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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION 01 - MAIN BUILDING 01		DATE SURVEY COMPLETED	
		495235	B. WING			12/	10/2019	
	PROVIDER OR SUPPLIER OF WILLIAMSBURG,	LLC		1:	STREET ADDRESS, CITY, STATE, ZIP CODE 235 MT VERNON AVENUE VILLIAMSBURG, VA 23185	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	2000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 000	INITIAL COMMENT	rs .	К0	000	K 161			
K 161 SS=D	story/stories structure V(111) Sprinkler status: Further An unannounced resurvey was conducted accordance with 42 Part 483: Requirem Facilities. The facilities. The facilities. The facilities accompliance using the regulations. The facilities accompliance with the Participation Medical Building Construction CFR(s): NFPA 101 Building Construction CFR(s): NFPA 101 Building Construction Construction Table 19.1.6.1, unlease 19.1.6.1, unlease 19.1.6.2 through 1919.1.6.4, 19.1.6.5 Construction	certification Life Safety Code ted 12-10-19 in Code of Federal Regulation, ents for Long Term Care ty was surveyed for the LSC 2012 Existing cility was found not to be in the Requirements for the are and Medicaid. In Type and Height In type and stories meets as otherwise permitted by .1.6.7	K 1	61	1. The noted exposed woode Beams and wood joists in the sitting area by the dining room, open to the corridor with no fire separation will be corrected and smoke detection will be installed. 2. Additional ceiling areas will be reviewed for exposed wooden beams and wood joists with no fire separation, or smoke detection. 3. The Executive Director/designee will educate the Maintenance Director on the importance of NFPA 101 Building Construction - Type and Height specific to maintaining ceiling areas with proper fire separation and smoke detection, and will continue to monitor in accordance with NFPA standards.			
ABODATODA	3 II (000)	Not allowed	IATURE.		Titus			

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.

		T WEDICAID SERVICES			(OMB NO	0. 0938-039°
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTIO ING 01 - MAIN BUIL E	(X3) DATE SURVEY COMPLETED		
		495235	B. WING			12	/10/2019
	PROVIDER OR SUPPLIER OF WILLIAMSBURG, I	LLC		STREET ADDRESS, 1235 MT VERNON WILLIAMSBURG		, 12	71072019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOUL FERENCED TO THE APPROP DEFICIENCY)	DBF	(X5) COMPLETION DATE
	system in accordance 19.3.5) Give a brief descript construction, the nur basements, floors or location of smoke or approval. Complete approval of the building a This REQUIREMENT by: Based on observation facility was not maint of V(111). Findings include: On 12-10-19 at approval approve approve aled that the sitting the sexposed wooder the ceiling over sever Also, this area is experienced and not approve	Not allowed Maximum 1 story must be sprinklered proved, supervised automatic ce with section 9.7. (See ion, in REMARKS, of the mber of stories, including n which patients are located, fire barriers and dates of sketch or attach small floor as appropriate. T is not met as evidenced on, it was revealed that the raining the construction type eximately 11:30 am it was ng area by the dining room n beams and wood joists in ral hundred square feet. osed to the corridor, with no	K1	report QAPI for ful 5. Date of A Time Reque submi Correct (See A	indings will be ted to the monthly Committee rther review. of Compliance- ne Limited Waiver est is being itted with Plan of ction. Attachment). liance Date n 9, 2020		
	Egress Doors		K 22	2			-

DEPAÉ CENTE	RTMENT OF HEALTH ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED: 12/12/201 FORM APPROVE	D
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		OMB NO. 0938-039 TIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED	11
		495235	B. WING _	12/10/2010	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	_
ENVOY	OF WILLIAMSBURG, I	IC		1235 MT VERNON AVENUE	
				WILLIAMSBURG, VA 23185	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC 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 222 SS=E		ge 2	K 22	N ZZZ	
	Egress Doors Doors in a required requipped with a latch use of a tool or key fusing one of the follourrangements: CLINICAL NEEDS CLOCKING Where special locking clinical security need only one locking devieach door and provis rapid removal of occur	g arrangements for the s of the patient are used, ce shall be permitted on ions shall be made for the upants by: remote control of		 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 Cland C2 entrance doors, Freedom back doors, rear exit door by kitchen, and Double doors by activities. Additional doors with magnetic locks will be reviewed for proper signage and delayed egress hardware 	
	all times; or other sucto the staff at all time 18.2.2.2.5.1, 18.2.2.2 SPECIAL NEEDS LC Where special locking safety needs of the particular of the particul	1.6, 19.2.2.2.5.1, 19.2.2.2.6 CCKING ARRANGEMENTS of arrangements for the atient are used, all of the ocking requirements are, the locks must be il safely so as to release the device; the building is ised automatic sprinkler dispace is protected by a ction system (or is at an attended location see); and both the sprinkler is are arranged to unlock the		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	

	STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY	
	paraut m utau		DENTIFICATION NOWIDEN.	A. BUILI	JING	6 01 - MAIN BUILDING 01	CO	MPLETED
	NAME OF	PROVIDER OR SUPPLIER	495235	B. WINC			12/10/2019	
ENVOY OF WILLIAMSBURG, LLC				1	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BF	(X5) COMPLETION DATE
		permitted on door as ordinary hazard con throughout by an apfire detection system automatic sprinkler at 18.2.2.2.4, 19.2.2.2. ACCESS-CONTRO ARRANGEMENTS Access-Controlled Einstalled in accordant permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY ARRANGEMENTS Elevator lobby exit as accordance with 7.2. door assemblies in by an approved, supdetection system and automatic sprinkler states 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENty: Based on observation magnetic locking system and automatic sprinkler states 11.00 am and 1:00 delayed egress doors signage. It was not clinical needs/special signs, and which were examples include: 1) Front door, left side 2) Liberty cross corridates.	ssemblies serving low and tents in buildings protected proved, supervised automatic n or an approved, supervised system. 4 LLED EGRESS LOCKING Egress Door assemblies noe with 7.2.1.6.2 shall be 4 EXIT ACCESS LOCKING ccess door locking in 1.6.3 shall be permitted on buildings protected throughout ervised automatic fire d an approved, supervised system. 4 T is not met as evidenced on, it was revealed that the tems were not being 12-10-19 during the hours of pm it was revealed that is did not have proper ear which locks were for needs wings not requiring the for security purposes only.	K	222			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/12/2019 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495235 B. WING 12/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY OF WILLIAMSBURG, LLC 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 222 Continued From page 4 K 222 no sign or time delay. 4) Freedom back doors have no signs or time delavs. 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. The Director of Maintenance confirmed these K 231 findings. K 231 Means of Egress Capacity K 231 The boxes and other combustibles CFR(s): NFPA 101 SS=D noted in the basement hallway Means of Egress Capacity and back hallway near the kitchen The capacity of required means of egress is in were removed on-site. accordance with 7.3. 2. Additional means of egress were 18.2.3.1. 19.2.3.1 reviewed for boxes and other This REQUIREMENT is not met as evidenced by: combustibles. Based on observation the facilites egress 3. The Executive Director/ designee capacity in the corridors is not being maintained. will educate the Maintenance Director on the importance of NFPA Findings include: 101 Means of Egress Capacity specific On 12-10-19 at approximately 1:10 pm it was to maintaining clear means of egress, revealed that there was storage of boxes and and will continue to monitor in other combustibles in the basement hallway and accordance with NFPA standards. back hallway near the kitchen. 4. Any findings will be reported to the The Maintenance Director confirmed these monthly QAPI Committee for further review

FORM CMS-2567(02-99) Previous Versions Obsolete

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

SS=D

Event ID: HO5521

Facility ID: VA0274

K 324

5. Date of Compliance- January 24, 2020

If continuation sheet Page 5 of 12

		AND HUMAN SERVICES				Ī	PRINTED): 12/12/20 MAPPROV)19 ED
STATEME	NT OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	OMB					91
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:				- MAIN BUILDING 01	CO/	TE SURVEY MPLETED	
	495235			NG _		12	14010040		
NAME O	F PROVIDER OR SUPPLIER			T	STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 12	/10/2019	-
ENVO	OF WILLIAMSBURG, I	_LC			123	5 MT VERNON AVENUE			
			254		WIL	LIAMSBURG, VA 23185			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRI	D EFIX AG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DRE	(X5) COMPLETIO DATE	N
K 324	4 Continued From page	79.5	1			K 324			\dashv
	Operations, unless:	JC 0	K	(32	4				
		equipment (i.e., small			1	 The recommended maintenance 			
	appliances such as	microwaves, hot plates,		:		noted kitchen hood fire suppress	sion		
		or food warming or limited		;		system report will be corrected.			
	cooking in accordan	ce with 18.3.2.5.2, 19.3.2.5.2 pen to the corridor in smoke			2	 The facility only has one kitchen 			
	compartments with 3	30 or fewer patients comply				Hood fire suppression system,			-
	with the conditions u or	nder 18.3.2.5.3, 19.3.2.5.3,				therefore no additional reviews needed.	vere		
	* cooking facilities in	smoke compartments with			3	. The Executive Director/ designed	will		-
	30 or fewer patients	comply with conditions under				educate the Maintenance Directo			
	18.3.2.5.4, 19.3.2.5.4	i. tected according to NFPA 96				on the importance of NFPA 101 (243		
	per 9.2.3 are not regi	uired to be enclosed as				Facilities specific to the timely	eeg		
		t shall not be open to the				correction of deficiencies noted	on the		
	corridor.					kitchen hood fire suppression sys	1		
	18.3.2.5.1 through 18	3.3.2.5.4, 19.3.2.5.1 through				reports, and will continue to mon			
	19.3.2.5.5, 9.2.3, TIA	12-2				accordance with NFPA standards.			
					4.			¥	
						the monthly QAPI Committee			
	7. 550.05		2			for further review.			
	INIS REQUIREMENT by:	is not met as evidenced	١.		5.	Date of Compliance January 24, 2	020	17	1
8		ew, the kitchen system is	1	34	1			25	
	not being maintained.				1.	in e didini report triat t	id		
						not did not include the locations of the horns and strobes that were)f		
	Findings include: On	12-10-19 at approximately				tested will be corrected by a			
		led that recommended 1-18-19 inspection report				qualified vendor.	1		
	for the kitchen hood fi	re suppression system			2.	Additional fire alarm reports will b			
	including replacing a f	rayed cable and a "wrong"	1.			reviewed for inclusion of	-	*)	
	nozzle had not been d	one.				documentation of testing of			
	The Director of Mark 1	·				necessary devices.			
	findings.	enance confirmed these	٠		3.	The Executive Director/ designee			
		esting and Maintenance	14.0	1		will educate the Maintenance			
SS=D	CFR(s): NFPA 101	soung and Maintenance	K 3	040		Director on the importance of			

NFPA 101 Fire Alarm System-

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM	12/12/2019 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	(X3) DAT	E SURVEY			
~	_ a a	495235	B. WING			-	12/	10/2019
NAME OF	PROVIDER OR SUPPLIER			S	TREETAD	DDRESS, CITY, STATE, ZIP CODE		
ENVOY OF WILLIAMSBURG, LLC				1	235 MT V	ERNON AVENUE		
				٧	VILLIAM	SBURG, VA 23185		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG			PROVIDER'S PLAN OF CORRECTI EACH CORRECTIVE ACTION SHOUL OSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
						Testing and Maintenance sp	ecific	
K 345	Continued From page	ge 6	K 3	345		accordance with NFPA stand	ards.	
					4.	Any findings will be reported	to	
		Testing and Maintenance				the monthly QAPI Committee		
		is tested and maintained in approved program complying				for further review.		
	with the requiremen	ts of NFPA 70, National			5.	Date of Compliance- January	24 2000	
		NFPA 72, National Fire Alarm				, ,	24, 2020	
	and Signaling Code.				K 347			
		nance and testing are readily			1.	Smoke detection devices w		
	available. 9.6.1.3, 9.6.1.5, NFF	24 70 NEDA 72		ĺ				
		T is not met as evidenced				installed in the sitting area,		
	by:	1 is not met as evidenced				to the corridor, near the dir	ing	1
		view, it was revealed that the			2	room.		
	fire alarm system wa	as not being maintained.			2.	Additional areas open to the		
•	Finding to Late 0	40 40 40 -1				corridor will be reviewed for		
		n 12-10-19 at approximately ealed that the fire alarm report				installation of necessary smo	oke	1
		ocations of the horns and				detection devices.		
	strobes that were tes				3.	The Executive Director/		
						designee will educate the		3
		rector confirmed these				Maintenance Director on the	9	
K 347	findings. Smoke Detection		14.0	47		importance of NFPA 101 Smo		
SS=D	CFR(s): NFPA 101		K 34	4/		Detection specific to having s	moke	
90-0	O111(0). 111111101					detection devices installed in		
	Smoke Detection					necessary areas open to the		
	2012 EXISTING	149				corridor, and will continue to		
		items are provided in spaces		l		monitor in accordance with		\sigma
1	open to corridors as 19.3.4.5.2	required by 19.3.6.1.				NFPA standards.		
		T is not met as evidenced			4.	Any findings will be reported	to	-
	by:	The state of the s				the monthly QAPI Committee		
	Based on observation	on, it was revealed that the				for further review.		
		he dining room was not				Date of Compliance		
	being protected by sr	moke detection.				January 24, 2020		
	Findings include:				3	27,2020		

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION IAIN BUILDING 01	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495235	B. WING			40	14010040	
NAME OF PROVIDER OR SUPPLIER ENVOY OF WILLIAMSBURG, LLC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		ION LD BE	(X5) COMPLETION DATE			
K 347	Continued From page On 121-10-19 at apprevealed that there with the sitting area near corridor, with an expending of the Director of Mainfindings. Combustible Decorations of the following of the following of the following product. O Decorations medo Decorations medo Decorations exhibition of the following product. O Decorations medo Decorations medo Decorations exhibition of the following product. O Decorations medo Decorations medo Decorations exhibition of the fire-rated do 18.7.5.6(4) or 19.7.5.0 The decorations in such limited quantitidevelopment or spread 19.7.5.6 This REQUIREMENT by: Based on observations	ge 7 proximately 11:30 am it was were no smoke detectors in the dining room, open to the cosed wooden ceiling. Intenance confirmed these stions Itions Itio	K 7	47 53 1. 2.	The combustible decorations the Admissions door, and the Resources door, and both of "Liberty" wing Nurses station removed. Additional areas were reviewed the improper use of combust decorations. The Executive Director/ design will educate the Maintenance Director on the importance of NFPA 101 Combustible Decorations specific to the procuse of combustible decoration and will continue to monitor in accordance with NFPA standar Any findings will be reported the monthly QAPI Committee for further review. Date of Compliance	noted on Human the s were ed for ble nee		
	1:00 pm it was reveal	the hours of 11:00 am and ed there was combustible ompletely covering the			January 24, 2020			

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED		
		495235	B. WING_		12/10/2019
		TEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185 PROVIDER'S PLAN OF CORRECTION	1.
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION RIATE DATE
K 753	Admissions door, ar	ge 8 nd the Human Resources e "Liberty" wing Nurses	K 75	3	
K 761 SS=F	findings. Corrected	rector confirmed these at the time of the survey. ction & Testing - Doors	K 761		
	Fire doors assemblic annually in accordar for Fire Doors and C Non-rated doors, incorpatient rooms and stroutinely inspected a maintenance program Individuals performing testing possess know that demonstrates at Written records of insmaintained and are at 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFP This REQUIREMENT by: Based on interview, observation, it was redoors were not being Findings include: On 12-10-19 during to 1:00 pm, it was reveal	m. Ing the door inspections and wledge, training or experience bility. Is spection and testing are available for review. A 80) Γ is not met as evidenced record review and evealed that the fire smoke annually inspected. The hours from 11:00 am and alled that there were no rannually inspecting the fire tient room doors.		1. Documentation of the required at inspection of the fire smoke barr doors, and routine inspection of the patient room doors, will be completed. The deficiencies noted on the croscorridor fire smoke doors by room conference room door from the conference room door, button button with the conference from t	ier he eted. ss n 191, prridor, exit , the ted. r etient al doors tained

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2) MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
	495235	B. WING			-	12/	10/2019
PROVIDER OR SUPPLIER			S	TREE	ET ADDRESS, CITY, STATE, ZIP CODE	· · · · · · ·	10/2013
OF WILLIAMSBURG. I	LC	1235 MT VERNON AVENUE					
			٧	VILL			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG	Х		(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
1) Cross corridor find has loose astragal. 2) Conference room open gap above the 3) Liberty wing show 4) The esit door by the hard to open. 5) The kitchen front latching. 6) Bottom basment latching.	e smoke doors by room 191 n door from the corrdor has an a door. ver door #2 was hard to close. the Liberty Nurses station was exit door is not closing and stair door is not closing and	K 7	761	4.	educate the Maintenance Director the importance of NFPA 101 Main Inspection & Testing- Doors specific documenting the required fire small barrier door inspections annually, patient room doors routinely, and maintenance of doors. The annual inspection of fire smoke barrier do be added to the facility's TELS Previous Maintenance (PM) Calendar, and vocontinue to be monitored in according to the monthly QAPI Committee for further review. Date of Compliance	r on tenance ic to oke and proper l pors will ventative will dance	
8) Sprinkler room do	oor is hard to close.				January 24, 2020	ii.	
findings. Electrical Systems - CFR(s): NFPA 101 Electrical Systems - Maintenance and Te The generator or otl and associated equi service within 10 sec criterion is not met d process shall be pro-	Essential Electric System Essential Electric System sting her alternate power source pment is capable of supplying conds. If the 10-second uring the monthly test, a vided to annually confirm this	K 9 [,]	18				
	PROVIDER OR SUPPLIER OF WILLIAMSBURG, I SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From part 1) Cross corridor fine has loose astragal. 2) Conference room open gap above the solution of the state	PROVIDER OR SUPPLIER OF WILLIAMSBURG, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. Electrical Systems - Essential Electric Syste	PROVIDER OR SUPPLIER OF WILLIAMSBURG, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. 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	PROVIDER OR SUPPLIER OF WILLIAMSBURG, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 K 761 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. 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. 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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						(X3) DATE SURVEY COMPLETED	
		495235	B. WING				12/	10/2019	
ENVOY	PROVIDER OR SUPPLIER OF WILLIAMSBURG, I			12	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185			10/20 13	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	\$1000 HBS	(EA	ROVIDER'S PLAN OF CORRECTIOI CH CORRECTIVE ACTION SHOULD S-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 918	Maintenance and te transfer switches ar with NFPA 110. Generator sets are under load 30 minuted and intervals, and emonths for 4 continuated cold start transfer of all EES lecompetent personnestored energy power accordance with NF circuit breakers are program for periodic components is estal manufacturer requirmaintenance and te readily available. EE circuits are marked, separate from norm the possibility of dar source is a design of installations. 6.4.4, 6.5.4, 6.6.4 (National Control of the con	esting of the generator and the performed in accordance inspected weekly, exercised thes 12 times a year in 20-40 exercised once every 36 evous hours. Scheduled test and automatic or manual coads, and are conducted by the el. Maintenance and testing of the results of the every 36 evous for sources (Type 3 EES) are in the PA 111. Main and feeder inspected annually, and a coally exercising the collished according to the ements. Written records of sting are maintained and the electrical panels and the every power to sideration for new the electrical panels and the emergency power to sideration for new the electrical panels and the electrical panels and the electrical panels and the electrical panels and emergency the emergency and interview, it was electrical panels and emergency	KS	118	K 918 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 annunciat panel will be corrected by a qualified vendor. The electrical panel circuit label in Panel #2 Colonial, Panel #18 in the Basement, and Panel #20 in the Laund will be made more legible. The facility only has one generator and one generator annunciator panel, therefor no additional reviews were needed. Additional electrical panel circuit label will be reviewed for legibility	or s ry or re		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/12/2019 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495235 B. WING NAME OF PROVIDER OR SUPPLIER 12/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY OF WILLIAMSBURG, LLC 1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 918 Continued From page 11 The Executive Director/ K 918 conditions. designee will educate the Maintenance On 12-10-19 during the hours of 11:30 am and 1:00 pm it was revealed that the electrical panel Director on the importance circuit labels in Panel #2 Colonial, Panel #18 in of NFPA 101 Electrical Systemsthe Basement, and Panel #20 in the Laundry are Essential Electrical Systems difficult to read. Maintenance and Testing specific to conducting the These findings were confirmed by the Director of 4 hour load bank test on the Maintenance. 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. 4. Any findings will be

Reported to the monthly QAPI Committee for further

review.
5. Date of Compliance
January 24, 2020