

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

Printed: 09/06/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495327	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2018
NAME OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225		
(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 two story brick building with a basement. Type III (2II) construction. Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted on 6 Aug 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 in Medicare and Medicaid. The findings that follow demonstrate non compliance with Title 42 Code of Federal Regulation, 483.70(a) et seq (Life Safety From Fire).	K 000		
K 281 SS=E	<p>Illumination of Means of Egress CFR(s): NFPA 101</p> <p>Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews, the building's EXIT lights are not being maintained.</p> <p>At approximately 1400 Hour, it is observed that there is and improper EXIT sign at the dining room EXIT door.</p>	K 281	<p>K 281</p> <ol style="list-style-type: none"> 1. The improper EXIT sign at the dining room EXIT door was corrected. 2. Additional EXIT signs at EXIT doors were reviewed for proper function. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Illumination of Means Egress specific to proper EXIT signage on EXIT 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. 	9/11/18

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

TITLE

(X6) DATE

Kourtney Richards

Executive Director

9/11/18

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 281	Continued From page 1 These observations were witnessed by the facility's Director of Maintenance.	K 281		
K 321 SS=E	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) 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 and interviews, hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are	K 321	K 321 1. The door to the soiled utility room in the Dementia Unit across from 310, and the door to the soiled utility room across from 412 were repaired to properly latch. 2. Additional hazard room doors were reviewed for proper latching. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Areas- Enclosure specific to hazard room doors properly latching, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	9/11/18

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K 321	Continued From page 2 not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors. Findings include: 1. At approximately 1445 hours, it is observed that the door to the soiled utility room in the Dementia Unit across from 310 does not latch. 2. At approximately 1645 hours, it is observed that the door to the soiled utility room across 412 does not latch. These observations were witnessed by the facility's Director of Maintenance.	K 321			
K 345 SS=E	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: Based upon observations and interviews, the fire alarm system and the required maintenance of the system is not being maintained. Findings include: 1. At approximately 1615 hours it is observed that there is no fire alarm inspection report on site.	K 345	K 345 1. Fire alarm inspection report, and the annual inspection and testing of single station smoke detectors were received from the facility's qualified vendor. 2. Additional fire alarm system reports were reviewed for completion and on-site presence. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance specific to maintaining reports on-site. The fire alarm, and annual single station smoke detector, inspection and testing 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.		9/11/18

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K 345	Continued From page 3 2. At approximately 1615 hours it is observed that there is no annual inspection and testing of single station smoke detectors on site. These observations were witnessed by the facility's Director of Maintenance.	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: Based upon observations and interviews, the sprinkler system and the required maintenance of the system is not being maintained. Findings include: 1. At approximately 1415 hours it is observed that there are ceiling tiles missing throughout the facility. The ceiling tiles were damaged by roof leaks and are missing at various locations.	K 353	K353 The missing ceiling tiles noted during the survey were replaced. The opening in the dry wall ceiling in the soil linen room will be repaired. The coated sprinkler heads in the laundry room above the dryer were cleaned. 2. Additional ceilings were reviewed for missing tiles, and openings in the dry wall. Additional sprinkler heads were reviewed for being coated. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System - Maintenance & Testing specific to missing ceiling tiles, openings in dry wall ceilings, and coated sprinkler heads, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	9/11/18	

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K 353	Continued From page 4 Openings in the ceiling could affect the operation of the sprinkler system by allowing heat and hot gasses to pass above the sprinkler heads. 2. At approximately 1500 hours it was observed that due to water damage there is an opening in the dry wall ceiling of the soil linen room. 3. At approximately 1730 hours it was observed that the sprinkler heads are coated in the laundry room above the dryer. These observations were witnessed by the facility's Director of Maintenance.	K 353		
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews, the building's portable fire extinguisher are not being maintained. Findings included: 1. At approximately 1500 hours, it is observed that the pin was pulled on portable fire extinguisher at the right rear EXIT door in the dinning room. 2. At approximately 1530 hours, it is observed the the pin is pulled on the fire extinguisher at room 313. 3. At approximately 1630 hours, it is observed	K 355	K 355 1. The pins on the portable fire extinguishers; at the right rear EXIT door in the dining room, at 313, and the Rehabilitation Clinic, were replaced. The annual inspection for the fire extinguisher at the Nurse's Office Unit 1 will be conducted by a qualified vendor. Fire extinguishers will be inspected throughout the facility. 2. Additional fire extinguishers will be reviewed for missing pins, and annual inspections. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Portable Fire Extinguishers specific to portable fire extinguishers having properly inserted pins and annual inspections, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	9/11/18

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K 355	Continued From page 5 the the pin is pulled on the fire extinguisher in the Rehabilitation Clinic. 4. At approximately 1700 hours, it is observed the the fire extinguisher at the Nursing Office Unit 1, needs an annual inspection. 4. Properly inspected all fire extinguishers throughout the facility. These observations were witnessed by the facility's Director of Maintenance.	K 355		
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 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	K 363	K 363 1. The gap on the corridor fire door at room 306 will be corrected. The missing mechanical hardware observed at the corridor fire door at room 401 will be replaced. The door coordinator on the corridor fire door at room 201 that is not functioning properly will be repaired. 2. Additional corridor fire doors will be checked for gaps, missing mechanical hardware, and proper functioning hardware. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor- Doors specific to corridor fire doors having gaps, and missing/ proper functioning hardware, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	9/11/18

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K 363	Continued From page 6 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 and interviews, the corridor fire doors are not being properly maintained. Findings include: 1. At approximately 1600 hours, is observed that the corridor fire door at room 306 has a gap that could allow hot gasses and smoke to pass through in a fire emergency. 2. At approximately 1615 hours, is observed that the corridor fire door at room 401 is missing mechanical hardware. 3. At approximately 1645 hours, is observed that the door coordinator on the corridor fire door at room 201 is not working properly. These observations were witnessed by the facility's Director of Maintenance.	K 363		
K 522 SS=E	HVAC - Any Heating Device CFR(s): NFPA 101 HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a	K 522		

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K 522	Continued From page 7 safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews, the facility is not properly maintaining the building's heating/service equipment. At approximately 1745 hour, it is observed that there is an accumulation of dust behind the dryers in the laundry room. These observations were witnessed by the facility's Director of Maintenance.	K 522	K 522 1. The accumulation of dust behind the dryers in the laundry room was cleaned. 2. Additional heating service equipment was reviewed for dust accumulation. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 HVAC - Any Heating Device specific to dust accumulation behind the dryers in the laundry room. Monthly cleaning behind the dryers has been added to the facility's TELS PM 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.	9/11/18
K 911 SS=E	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 by: Based upon observations and interviews, the electrical systems and equipment is not being maintained. Findings include	K 911		

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K 911	Continued From page 8 1. At Approximately 1515 hours, it is observed that there are exposed electrical contacts on the circulation pump in the Third Wing shower room. 2. At Approximately 1630 hours, it is observed that there are exposed electrical contacts in the Fourth Wing Housekeeping closet above the door, on the thermostat. 3. At Approximately 1650 hours, it is observed that there are surge protectors plugged into one another in the Business Office. 4. At Approximately 1655 hours, it is observed that there are exposed electrical contacts on the timer in the storage room next to the Administration office. 5. At Approximately 1715 hours, it is observed that there is an open junction box in the upper right corner of the basement Residence Storage Room. 6. At Approximately 1730 hours, it is observed that there is splice wiring on washer NO# 1 in the laundry room. These observations were witnessed by the facility's Director of Maintenance.	K 911	K 911 1. The exposed electrical contacts on the circulation pump in the Third Wing shower room were repaired. The exposed electrical contacts in the Fourth Wing Housekeep closet above the door on the thermostat were repaired. The surge protectors plugged into each other in the Business Office were corrected. The exposed electrical contacts on the timer in the storage room next to the Administration office were repaired. The open junction box in the upper right corner of the basement Resident Storage room was corrected. The splice wiring on washer NO#1 in the laundry was corrected by a qualified vendor. 2. Additional areas were reviewed for exposed electrical contacts, surge protectors plugged into one another, open junction boxes, and splice wiring on machinery. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Systems - Other specific to exposed electrical contacts, surge protectors plugged into one another, open junction boxes, and splice wiring on machinery, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	
K 923 SS=E	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are	K 923		9/11/18

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K 923	<p>Continued From page 9</p> <p>separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations and interviews, the facility's pressurized cylinders are not being properly managed and stored.</p> <p>Findings included:</p> <p>At approximately 1715 hours, it is observed that there is a free standing unsecured pressurized cylinder in the basement Activity room.</p> <p>These observations were witnessed by the facility's Director of Maintenance.</p>	K 923	<p>K 923</p> <ol style="list-style-type: none"> 1. The freestanding pressurized cylinder in the basement activity room was secured. 2. Additional pressurized cylinder storage areas were reviewed for unsecured cylinders. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Gas Equipment - Cylinder and Container Storage specific to pressurized cylinders being stored securely, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 	9/11/18	