STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495235	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WILLIAMSBURG, LLC	1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185

(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 1 story/stories structure with a construction type of V(111) Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 05/31/2018 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	K 000	K 000 Preparation and submission of this plan of correction does not constitute an admission, or agreement by the provider, of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of the correction is prepared and submitted solely because of the requirements under State and Federal law.	07/02/2018
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based upon observations there are areas that do not have the required emergency lighting. Findings include On 05/31/2018 between 9:00 AM and 12:00 PM it is observed that emergency lighting testing of at least 1-1/2 hour duration is provided automatically is not being done. The above deficiencies were observed by the Maintenance Technician.	K 291	K 291 1. The emergency lighting testing of at least 1-1/2 hour duration was completed. 2. There is only one required emergency lighting testing of at least 1-1/2 hour duration, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director and Maintenance technician on the importance of NFPA 101 Emergency Lighting pertaining to emergency lighting testing of at least 1-1/2 hour duration. 4. Maintenance Director or designee will continue to monitor the emergency lighting testing of at least 1-1/2 hour duration accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018
K 293 SS=F	Exit Signage CFR(s): NFPA 101 Exit Signage	K 293		

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

administrator 6/20/2018

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 293	Continued From page 1 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based upon observation, there is evidence that the emergency exit signage is not being properly maintained. Findings include On 05/31/18 between 9:00 AM - 12:00 PM, it is observed that the emergency exit signage throughout the facility is not visually inspected for operation of illumination. The above deficiencies were observed by the Maintenance Technician.	K 293	1. The Emergency exit signage was visually inspected for operation of illumination. 2. Additional emergency exit signage was reviewed for operation of illumination. 3. The Executive Director educated the Maintenance Director and Maintenance technician on the importance of NFPA 101 Exit Signage pertaining to emergency exit signage operation of illumination. 4. Maintenance Director or designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Based upon review of smoke detection system sensitivity results are not documented. Findings include On 08/31/18 between 9:00 AM and 12:00 PM it was observed that the facility does not have documentation for smoke detection sensitivity	K 347	1. The smoke detection sensitivity testing was completed by an outside vendor. 2. There is only one required smoke detection sensitivity test, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director and Maintenance technician on the importance of NFPA 101 Smoke Detection pertaining to required smoke detection sensitivity testing. A calendar reminder for annual testing has been set up. 4. Maintenance Director or designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018

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K 347	Continued From page 2 testing. The above deficiency was observed by the Maintenance Technician.	K 347		
K 355 SS=D	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, there is evidence that the fire extinguishers are not being maintained properly. Findings include betwee On 05/31/18 between 9:00 AM and 12:00 PM it was observed the Fire extinguisher located in the elevator room was discharged. The above deficiencies were observed by the Maintenance Technician..	K 355	1. The fire extinguisher in the elevator room that was discharged was replaced. 2. Additional fire extinguishers were reviewed for proper charging. 3. The Executive Director educated the Maintenance Director and Maintenance technician on the importance of NFPA 101 Portable Fire Extinguishers pertaining to extinguishers being properly charged. 4. Maintenance Director or designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018
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: Based upon observations vent/duct returns need	K 521	1. The vent/ duct return in the fire pump room was cleaned of dust and debris. 2. Additional vent/ duct returns were reviewed for cleanliness. 3. The Executive Director educated the Maintenance Director and Maintenance technician on the importance of NFPA 101 HVAC pertaining to the cleaning of vent/ duct returns. 4. Maintenance Director or designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018

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K 521	Continued From page 3 to be cleaned. Findings include On 05/31/18 between 9:00 AM and 12:00 PM, It was observed vent/duct return in the fire pump room needs to be cleaned of dust and debris. The above deficiency was observed by the Maintenance Technician.	K 521		
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 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	K 741	1. Ashtrays of noncombustible materials and safe design, and metal containers with self closing cover devices into which ashtrays can be emptied were placed in the area where smoking is permitted. 2. Additional smoking areas were reviewed for placement of approved ashtrays and metal containers with self closing cover devices. 3. The Executive Director educated the Maintenance Director and Maintenance technician on the importance of NFPA 101 Smoking Regulations pertaining to approved ashtrays and metal containers with self closing cover devices. 4. Maintenance Director or designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018

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K 741	Continued From page 4 by: Based upon observations a self closing metal container was not readily available. Findings include. On 05/31/18 between 9:00 AM and 12:00 PM The following was observed that an ashtrays of noncombustible material and safe design was not provided in the smoking area and an metal container with a self closing cover device into which ashtrays can be emptied was not readily available where smoking is permitted. The above deficiency was observed by the Maintenance Technician.	K 741		
K 761 SS=F	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) This REQUIREMENT is not met as evidenced by: Based upon observation, there is evidence that the Fire Doors is not being properly maintained. Findings include	K 761	1. The Annual Fire Door Inspection was 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 and Maintenance Technician on the importance of NFPA 101 Maintenance, Inspection, and Testing- Doors pertaining to the required Annual Fire Door Inspection. A calendar reminder for annual fire door inspection has been set up. 4. Maintenance Director or designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018

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K 761	Continued From page 5 On 05/31/18 between 9:00 AM - 12:00 PM, it is observed that the Fire Doors throughout the facility is not visually inspected and tested annually. The above deficiencies were observed by the Maintenance Technician	K 761		
K 914 SS=F	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 by: Based upon observations patient room receptacles are not being tested. Findings include: On 05/30/18 between 9:00 AM and 12:00 PM, it was observed that documentation was not available that the patient room receptacles are	K 914	1. The patient room receptacle testing was completed. 2. There is only one required patient room receptacle test, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director and Maintenance Technician on the importance of NFPA 101 Electrical Systems- Maintenance and testing pertaining to patient room receptacle testing. 4. Maintenance Director or Designee will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018

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K 914	Continued From page 6 being tested, the above deficiency was observed by the Maintenance Technician.	K 914		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag 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 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. Less than or equal to 300 cubic feet 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." 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.	K 923	1. An Oxygen precautionary sign was installed on the basement storage room. 2. Additional storage areas were reviewed for oxygen storage >300 cubic feet and appropriate Oxygen precautionary signage. 3. The Executive Director educated the Maintenance Director, Maintenance Technician and Medical Supply Clerk the importance of NFPA 101 Gas Equipment-Cylinder and Container Storage pertaining to Oxygen precautionary signage on rooms with >300 cubic feet of oxygen storage. 4. Maintenance Director or designee will continue to monitor oxygen storage and precautionary signage in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: July 2, 2018	07/02/2018

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K 923	Continued From page 7 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations improper cylinder storage Findings include On 05/31/2018 between 9:00 AM and 12:00 PM it was observed that more then 300 cubic feet of full and empty size E oxyen tanks in storage. Oxygen precautionary sign not displayed in basement storage room. The above deficiencies were observed by the Maintenance Technician.	K 923		