

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

PRINTED: 02/20/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  02/19/2020
NAME OF PROVIDER OR SUPPLIER  FAIRFAX REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		
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K 000	INITIAL COMMENTS		K 000		
	<p>The facility consists of two four story buildings with a construction type of II (111) in the newer building addition (and Type II (222) in the older and much larger (approximately 1968) building.</p> <p>Sprinkler status: The facility is sprinklered.</p> <p>An unannounced recertification Life Safety Code survey was conducted 2-19-2020 in accordance with 42 Code of Federal Regulations, Part 483.150 and 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing Regulations.</p> <p>This older portion of the facility was found not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.90(a) et seq (Life Safety from Fire).</p>				
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101		K 161		
	<p>Building Construction Type and Height 2012 EXISTING</p> <p>Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7</p> <p>19.1.6.4, 19.1.6.5</p> <p>Construction Type 1 (442), I (332), II (222) Any number of stories</p> <p>non-sprinklered and</p>		K 161	<p>Additional information from 2006 was located after survey. Attached are supporting letters from 2006 that:</p> <p>1. Classified building as II (111) Three story w/ a basement.</p> <p>2. Ceiling in question is a wood fire treated, sprinkler protected</p> <p>Please see all attachments to this POC</p>	

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

TITLE

(X6) DATE

*[Signature]*

*Administration*

2-28-20

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 161	Continued From page 1 sprinklered		K 161		
2	II (111) One story non-sprinklered Maximum 3 stories sprinklered				
3	II (000) Not allowed non-sprinklered				
4	III (211) Maximum 2 stories sprinklered				
5	IV (2HH)				
6	V (111)				
7	III (200) Not allowed non-sprinklered				
8	V (000) Maximum 1 story sprinklered				
	Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) 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. This REQUIREMENT is not met as evidenced by: Based on observation, the facility is not maintaining Type II (222) construction type. Findings include:  On 2-19-2020 it was revealed that exposed wood construction has been installed in the 1st floor Solarium.				

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K 161	Continued From page 2 The Director of Environmental Services confirmed these findings.	K 161			
K 345	Fire Alarm System - Testing and Maintenance SS=E 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 on record review, it was revealed the facility is not maintaining the fire alarm system. Findings include:  On 2-19-2020 at approximately 11:00 am it was revealed:  1) Several smoke detectors were outside of the listed range on the test, but were not replaced.  2) The horns and strobes were not listed by location on the report.  3) Three detectors were listed as inaccessible in the Solarium and there was no indication they were tested.  The Director of Environmental Services confirmed these findings.	K 345	K345 1.Vendor notified of 3 issues listed, w/ scheduled fix/repair 2.Review of service tickets 3.Director will review all future service tickets 4.Facility Administrator will meet w/ Director monthly to review services from vendors 5.Issues noted will be in compliance by April 3, 2020		
K 353	Sprinkler System - Maintenance and Testing SS=D : CFR(s): NFPA 101	K 353			

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K 353	Continued From page 3 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 on observation, the facility failed to maintain the fire sprinkler system.  Findings include:  On 2-19-2020 at approximately 1:00 pm it was revealed that the 4th floor linen closet had storage closer than 18 inches to the sprinkler deflector.  The Director of Environmental Services confirmed these findings (corrected at the time of the survey).	K 353	K353 1.Items noted were corrected at time of survey 2.Environmental Services supervisor conducted walk through of facility, no additional items noted 3.Item added to ES Supervisor checklist 4.ES Director will review ES Supervisor checklist and conduct random audits 5.Will be completed by April 3, 2020		
K 371 SS=E	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Compartments	K 371			

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K 371	Continued From page 4 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: Based on observation, the facility is not maintaining the smoke compartment walls.  Findings include:  On 2-19-2020 at approximately 2:30 pm to 3:00 pm it was revealed:  1) There is an 8 inch by 6 inch hole in the cinderblock above the drop ceiling by the closet near the employee lounge.  2) The two hour Solarium wall 1st floor has numerous penetrations including a 1 inch by 2 inch penetration.  3) 1st floor above Pantry door has conduit and pipe penetrations.  4) There is an 8 inch round hole above the ceiling across from the Nurses station 1st floor.  The Director of Environmental Services confirmed these findings.	K 371	K371 1.Items noted will be repaired w/ approved fire retardant product 2.A visual inspection of all smoke barrier walls will be completed and additional issues corrected 3. Visual inspection of smoke barrier walls added to Maintenance checklist 4.ES Director will review maintenance checklists and conduct random audits 5.Corrections complete by April 3, 2020		
K 761	Maintenance, Inspection & Testing - Doors SS=E CFR(s): NFPA 101	K 761			

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K 761	Continued From page 5  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 observation and record review, it was revealed the facility is not maintaining the doors. Findings include:  On 2-19-2020 between 11:00 am and 3:00 pm it was revealed:  1) The documentation for inspecting the patient room doors was not available.  2) Patient room 414 was not latching. 4th floor closet across from Linen closet was not latching but was corrected at the time of the survey.  3) 15 second time delay signs missing on 4th floor stair B and C.  4) The alarm on the time delay when the door was pushed was not immediately sounding at the Activity stair door.	K 761	K761  1.Issues related to doors will be corrected  2.A check of all facility doors was completed  3.Door checks added to Maintenance checklist  4.ES Director will review Maintenance checklists and conduct random audits  5.Items noted will be corrected by April 3, 2020		

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K 761	Continued From page 6 5) The 2nd floor time delay exit door by the nurses station had no sound.  6) The dishroom double doors have too wide of a gap - one half inch.  7) Bed was blocking patient room 111 first floor (corrected at time of survey).  8) The employee closet doors 1st floor has a one half inch gap between them, and over 1 inch at the bottom.  The Director of Environmental Services confirmed these findings.	K 761			
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. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. 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	K 918	K918  1. Electrical panel issues noted will be corrected  2. All facility electrical panels were inspected  3. Electrical Panel audit will be added to maintenance checklist.  4. ES Director will audit maintenance checklists, and conduct random audits  5. Items noted will be corrected by April 3, 2020		

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K 918	Continued From page 7 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, it was revealed the facility was not maintaining the electrical panels.  Findings include: On 2-19-2020 between the hours of 12:15 pm and 3:00 pm it was revealed that electrical panels in the building have electrical circuits that are improperly labeled making it difficult to determine what the circuits control. Examples found were:  1) Panel 1 in the Laundry room (entire list missing)  2) Computer circuit panel in Boiler room  3) Panel D in boiler room  4) Panel BR in Boiler room  5) Emergency panel #1 in Boiler room  6) Electrical panel "M" has two unlabeled breakers.	K 918			



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K 918	Continued From page 8	K 918			
K 923 SS=D	<p>The Director of Environmental Services confirmed these findings.</p> <p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>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.</p> <p>&gt;300 but &lt;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.</p> <p>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."</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</p>	K 923			

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K 923	Continued From page 9 considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 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 on observation, the facility failed to maintain proper cylinder storage.  Findings include:  On 2-19-2020 at approximately 1:30 pm it was revealed that there were four large unsecured helium cylinders stored in the 4th floor Activities closet.  The Director of Environmental Services confirmed these findings.	K 923	K923  1.Tanks were removed and stored properly at time of survey  2.ES Director will be notified when Helium is ordered for special functions in the future  3.Helium will be used for function and stored properly  4.ES Director w/ Activities Director will meet and discuss needed use of helium and ensure proper storage  5.Correction in place by April 3, 2020		