

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

Printed: 08/31/2018
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495233 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/28/2018 |
| NAME OF PROVIDER OR SUPPLIER FAUQUIER HEALTH REHABILITATION & NURS | | STREET ADDRESS, CITY, STATE, ZIP CODE 360 HOSPITAL DRIVE WARRENTON, VA 20186 | | |
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| K 000 | INITIAL COMMENTS Surveyor: 35701 The facility is a single story skilled nursing facility. The facility is Type V (111) construction and is fully sprinklered. An unannounced recertification Life Safety Code survey was conducted on 08/28/2018 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing Regulations. The facility was found to be not in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate noncompliance with title 42 Code of Regulations. Part 483.150 and 410 to 480 (Life safety from Fire). | K 000 | | |
| K 100 SS=E | General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to provide an environment that is reasonably safe from fire for occupants not intimate with the initial fire development. This has the potential to affect all residents and staff. The Findings include: It was observed on 08/28/2018 at approximately | K 100 | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | | (X6) DATE |

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 100 | Continued From page 1 12:30 to 1:30, the attic space was littered with general trash and construction debris. 4.1* Goals. 4.1.1* Fire. A goal of this Code is to provide an environment for the occupants that is reasonably safe from fire by the following means: (1)*Protection of occupants not intimate with the initial fire development (2) Improvement of the survivability of occupants intimate with the initial fire development 4.2 Objectives. 4.2.1 Occupant Protection. A structure shall be designed, constructed, and maintained to protect occupants who are not intimate with the initial fire development for the time needed to evacuate, relocate, or defend in place. 2012 Virginia Statewide Fire Prevention Code: 304.1 Waste accumulation prohibited. Combustible waste material creating a fire hazard shall not be allowed to accumulate in buildings or structures or upon premises. | K 100 | | |
| K 325 SS=E | Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols | K 325 | | |

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| K 325 | <p>Continued From page 2</p> <ul style="list-style-type: none"> * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation and interview, the facility failed to maintain alcohol based hand rub dispensers. This has the potential to affect all residents and staff.</p> <p>The Findings include:</p> <p>An interview with the administrator and maintenance supervisor on 08/28/2018 at 11:15 AM revealed the facility was not inspecting and testing the dispensing units and documentation was not available for review.</p> <p>It was observed on 08/28/2018 at 1:15 PM, the ABHR dispenser was concealed by the privacy curtain. Observation revealed the dispenser could inadvertently be activated by physical contact dispensing the alcohol based liquid onto the curtain.</p> | K 325 | | |

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| K 341 K 341 SS=D | Continued From page 3 Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to install fire alarm devices in accordance with NFPA 72 2010 edition. This has the potential to affect one smoke compartment. The Findings include: It was observed on 08/28/2018 at 12:32 PM, the smoke detector located in the 200 Hall soiled utility room was within 3 feet of an HVAC vent. It was observed on 08/28/2018 at 12:40 PM, the smoke detector located in the 200 Hall near room 204 was within 3 feet of an HVAC vent. | K 341 K 341 | | |
| K 353 SS=D | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 | K 353 | | |

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| K 353 | <p>Continued From page 4</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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: Surveyor: 35701 Based on observation, record review and interview, the facility failed to maintain the sprinkler system. This has the potential to affect three smoke compartments.</p> <p>The Findings include:</p> <p>A record review on 08/28/2018 at 10:55 AM revealed the quarterly inspection conducted in August 2017 indicated the 3 year air leak test for the dry system was due. An interview with the maintenance supervisor confirmed the test was not conducted.</p> <p>It was observed on 08/28/2018 at 12:06 PM, the sprinkler head located in the walk in refrigerator in the kitchen was obstructed by a stored food cart.</p> | K 353 | | |

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| K 353 | Continued From page 5 It was observed on 08/28/2018 at 12:25 PM, the sprinkler head located in the laundry room above the washer was loaded with dust. It was observed on 08/28/2018 at 12:40 PM, the sprinkler head located in room 209 near the window was painted. It was observed on 08/28/2018 at 1:00 PM, the sprinkler head located in room 307 was loaded with dust. It was observed on 08/28/2018 at 1:05 PM, the sprinkler head located in room 305 was loaded with dust. | K 353 | | |
| K 372 SS=D | Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the smoke barrier. This has the potential to affect two smoke compartments. | K 372 | | |

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| K 372 | Continued From page 6 The Findings include: It was observed on 08/28/2018 at 12:43 PM, penetrations in the 200 Hall smoke barrier was not sealed at the conduit and conduit openings. It was observed on 08/28/2018 at 12:55 PM, penetrations in the 300 Hall smoke barrier was not sealed around the conduit and conduit openings. Observation revealed an incomplete construction of the smoke barrier in the lower left corner and an unapproved spray foam was used to seal penetrations around ducts and cables. | K 372 | | |
| K 511 SS=D | Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect two smoke compartments. The Findings include: It was observed on 08/28/2018 at 12:04 PM, the microwave located in the kitchen was connected to a powerstrip. Observation of the | K 511 | | |

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| K 511 | Continued From page 7 manufacturers instructions displayed on the back of the appliance indicated that the unit was to be connected to a grounded outlet. | K 511 | | |
| K 711 SS=D | Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2, 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on record review, the facility failed to maintain the fire safety and evacuation plans. This has the potential to affect all residents and staff. The Findings include: A review of records on 08/28/2018 at 11:35 AM revealed dialing 911 was not identified in the procedures for reporting a fire. The exterior assembly area was not identified in the evacuation plans. | K 711 | | |
| K 901 SS=D | Fundamentals - Building System Categories CFR(s): NFPA 101 Fundamentals - Building System Categories Building systems are designed to meet Category | K 901 | | |

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| K 901 | Continued From page 8 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on record review, the facility failed to provide a risk assessment in accordance with NFPA 99 2012 edition. This has the potential to affect all residents and staff. The Findings include: A review of records on 08/28/2018 at 11:32 AM revealed the risk assessment was not in compliance with the requirements of NFPA 99 2012 edition. | K 901 | | |
| K 920 SS=E | Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient | K 920 | | |

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| K 920 | <p>Continued From page 9</p> <p>care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35701</p> <p>Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect three smoke compartments.</p> <p>The Findings include:</p> <p>It was observed on 08/28/2018 at 12:35 PM, a powerstrip located in room 200 by beds A and B and within the patient care area was not listed for use.</p> <p>It was observed on 08/28/2018 at 12:45 PM, a powerstrip located in room 209 and within the patient care area was not listed for use.</p> <p>It was observed on 08/28/2018 at 12:49 PM, a powerstrip located in the pool area was not listed for use within the patient care area.</p> <p>It was observed on 08/28/2018 at 1:08 PM, a powerstrip located in room 405 bed A within the patient care area was not listed for use.</p> <p>It was observed on 08/28/2018 at 1:17 PM, a powerstrip located in room 106 within the patient care area was not listed for use.</p> | K 920 | | |
| K 923 | Gas Equipment - Cylinder and Container Storag | K 923 | | |

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| K 923 SS=D | Continued From page 10 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. 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: | K 923 | | |

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| K 923 | Continued From page 11 Surveyor: 35701 Based on observation, the facility failed to properly store oxygen cylinders. This has the potential to affect all residents. The Findings include: It was observed on 08/28/2018 at 12:15 PM, approximately 30 E cylinders and 10 (380 cubic foot) oxygen cylinders was stored outside in a fenced area. Observation of the area revealed the oxygen cylinders was not protected from the weather. Observation revealed the E cylinders and the 380 cubic foot cylinders identified as empty was not properly secured. | K 923 | | |