2. There is only one required 4yr damper testing, therefor no additional reviews were needed. Additional fire/smoke damper wiring will be reviewed for proper wiring and operation.	

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K 521	Continued From page 14 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 within the last four years and dampers are not installed according to manufactures installation instructions. Findings include: Between 9:00 AM and 10:00 AM on 12/31/19, during review of reports it is observed that there is no documentation noting that the fire dampers have been inspected and tested within the last 4 years. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that the fire damper / smoke damper in the fire rated smoke barrier wall in the attic is not wired and is not in operation in the south wing.	K 521	3. The Executive Director/designee will educated the Maintenance Director on the importance of NFPA 101 HVAC specific to completing the required damper testing every 4yrs and maintaining proper function of the dampers and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	
K 761 SS=D	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)	K 761	1. The Annual Fire Door Inspection will be completed. 2. There is only one Annual Fire Door Inspection therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Maintenance, Inspection & Testing - Doors specific to completing the Fire Door Inspection annually. The Annual Fire Door Inspection will be added to the facility's TELS Preventative Maintenance (PM) Calendar and will contine to be monitored in accordance with NFPA standards.	

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K 761	Continued From page 15 This REQUIREMENT is not met as evidenced by: Based upon review of documentation and observations the documentation did not contain all required information for the annual fire rated door inspections. Findings include Between 9:00 AM and 10:00 AM on 12/31/19, during review of reports it is observed that the documentation for the annual fire door inspection did not contain all the required items in the report referenced in NFPA 80	K 761	4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	
K 914 SS=C	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced	K 914	1. The required annual receptacle inspection will be completed. 2. There is only one required annual receptacle inspection therefore no additional reviews were needed. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Systems - Maintenance and Testing specific to completing the annual receptacle inspection annually. The annual receptacle inspection will be added to the facility's TELS PM Calendar and will continue to be monitoredin accordance with NFPA standards. 4. Any findings willl be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	

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K 914	Continued From page 16 by: Based observations and inquiry that there are no reports that the receptacles in patient rooms that have not been tested and inspected annually. Findings include Between 9:00 AM and 10:00 AM on 12/31/19, during review of reports it is observed that there is no documentation for the annual receptacle inspection.	K 914		
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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	K 918	1. A 4hr load bank test will be completed by a qualified vendor to meet the 3yr and annual requirements. 2. There is only one required 3yr 4hr load bank test and annual load bank test therefore no additional reviews were noted. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Systems - Essential Electrical System Maintenance and Testing specific to completing a load bank tests will be added to the facility's TESL PM Calendar and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monhly QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	

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K 918	Continued From page 17 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 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based upon review of documentation that there is not complete documentation of the testing and inspection of the emergency generator according NFPA 110. Findings include Findings include Between 9:00 AM and 10:00 AM on 12/31/19, during review of reports it is observed that that there is no documentation noting that a load Bank test was performed for the emergency generator within the last year. The emergency generator runs less than 30% of the rated load during the monthly inspection and testing. Between 9:00 AM and 10:00 AM on 12/31/19, during review of reports it is observed that there is no documentation noting that the emergency generator has been run under load for 4 hours within the last 3 years.	K 918		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags,	K 919	1. The noted exposed wires at the ceiling at exit near the time clock, the noted electrical conduit that has connectors that have come apart and are loose in the attic where there is conduit not secured to the structure in	

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K 919	Continued From page 18 but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems and equipment is not being maintained. Findings include Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is exposed wires at the ceiling at exit near the time clock. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is electrical conduit that has connectors that have come apart and are loose in the attic. There is conduit is not secured to the structure in the attic. These conditions are located in the attic of the south wing. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is a non-approved multi-plug adapter in the Director of Clinical Services office. Between 10:00 AM and 12:45 PM on 12/31/19, it is observed that there is an open junction box near access door in the attic above the data / mailroom.	K 919	the attic where there is cinduit not secured to the structure in the attic of the south wing, the non-approved mulit-plug adapter in the Director of Clinical Services office and the open junction box near access door in the attic above the data/mailroom will be corrected. 2. Additonal areas will be reviewed for exposed wires, electrical conduit that has connectors that may have come apart and are loose, conduit that is not secured to the structure in the attic, non-approved multi-plug adapters and open junction boxes. 3. The Executive Director/designee will educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment - Other specific to maintaining and repairing exposed wires, electircal conduit that has connectors, conduit tht ins not secured to the sturcture in the attic, non-approved multi-plug adapters and open junciton boxes and will continued to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the QAPI Committee for further review. 5. Date of Compliance: 2/14/2020	