

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 08/02/2019
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NAME OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225
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K 000	INITIAL COMMENTS Description of structure: The facility is a two story structure with a basement Type II (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 8/2/2019 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. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of the federal and state laws require it. This Plan of Correction serves as the facility's allegation of compliance.	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101	K 211	K 211: Means of Egress 1. The combustible storage was removed from the stairwell in the memory care unit. 2. Additional stairwells were reviewed for combustible storage.	
	Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11, 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based upon observations there is combustible storage in a means of egress. Findings include Between 10:05am and 11:30am on Friday		3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Means of Egress-General specific to keeping stairwells free of combustible storage, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>R. Thomas, Administrator</i>	8/19/2019	(X6) DATE <i>8/16/2019</i>
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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 321	Continued From page 2 or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching nd penetrations through rated assemblies. Findings include Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that the rated soiled utility room door by 412 was not shutting and latching. Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there was a penetration in the rated wall over the door to boiler room,	K 321		
K 345 SS=F	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 review of documentation observations of the fire alarm system the City officials have not signed off on the fire alarm panel upgrade and that there were multiple smoke detectors with covers still on them from the construction project. Findings include	K 345	K 345 Fire Alarm System – Testing and Maintenance 1. At the time of survey, the facility had a CMS approved Time Limited Waiver (TLW) for the installation of a new fire alarm system, good through 1/6/2020. The facility’s new fire alarm system has since been approved by all governing bodies, and is fully functional. 2. The facility had a CMS approved TLW for the fire alarm system, therefore no additional reviews were needed.	

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K 345	Continued From page 3 Between 9:25am and 10:00am on Friday August, 2nd during document review of the building it was observed that the City of Richmond has not signed off on the fire alarm construction final.. Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there were covers on the smoke detectors in boiler room that were removed at the time of observation. Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there were covers on the smoke detectors in the basement hallway that were removed at the time of observation. Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there were covers on the smoke detectors in the laundry storage room.	K 345	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System-Testing and Maintenance specific to following to the conditions of the TLW, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 08/19/19	
K 353 SS=B	Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there were covers on the smoke detectors in the laundry room. 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.	K 353	K 353 Sprinkler System – Maintenance and Testing 1. The ceiling tile by the rehab gym was replaced. The holes in the ceiling in the ceiling in the sprinkler room in the memory care unit were repaired. The facility's sprinkler vendor was contacted about the timely scheduling of sprinkler inspections once a quarter, every three months per NFPA 25.	

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K 353	Continued From page 4 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 of the sprinkler system that the required maintenance of the system is not being maintained. Findings include: Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there was a hole in the ceiling tile by the rehab gym. Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that there are holes in ceiling in the sprinkler room in the memory care wing. Between 9:25am and 10:00am on Friday August, 2nd during document review of the building it was observed that the last four sprinkler inspections were completed on the following dates: 10/2019, 3/28/19, 4/10/19, 7/5/2019. These dates do not follow the once a quarter, every three months schedule per NFPA 25.	K 353	2. Additional ceilings and ceiling tiles were reviewed for holes. There are only four sprinkler inspections required annually, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System-Maintenance and Testing specific to holes in ceiling tiles, holes in ceilings, and the timely scheduling of sprinkler inspections. The once a quarter, every three months sprinkler inspections 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. 08/19/19	
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING	K 374		

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K 374	<p>Continued From page 5</p> <p>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors are not fully shutting and latching.</p> <p>Findings include Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that the rated cross corridor doors by 401 were not shutting and latching.</p> <p>Between 10:05am and 11:30am on Friday August, 2nd during our walkthrough of the building it was observed that the rated cross corridor doors by 201 were not shutting and latching.</p>	K 374	<p>K 374 Subdivision of Building Spaces – Smoke Barrier</p> <ol style="list-style-type: none"> The rated cross corridor doors by 401 and 201 were repaired to shut and latch. Additional rated cross corridor doors were reviewed for proper shutting and latching. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Doors specific to rated cross corridor doors properly shutting and latching, and will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review. 08/19/19 	