

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

PRINTED: 12/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495235	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2019
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NAME OF PROVIDER OR SUPPLIER ENVOY OF WILLIAMSBURG, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185
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K 161	<p>Continued From page 1</p> <p>non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the facility was not maintaining the construction type of V(111).</p> <p>Findings include:</p> <p>On 12-10-19 at approximately 11:30 am it was revealed that the sitting area by the dining room has exposed wooden beams and wood joists in the ceiling over several hundred square feet. Also, this area is exposed to the corridor, with no fire separation, and no smoke detection.</p> <p>The Director of Maintenance confirmed these findings.</p>	K 161	<p>4. Any findings will be reported to the monthly QAPI Committee for further review.</p> <p>5. Date of Compliance- A Time Limited Waiver Request is being submitted with Plan of Correction. (See Attachment). Compliance Date March 9, 2020</p>	
K 222	Egress Doors	K 222		

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K 222 SS=E	<p>Continued From page 2 CFR(s): NFPA 101</p> <p>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 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</p>	K 222	<p>K 222</p> <ol style="list-style-type: none"> 1. Proper signage and delayed egress Hardware will be installed where necessary on the doors with magnetic locks specifically noted at the front door left side, Liberty cross corridor doors, Colonial Wing C1 and C2 entrance doors, Freedom back doors, rear exit door by kitchen, and Double doors by activities. 2. Additional doors with magnetic locks will be reviewed for proper signage and delayed egress hardware where necessary. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Egress Doors specific to maintaining proper signage and delayed egress hardware on doors with magnetic locks, 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- January 24, 2020 	
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K 222	<p>Continued From page 3</p> <p>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</p> <p>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</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that the magnetic locking systems were not being maintained.</p> <p>Findings include: On 12-10-19 during the hours of 11:00 am and 1:00 pm it was revealed that delayed egress doors did not have proper signage. It was not clear which locks were for clinical needs/special needs wings not requiring signs, and which were for security purposes only.</p> <p>Examples include:</p> <ol style="list-style-type: none"> 1) Front door, left side, no sign. 2) Liberty cross corridor front doors, no sign. 3) Colonial wing C 1 and C2 entrance doors have 	K 222		
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K 222	Continued From page 4 no sign or time delay. 4) Freedom back doors have no signs or time delays. 5) Rear exit door by Kitchen has magnetic lock and no sign. 6) Double doors by activities are magnetically locked with no time delay or sign.	K 222			
K 231 SS=D	The Director of Maintenance confirmed these findings. Means of Egress Capacity CFR(s): NFPA 101 Means of Egress Capacity The capacity of required means of egress is in accordance with 7.3. 18.2.3.1, 19.2.3.1 This REQUIREMENT is not met as evidenced by: Based on observation the facilitates egress capacity in the corridors is not being maintained. Findings include: On 12-10-19 at approximately 1:10 pm it was revealed that there was storage of boxes and other combustibles in the basement hallway and back hallway near the kitchen.	K 231	K 231 1. The boxes and other combustibles noted in the basement hallway and back hallway near the kitchen were removed on-site. 2. Additional means of egress were reviewed for boxes and other combustibles. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Means of Egress Capacity specific to maintaining clear means of egress, 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- January 24, 2020		
K 324 SS=D	The Maintenance Director confirmed these findings. Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking	K 324			

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K 324	<p>Continued From page 5 Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the kitchen system is not being maintained.</p> <p>Findings include: On 12-10-19 at approximately 11:20 am it was revealed that recommended maintenance from a 11-18-19 inspection report for the kitchen hood fire suppression system including replacing a frayed cable and a "wrong" nozzle had not been done.</p> <p>The Director of Maintenance confirmed these findings.</p>	K 324	<p>K 324</p> <ol style="list-style-type: none"> The recommended maintenance on the noted kitchen hood fire suppression system report will be corrected. The facility only has one kitchen Hood fire suppression system, therefore no additional reviews were needed. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Cooking Facilities specific to the timely correction of deficiencies noted on the kitchen hood fire suppression system reports, and will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 	
K 345 SS=D	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p>	K 345	<p>K 345</p> <ol style="list-style-type: none"> Date of Compliance January 24, 2020 The noted fire alarm report that did not include the locations of the horns and strobes that were tested will be corrected by a qualified vendor. Additional fire alarm reports will be reviewed for inclusion of documentation of testing of necessary devices. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Fire Alarm System- 	

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K 345	Continued From page 6 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 on record review, it was revealed that the fire alarm system was not being maintained. Findings include: On 12-10-19 at approximately 11:15 am it was revealed that the fire alarm report did not include the locations of the horns and strobes that were tested.	K 345	Testing and Maintenance specific accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- January 24, 2020	
K 347 SS=D	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 on observation, it was revealed that the open sitting area by the dining room was not being protected by smoke detection. Findings include:	K 347	K 347 1. Smoke detection devices will be installed in the sitting area, open to the corridor, near the dining room. 2. Additional areas open to the corridor will be reviewed for installation of necessary smoke detection devices. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Smoke Detection specific to having smoke detection devices installed in necessary areas open to the corridor, 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 January 24, 2020	

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K 347	Continued From page 7 On 12-10-19 at approximately 11:30 am it was revealed that there were no smoke detectors in the sitting area near the dining room, open to the corridor, with an exposed wooden ceiling.	K 347			
K 753 SS=E	<p>The Director of Maintenance confirmed these findings.</p> <p>Combustible Decorations CFR(s): NFPA 101</p> <p><u>Combustible Decorations</u> Combustible decorations shall be prohibited unless one of the following is met:</p> <ul style="list-style-type: none"> o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. <p>19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed that combustible decorations were in the facilities corridors.</p> <p>Findings include: On 12-10-19 between the hours of 11:00 am and 1:00 pm it was revealed there was combustible holiday decorations completely covering the</p>	K 753	<p>K 753</p> <ol style="list-style-type: none"> 1. The combustible decorations noted on the Admissions door, and the Human Resources door, and both of the "Liberty" wing Nurses stations were removed. 2. Additional areas were reviewed for the improper use of combustible decorations. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Combustible Decorations specific to the proper use of combustible decorations, 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 January 24, 2020 		

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K 753	Continued From page 8 Admissions door, and the Human Resources door, and both of the "Liberty" wing Nurses stations.	K 753			
K 761 SS=F	<p>The Maintenance Director confirmed these findings. Corrected at the time of the survey.</p> <p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>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 on interview, record review and observation, it was revealed that the fire smoke doors were not being annually inspected.</p> <p>Findings include:</p> <p>On 12-10-19 during the hours from 11:00 am and 1:00 pm, it was revealed that there were no inspection records for annually inspecting the fire smoke barriers or patient room doors.</p> <p>Other examples of door problems found:</p>	K 761	<p>K 761</p> <ol style="list-style-type: none"> Documentation of the required annual inspection of the fire smoke barrier doors, and routine inspection of the patient room doors, will be completed. The deficiencies noted on the cross corridor fire smoke doors by room 191, conference room door from the corridor, Liberty wing shower door #2, the exit door by the Liberty Nurses station, the kitchen front exit door, bottom basement stair door, basement mechanical room exit doors, and sprinkler room door will be corrected. There is only one required annual inspection of the fire smoke barrier doors, and routine inspection of patient room doors, therefore no additional reviews were needed. Additional doors will be reviewed for properly maintained hardware, excessive gaps, proper function, and proper closing and latching. 		

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K 761	Continued From page 9 1) Cross corridor fire smoke doors by room 191 has loose astragal. 2) Conference room door from the corrdor has an open gap above the door. 3) Liberty wing shower door #2 was hard to close. 4) The esit door by the Liberty Nurses station was hard to open. 5) The kitchen front exit door is not closing and latching. 6) Bottom basment stair door is not closing and latching. 7) Basement mechanical room exit doors are hard to open. 8) Sprinkler room door is hard to close. The Maintenance Director confirmed these findings.	K 761	3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Maintenance, Inspection & Testing- Doors specific to documenting the required fire smoke barrier door inspections annually, and patient room doors routinely, and proper maintenance of doors. The annual inspection of fire smoke barrier doors will be added to the facility's TELS Preventative Maintenance (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. 5. Date of Compliance January 24, 2020		
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.	K 918			

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K 918	<p>Continued From page 10</p> <p>Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>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 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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was revealed that the electrical panels and emergency generator are not being maintained.</p> <p>Findings include:</p> <p>On 12-10-19 at approximately 11:30 am it was revealed that the emergency generator had not been tested for 4 continuous hours during the past 36 months. The emergency generator annunciator had three red lights indicating trouble</p>	K 918	<p>K 918</p> <ol style="list-style-type: none"> 1. The required 3 year, 4 hour, load bank test will be completed by a qualified vendor. The three noted red lights indicating trouble on the generator annunciator panel will be corrected by a qualified vendor. The electrical panel circuit labels in Panel #2 Colonial, Panel #18 in the Basement, and Panel #20 in the Laundry will be made more legible. 2. The facility only has one generator and one generator annunciator panel, therefore no additional reviews were needed. Additional electrical panel circuit labels will be reviewed for legibility. 	

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K 918	<p>Continued From page 11 conditions.</p> <p>On 12-10-19 during the hours of 11:30 am and 1:00 pm it was revealed that the electrical panel circuit labels in Panel #2 Colonial, Panel #18 in the Basement, and Panel #20 in the Laundry are difficult to read.</p> <p>These findings were confirmed by the Director of Maintenance.</p>	K 918	<p>3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Systems- Essential Electrical Systems Maintenance and Testing specific to conducting the 4 hour load bank test on the generator every 3 years, the timely correction of warning signals on the generator annunciator panel, and maintaining legible electrical panel circuit labels. The 3 year, 4 hour, load bank test will be added to the facility's TELS PM Calendar, and will continue to be monitored 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 January 24, 2020</p>	
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