

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

Printed: 11/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495243	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2018
NAME OF PROVIDER OR SUPPLIER ENVOY OF STAUNTON, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 512 HOUSTON STREET STAUNTON, VA 24402		
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a two story addition to the main structure built in 1993. The interior walls are metal stud with drywall. The floor and roof assemblies are precast concrete T joist construction.</p> <p>Construction Type: II(222)</p> <p>Sprinkler status: Fully Sprinklered, NFPA 13 system</p> <p>An unannounced recertification Life Safety Code survey was conducted 11/13/2018 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 in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<p>Preparation and/or execution of this plan does not constitute admission or agreement with the provider of the truth of the facts or alleged or conclusion set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
K 531 SS=F	<p>Elevators CFR(s): NFPA 101</p> <p>Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with</p>	K 531	<p>K 531</p> <ol style="list-style-type: none"> 1. The firefighter's service on the elevators will be operated monthly with a written record. 2. There is only one required written record of the monthly firefighter's service operation on the elevators, therefore no additional reviews were needed. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David J. Davis

Executive Director

11/28/16

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 531	<p>Continued From page 1</p> <p>Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the elevators as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 09/18/2018 at approximately 10:30 AM it was observed and noted during record review that the facility could not provide documentation that the firefighter's service on the elevators is operated monthly with a written record.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 09/18/2018 at approximately 3:00 PM during the exit interview.</p>	K 531	<p>3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Elevators specific to the required monthly written record of the firefighter's service operation on the elevators, and will continue to monitor in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI committee for further review.</p> <p>5. Date of Compliance: 12/31/2018</p>	