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

Printed: 05/14/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED				
495384			B. WING		05/08/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
FRANCIS MARION MANOR HEALTH & REHAB 100 FRANCIS MARION LANE. PO BOX 880										
			MARION	I, VA 243	54					
(X4) ID		ATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORREC		(X5) COMPLETION			
PREFIX TAG	(EACH DEFICIENCY MUST OR LSC IDE	' BE PRECEDED BY FULL F NTIFYING INFORMATION)	REGULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR		DATE			
		, , , , , , , , , , , , , , , , , , ,			DEFICIENCY)		1			
K 000	INITIAL COMMENT	rs		K 000			!			
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	Surveyor: 12589		İ				i			
		ture: Three Story Typ	e II (111)							
		g home with a total o					ļ !			
	smoke compartmer		-				[
	Sprinkler status: Fully Sprinklered						[
	.	ulle a life of a land				•	;			
		utine Life Safety Coo	-				i			
	Code of Federal Re)8/2018 in accordance	e with 42				:			
	Requirements for L		ties The				i l			
		d for compliance usir					į			
		egulations. The facil					i			
	not in compliance w						1			
1	Participation Medica	are and Medicaid.	1							
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	The findings that fol non-compliance with		į				j l			
!		n nue 42 code of (a) et seq (life Safet)	/ from	į			;			
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א פאח	Electrical Equipmen	it - Dower Cords and	Extone	K 920			j l			
SS≃D		it - rower colus allu	EXIGNS	N 920			1			
00-0	0111(0):111171101		į							
	Electrical Equipmen	t - Power Cords and	:							
	Extension Cords									
ļ		tient care vicinity are	only							
i	used for components of movable									
ļ		care-related electrical equipment E) assembles that have been assembled lified personnel and meet the conditions of			100					
	10.2.3.6. Power stri	ns in the nationt care	vicinity	Ī		بممير	1			
İ	may not be used for			1						
	electronics), except	in long-term care res	sident	Ì						
	rooms that do not us	se PCREE. Power st	rips for							
	PCREE meet UL 13			1						
	strips for non-PCRE						[[
1	(outside of vicinity) n		n-patient							
	care rooms, power s standards. All powe		a denoted :	ļ						
	precautions. Extens			Ì						
	•	DERVSUPPLIER REPRESEN	•	ATURE	TITLE		(X6) DATE			

MANAGOR SUPPORT SERVECES

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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OEITTEITO	. O	G MEDIONID SERVI	<u> </u>			OMD NO. 0336-03
STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A, BUILDINI	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED
495384			B. WING		05/08/2018	
	VIDER OR SUPPLIER VIARION MANOR	HEALTH & REHAB	100 FR		STATE, ZIP CODE RION LANE. PO BOX 880 54	0
(X4) ID PREFIX (EA TAG	CH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PRÖVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPLETION DATE DATE
Suim who so	extension cords used mediately upon control it was installed 0.2.4. 10.2.3.6 (NFPA 99), IFPA 70), 590.3(Decision of the second	wiring of a structure. ad temporarily are re ompletion of the purp d and meets the con 10.2.4 (NFPA 99), 4) (NFPA 70), TiA 12- IT is not met as evic on and interview, the use of a flexible core	facility d through longe supply cord longe tenance longe supply d longe supply cord love the lenance longe supply d longe supp	2) 3) 4)	PLAN OF CORF I) NEW OUTLETS HE ZNSTALLED BELOW ON 5/9/18 DOCUM WORK ORDER H 44 DURING SAFETY ALL AREAS WILL TO PREVENT ANY FO VZULATZONS ZNSERVECED FAC THAT CORDS ABOVE ARE AGAINST CO CONTINUE TO ZN WILL MONZTOR ZNSERVECE AND OBY JUNE 15 th	AVE BEEN CEZLING PATEN ON POST BE CHECKED WATHER CELLINGS OES AND WILL SERVICES BY CONTEMBED SAFETY ROUNDENCE BE PONE

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