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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  G 01 - RIVERSIDE SANDERS RETIREMNT ITY MAIN BLDG	(X3) DATE SURVEY COMPLETED			
AME OF I	PROVIDER OR SUPPLIER	495383	B. WING_	STREET ADDRESS, CITY, STATE, ZIP CODE	12/11/201			
	S N SANDERS NURS	ING HOME, INC		7385 WALKER AVE GLOUCESTER, VA 23061				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLE			
K 000	INITIAL COMMEN	тѕ	K 000	0				
	Description of structure: 1 Story V (111) Building Sprinkler Status: Fully Sprinklered							
	conducted on 12-12 Code of Federal Re Requirements for L facility was surveye LSC 2012 Health E facility was not in co	ong Term Care Facilities. The d for compliance using the xisting regulations. The		K-161: Building Construction Type	and Haight			
The non-Reg 483. K 161 Buik CFR Buik 2012 Buik Tabl 19.1	<b>Building Construction</b>	th Title 42 Code of ife Safety from Fire).	K 161	The Maintenance Director and/ remove the unapproved combus areas where observed. The unac product was replaced by an app code	remove the unapproved combustible product from areas where observed. The unaccepted combustible product was replaced by an approved sealant as p code  2. The maintenance director and/or designee will			
	2012 EXISTING Building construction Table 19.1.6.1, unled 19.1.6.2 through 19 19.1.6.4, 19.1.6.5  Construction	Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5  Construction Type I (442), I (332), II (222) Any number of		in concrete, walls, etc. will be so approved sealant as per code. 10 rooms to ensure the sealants to the walls are appropriate.  3. At the completion of quarterly walls the contractor will meet with the Director to review all findings. Director will immediately scheduse of approved fire stop. All are immediately evaluated and repair	caled with the 10% audit of laund the laundry room walk-thru inspection Maintenance The Maintenance ule repair with the eas of concern will			
	sprinklered 2 II (111) non-sprinklered sprinklered	non-sprinklered and One story Maximum 3 stories		meet NFPA standards.  4. The administrator will review th director's findings semi-annually breaches in concrete and firewal completely. All inspection report reported at the quarterly safety m.  5. Corrective action will be completed.	e maintenance to assure all s are sealed s and repairs will seeting.			

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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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - RIVERSIDE SANDERS RETIREMNT **COMMUNITY MAIN BLDG** 495383 B. WING 12/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE FRANCIS N SANDERS NURSING HOME, INC **GLOUCESTER, VA 23061** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 1 K 161 II(000)Not allowed non-sprinklered Maximum 2 stories III (211) sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 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 Based on observation, it was revealed the facility was not maintaining the V(III) type of construction. Findings include: On 12-11-19 at approximately 1:45 pm it was revealed that combustible foam (orange and yellow) was used as a sealant in a masonry wall separating the Laundry room and Sprinkler room, and in the basement electrical power room. The Director of Facilities confirmed these findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION NG 01 - RIVERSIDE SANDERS RETIREMNT NITY MAIN BLDG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  S N SANDERS NURS			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061	12/1/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETION DATE
K 222	Egress Doors Doors in a required equipped with a lat use of a tool or key using one of the formal arrangements: CLINICAL NEEDS LOCKING Where special lock clinical security need only one locking deeach door and provapid removal of oclocks; keying of all all times; or other sto the staff at all times; or other sto the staff at all times. SPECIAL NEEDS I Where special lock safety needs of the Clinical or Security being met. In additicular electrical locks that upon loss of power protected by a supersystem and the lock complete smoke deconstantly monitore within the locked spand detection system doors upon activation 18.2.2.2.5.2, 19.2.2 DELAYED-EGRES. ARRANGEMENTS	I means of egress shall not be ch or a lock that requires the from the egress side unless llowing special locking  OR SECURITY THREAT  Sing arrangements for the eds of the patient are used, evice shall be permitted on visions shall be made for the ecupants by: remote control of locks or keys carried by staff at euch reliable means available nes.  2.2.6, 19.2.2.2.5.1, 19.2.2.2.6  OCKING ARRANGEMENTS ing arrangements for the patient are used, all of the Locking requirements are on, the locks must be fail safely so as to release to the device; the building is ervised automatic sprinkler ked space is protected by a selection system (or is each at an attended location pace); and both the sprinkler ems are arranged to unlock the on.  2.2.5.2, TIA 12-4  S LOCKING	K 22 K 22			

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K 222	installed in accordance permitted on door ordinary hazard conthroughout by an affire detection system automatic sprinkle 18.2.2.2.4, 19.2.2.2 ACCESS-CONTROWN ARRANGEMENTS Access-Controlled installed in accordance mitted. 18.2.2.2.4, 19.2.2.2 ELEVATOR LOBB ARRANGEMENTS Elevator lobby exitt accordance with 7 door assemblies in by an approved, sudetection system a automatic sprinkled 18.2.2.2.4, 19.2.2.2 This REQUIREME by:  Based on observation being maintained.  Findings include:  On 12-11-19 at apprevealed that the magnetic lock with On 12-11-19 at apprevealed that the rito open.	ance with 7.2.1.6.1 shall be assemblies serving low and antents in buildings protected approved, supervised automatic em or an approved, supervised r system.  2.4  OLLED EGRESS LOCKING  Egress Door assemblies ance with 7.2.1.6.2 shall be  2.4  Y EXIT ACCESS LOCKING  access door locking in 2.1.6.3 shall be permitted on a buildings protected throughout apervised automatic fire and an approved, supervised r system.	K 2	2	maintenance director/designee to signage and time delays are in plate. At the completion of all alarm institute inspector will meet with the Mair Director/designee to review all find inspection report to ensure complete Maintenance Director will immediately maintenance needed for extra the Administrator will review all reports and monitor logs for compute to assure needed repairs are scheditimely with the maintenance director reports and needed repairs will be quarterly safety committee meeting of 5 egress doors will be complete weeks by the maintenance director appropriate signage and time delay	and a de door by the right maintenar tor to ensure apace.  If the properties of the director of the director of the ensure apace.  If the properties of the ensure apace and the ensure apace and the ensure apace.  If the ensure apace are endings from the ensure apace and the ensure apace and the ensure apace and the ensure apace	layed the side of nce sure it can e replaced or designee  ppropriate the alarm om the The hedule rs. spection inspection completed nspection at the valuation for 8 e to ensure place.

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	These findings we of Facilities.	door would not latch. re confirmed by the the Director	K 22			
SS=D	Doors with Self-Cl CFR(s): NFPA 101 Doors with Self-Cl Doors in an exit pa or horizontal exit, sarea enclosure are closed position, un device complying values all such doo compartment or er * Required manua * Local smoke deta smoke passing thr smoke detection s * Automatic sprink * Loss of power. 18.2.2.2.7, 18.2.2.2.2 This REQUIREME by: Based on observation being maintained. Findings include: On 12-11-19 at apprevealed that the k no closer.	osing Devices assageway, stairway enclosure, smoke barrier, or hazardous e self-closing and kept in the aless held open by a release with 7.2.1.8.2 that automatically ors throughout the smoke ntire facility upon activation of: I fire alarm system; and ectors designed to detect ough the opening or a required	K 22	<ol> <li>K-223: Doors with Self-Closing Devider Closure.</li> <li>Rounds of all doors to corridors with emaintenance director/designer are in place. Any deficiencies not documented by the door contractor forward by the door contractor to director so that repairs can be scheduled and completed by the event a doer appropriate door closure to ensure inspections are conducted by the yearly. At the completion of all dodor inspector will meet with the Director to review all findings from the repairs to door closure to ensure commended repairs to door closure to ensure completeness and the report of the event and the properties of the event and the properties and monitor to assure needs scheduled and completed timely with the event and the event a</li></ol>	gnee will install a  vill be completed be to ensure closures ted will be or and brought the maintenance eduled and made. mmunicate with the s not have the e functionality. Doc vendor at least oor inspections, the Maintenance m the inspection I discuss any sures. The liately schedule oor closures. door inspection ded repairs are vith the on reports and the quarterly safety doors to corridors ance es are in place.	
K 231	findings. Means of Egress C CFR(s): NFPA 101		K 23			

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K 231	accordance with 7.18.2.3.1, 19.2.3.1 This REQUIREMENT by: Based on observation corridors is not being Findings include: C1:45 pm it was revellinen carts stored in with no one working. The Director of Facting findings. Fire Alarm System CFR(s): NFPA 101 Fire Alarm System accordance with an with the requirement Electric Code, and if and Signaling Code acceptance, mainter available. 9.6.1.3, 9.6.1.5, NFT his REQUIREMENT by: Based on record remaintaining the fire Findings include: On 12-11-19 at apprevealed that the and	apacity uired means of egress is in 3.  NT is not met as evidenced ion, the means of egress in ag maintained.  On 12-11-19 at approximately aled that there were three the basement egress corridor them, or in the area.  ilities confirmed these  Testing and Maintenance is tested and maintained in approved program complying at sof NFPA 70, National NFPA 72, National NFPA 72, National Fire Alarm . Records of system nance and testing are readily PA 70, NFPA 72 IT is not met as evidenced eview, the facility is not	К 2	45	<ol> <li>K-231: Means of Egress Capacity</li> <li>The maintenance director remove carts immediately from the corried.</li> <li>Rounds will be conducted by the director/designee/nursing staff of ensure no equipment that is not in corridor.</li> <li>The maintenance director or med will communicate with the linen that linen par levels are appropriately any irregularities will be address vendor to ensure proper par level inventory will be conducted weed there is the appropriate amount of facility. In the event that the propiac complished, the maintenance director and/or medical supply per inventory of the facility. All inventory of the facility. All inventory irregularities will be reported safety committee meeting. Round by the maintenance director/desig weeks of corridors to ensure equipmot present.</li> <li>Corrective action will be completed.</li> </ol>	dors. mainten fall corri n use is s  ical supply vendor to the for the ed with a of linen ical y to ens f linen in er linen in er linen of the the m rson, the ntory rep at the qu s will be nee weel	ance idors to stored in the oly person of ensure effacility. The linen is used that the parties not will quantities, and carterly econducted kly for 8 of tin use is	

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K 345 K 353 SS=D	and strobes that we devices that it was were working proper were apparently "viper NFPA 72.  These findings were Facilities and the Adsprinkler System - CFR(s): NFPA 101  Sprinkler System - Automatic sprinkler inspected, tested, a with NFPA 25, Stan Testing, and Mainta Protection Systems maintenance, insperient in a section and the section of the se	ere tested. There were also impossible to tell whether they erly or not. The heat detectors sually" inspected instead of e confirmed by the Director of dministrator.  Maintenance and Testing and standpipe systems are and maintained in accordance dard for the Inspection, and in the system design, action and testing are ure location and readily system last checked system test aupply source  (S information on coverage for partial automatic sprinkler)	K 3	53	<ol> <li>K-345: Fire Alarm System-Testing an</li> <li>The maintenance director contact system contractor to receive a rep location of the horns and strobes of report. The maintenance director the report indicate whether the de or not. The heat detectors were reper NFPA standards as opposed to inspected.</li> <li>The fire alarm testing report will be maintenance director/designee to components of the report are in his standards.</li> <li>At the completion of all fire alarm fire alarm contractor will meet with Director/designee to review all fire inspection report to ensure complete any recommended repairs necessate Maintenance Director will immed repairs/maintenance needed for profit the fire alarm system horns and standards.</li> <li>The Administrator will review all inspection reports and monitor to repairs are scheduled and complete maintenance director. All inspection needed repairs will be reported at committee meeting.</li> <li>Corrective action will be completed.</li> </ol>	ed the fire out indicates ted on also required to being with the best evaluated to be evaluate	re alarm rating the the annual rested that rk properly to be tested visually rated by the ther NFPA rations, the ration of the ration of the red with the ration of the red with the ration of the red ration of the rational ration

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AII  K 914 SS=D C EI Ho lo ar in te do list te is in accordance with the control of the control	ndings. lectrical Systems of FR(s): NFPA 101 lectrical Systems ospital-grade received and where esting is performed as hospital-grade at intervals no lation monitors (letervals of less than estuding the LIM technich activates both less than esting the less than esting	- Maintenance and Testing - Maintenance and Testing - Maintenance and Testing - ptacles at patient bed - deep sedation or general - histered, are tested after initial ment or servicing. Additional - at intervals defined by - mance data. Receptacles not - ade at these locations are - ot exceeding 12 months. Line - LIM), if installed, are tested at - nor equal to 1 month by - est switch per 6.3.2.6.3.6, - n visual and audible alarm. For - tomated self-testing, this - symmed at intervals less than or - LIM circuits are tested per - epair or renovation to the - system. Records are - red tests and associated - ons, containing date, room or		353	<ol> <li>K-353: Sprinkler System- Maintenant</li> <li>The maintenance director contact system contractor to visit the fact areas and receive quotes for instating in the IT closet, freezer and cooled director will then schedule install heads with the sprinkler system of the contractor will the sprinkler system of the contractor will meet with the Director to review all findings for report to ensure completeness and recommended repairs and/or install the sprinkler system.</li> <li>The Maintenance Director will in repairs/maintenance needed for puthe sprinkler system.</li> <li>The Administrator will review all inspection reports and monitor to installations are scheduled and contact the maintenance director. All inspected installations will be reported installations will be completed.</li> <li>Corrective action will be completed.</li> </ol>	ted the spillity, inspilling sprice. The mation of contractor is will be esigned to system. Maintenation the indicuss allations in the indicuss allations in the indicus assure in the indicus as indicus assure in the indi	orinkler pect the inkler head anintenance sprinkler r. e rounded o ensure inspection ance spection any necessary. ly schedul eration of or system eeded timely wite eports and e quarterly	

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K 918 K 920 SS=D	111, 700.10 (NFPA) This REQUIREMEN by: Based on record re revealed that the en being maintained.  Findings include: O 11:00 am it was reve the emergency gene conducted in the pa  These findings were Facilities. Electrical Equipmen CFR(s): NFPA 101  Electrical Equipmen Extension Cords Power strips in a pa used for component patient-care-related (PCREE) assemble: by qualified personn 10.2.3.6. Power stri may not be used for electronics), except rooms that do not us PCREE meet UL 13 strips for non-PCRE (outside of vicinity) r care rooms, power s standards. All powe precautions. Extens substitute for fixed v	NFPA 99), NFPA 110, NFPA 70)  IT is not met as evidenced view and interview it was nergency generator is not on 12-11-19 at approximately ealed that a four hour test of erator had not been st 36 months.  It - Power Cords and Extens of electrical equipment is that have been assembled electrical equipment is that have been assembled electrical equipment in long-term care vicinity non-PCREE (e.g., personal in long-term care resident in long-term care r	К9	20	<ol> <li>K-918: Electrical Systems- Essential</li> <li>The maintenance director contact contractor to inspect the generate hour test of the emergency gener maintenance director will then so necessary repairs with the emergicontractor.</li> <li>The generator reports from the contractor in meets the NFPA 110 revariances will be addressed with reported to the safety committee improvement and analysis.</li> <li>At the completion of all electricathe contractor will meet with the Director to review all findings from the consure completeness and discurrecommended repairs necessary. Director will schedule repairs/mafor proper operation of the general for proper operation of the general reports and monitor to assure nees scheduled and completed timely maintenance director. All general and repairs necessary will be reposafety committee meeting.</li> <li>Corrective action will be completed.</li> </ol>	cted the grows to contractor descent d	enerator induct a four enduct and enduct a

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	PROVIDER OR SUPPLIER  N SANDERS NURSI	ING HOME, INC		73	IREET ADDRESS, CITY, STATE, ZIP CODE 385 WALKER AVE LOUCESTER, VA 23061	121	11/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETIO DATE
K 920	immediately upon of which it was installed 10.2.4. 10.2.3.6 (NFPA 99) (NFPA 70), 590.3 (Discrete Theorem 10.2.3.6 (NFPA 99). (NFPA 70), 590.3 (Discrete Theorem 10.2.3.6 (NFPA 99). (NFPA 70), 590.3 (Discrete Theorem 10.2.3.6 (NFPA 99). (NFPA 9	completion of the purpose for ed and meets the conditions of and meets the conditions of 10.2.4 (NFPA 99), 400-8 (NFPA 70), TIA 12-5 (NT) is not met as evidenced tion and record review, records for patient care equipment in cords are being used as a canent wiring.  Troximately 11:00 am it was not care equipment testing vailable for review.  The hours of 1 pm and 2 that here were extension as a substitute for permanent a humidifier in the basement in the kitchen storage room	KS	020	<ol> <li>K-920: Electrical Equipment-Power Of from the basement sprinkler room storage room.</li> <li>The maintenance director and/or a 100% audit of the resident room areas. Any extension cords found the UL approved power cord per evaluating the patient care equipment records were requested contractor by the Maintenance dimaintenance director discussed remodifications from the fire marsh care equipment vendor to the repodarity.</li> <li>Room rounds to be conducted by team. Rounding forms to be submadministrator monthly. In the eve unapproved power cords found, in the Maintenance director to be reported.</li> <li>The Administrator will review all Any inconsistencies found will be quarterly safety committee meetings.</li> <li>Corrective action will be completed.</li> </ol>	ed the extent and the designee as and conwere reppolicy affinent. The different of the rector. The equested all with the ort to provide the intercent of the in	ension coro kitchen conducted mmon laced by er patient e he patient vide lisciplinary ne re eported to

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, -, -	NG <b>02 -</b>	ONSTRUCTION RIVERSIDE SANDERS RETIR COMM		E SURVEY IPLETED
		495383	B. WING			12/	11/2019
FRANCIS	PROVIDER OR SUPPLIER  S N SANDERS NURS	·		7385	ET ADDRESS, CITY, STATE, ZIP CODE WALKER AVE UCESTER, VA 23061	ould be report indicating the bes tested on the annual ctor also requested that e devices work properly	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	BE	COMPLETION
K 000	INITIAL COMMEN	тѕ	K 0	00			
K 345 SS=D	An unannounced L conducted on 12-1 Code of Federal Re Requirements for L facility was surveye LSC 2012 Health E facility was not in or Requirements for F Medicaid.  The findings that for non-compliance with Regulations, 483.90(a) et seq (L Fire Alarm System CFR(s): NFPA 101  Fire Alarm System accordance with an with the requirement Electric Code, and and Signaling Code acceptance, mainten available. 9.6.1.3, 9.6.1.5, NF This REQUIREMENT by: Based on record remaintaining the fire  Findings include:	ife Safety Code Initial survey 1-19 in accordance with 42 egulation, Part 483: ong Term Care Facilities. The ed for compliance using the existing regulations. The compliance with the Participation Medicare and ellow demonstrate th Title 42 Code of elife Safety from Fire) Testing and Maintenance - Testing and Maintenance is tested and maintained in approved program complying ents of NFPA 70, National NFPA 72, National Fire Alarm en Records of system enance and testing are readily PA 70, NFPA 72 NT is not met as evidenced eview, the facility is not	K 3 <sup>2</sup>	1.	system contractor to receive a rep location of the horns and strobes to report. The maintenance director at the report indicate whether the desor not. The heat detectors were resper NFPA standards as opposed to inspected.  The fire alarm testing report will be maintenance director/designee to a components of the report are in line standards.  At the completion of all fire alarm fire alarm contractor will meet with Director to review all findings from report to ensure completeness and recommended repairs necessary. To Director will immediately schedular repairs/maintenance needed for prothe fire alarm system horns and structure to the fire alarm system horns and structure to the fire alarm system horns and structure to the fire alarm system horns and structure alarm system horns and	ed the fire ort indicates and also requested to being vote evaluation and the main the insection of the Main the Main the insection of the Main the Main the Main the Main the	re alarm ating the the annual sested that ork properly to be tested risually ated by the ther NFPA sons, the aintenance spection any atenance ration of meded with the s and erly safety

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

TITLE

Administrato

(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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILE	DING (	E CONSTRUCTION 02 - RIVERSIDE SANDERS RETIR COMM		
	PROVIDER OR SUPPLIER		B. WING	5   S1   73   <b>G</b>	12/11/2019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETIO DATE
K 363	report did not include and strobes that we devices that it was were working proposers apparently "vi per NFPA 72.	nnual fire alarm system testing de the location of the horns ere tested. There were also impossible to tell whether they erly or not. The heat detectors isually" inspected instead of		345			
	required enclosure hazardous areas re and are made of 1 wood or other mate at least 20 minutes smoke compartme the passage of smoto rooms containing materials have poslatches are prohibit requirements do not contain flam Clearance between covering is not excomplying with 7.2. with a device capal when a force of 5 lt impediment to the devices that releasing pulled are permitted of unlimited height meeting 19.3.6.3.6	prridor openings in other than s of vertical openings, exits, or exist the passage of smoke 3/4 inch solid-bonded core erial capable of resisting fire for . Doors in fully sprinklered into are only required to resist oke. Corridor doors and doors of flammable or combustible itive latching hardware. Roller and by CMS regulation. These of apply to auxiliary spaces that mable or combustible material. In bottom of door and floor eeding 1 inch. Powered doors 1.9 are permissible if provided only of keeping the door closed of is applied. There is no closing of the doors. Hold open e when the door is pushed or d. Nonrated protective plates are permitted. Dutch doors are permitted. Door frames d made of steel or other			<ol> <li>K-363: Corridor - Doors</li> <li>The maintenance director contacts to adjust the SPA room door. The inspect the door and inform the mof any repair needs necessary.</li> <li>All SPA room doors will be evaluated maintenance director/designee to opening and closing. Any deficient referred to the contractor for repair the safety committee for continued analysis.</li> <li>At the completion of all door inspecton contractor will meet with the Main review all findings from the inspector completeness and discuss a repairs necessary. The Maintenance immediately schedule repairs/main proper operation of the doors.</li> <li>Rounds on 3 SPA room doors will weekly for 8 weeks by the maintendirector/designee to ensure ease of closing.</li> <li>Corrective action will be complete.</li> </ol>	door ver aintenance ated by the ensure earlies notes r and rep d improve ections, the intenance ction repairs recon- tice Direct intenance the condi- mance f opening	he use of ed will be corted to ement and the door Director to or will needed for ucted and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION 02 - RIVERSIDE SANDERS RETIR COMM	(X3) DATE SURVEY COMPLETED	
		495383	B. WING		12/11/2019	
	PROVIDER OR SUPPLIER  S N SANDERS NURSI	NG HOME, INC	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTION	
K 914 SS=D	materials in complia smoke compartmer window assemblies sprinklered comparrestrictions in area of frames in window a 19.3.6.3, 42 CFR Pand 485 Show in REMARKS protection ratings, a etc. This REQUIREMENT by: Based on observation corridor doors are not findings include: On 12-11-19 at apprevealed that the Spopen and close. The Director of Facifindings. Electrical Systems - CFR(s): NFPA 101 Electrical Systems - Hospital-grade recellocations and where anesthesia is admininstallation, replacer testing is performed documented performed	ance with 8.3, unless the office of the sprinklered. Fixed fire are allowed per 8.3. In the there are no or fire resistance of glass or	K 363	K-914: Electrical Systems- Maintenant  Records of receptacle testing were maintenance staff will be educated administrator/designee on the required documenting receptacle testing at  The maintenance director and/or do of all electrical receptacles in the maintenance director and/or design findings. Any deficiencies to be administed with the maintenance Director of the electrical inspections, the Maintenance Director findings from the inspection report completeness and schedule any renecessary with an electrical contrated Maintenance Director will immediately.  The Administrator will review all receptacle inspection reports and meeded repairs are scheduled and of with the maintenance director. All and needed repairs will be reported.	e not located. The d by the direment for least annually. lesignee did a check facility. The nee documented ddressed  receptacle ctor to review all t to ensure commended repairs ctor. The ately schedule oper operation of electrical nonitor to assure ompleted timely inspection reports	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ING	LE CONSTRUCTION 02 - RIVERSIDE SANDERS RETIR COMM		E SURVEY IPLETED
		495383	B. WING			12/11/2019	
	NAME OF PROVIDER OR SUPPLIER  FRANCIS N SANDERS NURSING HOME, INC			7	STREET ADDRESS, CITY, STATE, ZIP CODE 385 WALKER AVE GLOUCESTER, VA 23061		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		BE	(X5) COMPLETION DATE
K 914	actuating the LIM to which activates both LIM circuits with automanual test is performed to 12 months 6.3.3.3.2 after any relectric distribution amaintained of requirepairs or modification area tested, and res 6.3.4 (NFPA 99) This REQUIREMENT by:  Based on observation were not available for Findings include:	n or equal to 1 month by est switch per 6.3.2.6.3.6, in visual and audible alarm. For comated self-testing, this armed at intervals less than or LIM circuits are tested per epair or renovation to the system. Records are red tests and associated ons, containing date, room or sults.  IT is not met as evidenced ion and record review, records or receptacle testing.	KS	914			
	On 12-11-19 at approximately 11:15 am it was revealed that electrical receptacle testing records were not available for review.  The Director of Facilities 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 capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance		K 9	18			

OF!!!	TO TOTAL MEDIOMINE	A MEDIOAID SERVICES				WID HO.	7300-003
	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	DING	E CONSTRUCTION 02 - RIVERSIDE SANDERS RETIR COMM	(X3) DATE SURVEY COMPLETED	
		495383	B. WING		12/1	12/11/2019	
FRANCIS N SANDERS NURSING HOME, INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY MUST BE PRECED BY FULL DEFICIENCY MUST BY FULL DEFICIENCY MUST BY FULL DEFICIE		ID PREF	7: <b>G</b>	TREET ADDRESS, CITY, STATE, ZIP CODE  385 WALKER AVE  LOUCESTER, VA 23061  PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	DE  RECTION (X5) HOULD BE COMPLETION		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
K 918	under load 30 minutial day intervals, and emonths for 4 continuated cold start transfer of all EES I competent personn stored energy power accordance with NF circuit breakers are program for periodic components is estal manufacturer requiremaintenance and tereadily available. Escircuits are marked separate from norm the possibility of dar source is a design of installations. 6.4.4, 6.5.4, 6.6.4 (No. 111, 700.10 (NFPA) This REQUIREMENT by: Based on record rerevealed that the embeing maintained. Findings include: Continuing include: Continuin	inspected weekly, exercised tes 12 times a year in 20-40 exercised once every 36 uous hours. Scheduled test ins include a complete and automatic or manual loads, and are conducted by el. Maintenance and testing of ex sources (Type 3 EES) are in FPA 111. Main and feeder inspected annually, and a cally exercising the iblished according to rements. Written records of esting are maintained and ES electrical panels and readily identifiable, and mal power circuits. Minimizing mage of the emergency power consideration for new  NFPA 99), NFPA 110, NFPA 70)  NT is not met as evidenced eview and interview it was mergency generator is not ferator had not been	KS	918	<ol> <li>K-918: Electrical Systems- Essential</li> <li>The maintenance director contact contractor to inspect the generate hour test of the emergency gener maintenance director will then so necessary repairs with the emerge contractor.</li> <li>The generator reports from the correviewed by the maintenance director will be addressed with reported to the safety committee improvement and analysis.</li> <li>At the completion of all electricathe contractor will meet with the Director to review all findings frow to ensure completeness and discurrecommended repairs necessary. Director will schedule repairs/mafor proper operation of the generation of the generat</li></ol>	ted the generator. The hedule any ency generator we ector/desig quirements the contract for continual generator Maintenance and the test ss any The Maint intenance attor. I generator ded repairs with the cortesting to testing the testing to testing the testing to testing the testing to testing the testing	erator uct a four rator rator rill be nee to . Any ctor and ned resting, nce ing report enance needed testing s are reports quarterly
K 920	Facilities Electrical Equipmen	nt - Power Cords and Extens	K 9	20			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 02 - RIVERSIDE SANDERS RETIR COMM HOUSE 1  (X3) DATE SUR COMPLETE					
		495383	B. WING			12/·	11/2019
FRANCIS	FRANCIS N SANDERS NURSING HOME, INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			73	REET ADDRESS, CITY, STATE, ZIP CODE  85 WALKER AVE  LOUCESTER, VA 23061  PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	Extension Cords Power strips in a paragraph of the patient-care-related (PCREE) assemble by qualified person of 10.2.3.6. Power strips for non-power strips for non-PCRE (outside of vicinity) of care rooms, power standards. All power precautions. Extension cords use immediately upon convict which it was installed to 10.2.4. 10.2.3.6 (NFPA 99), (NFPA 70), 590.3 (Distrips and a unfuse being used.  Findings include:	at - Power Cords and  Itient care vicinity are only its of movable electrical equipment is that have been assembled hel and meet the conditions of hips in the patient care vicinity in non-PCREE (e.g., personal in long-term care resident se PCREE. Power strips for h63A or UL 60601-1. Power h63A or UL 60601-1. Power h63E in the patient care rooms heet UL 1363. In non-patient hetrips meet other UL her strips are used with general held temporarily are removed hompletion of the purpose for had and meets the conditions of  10.2.4 (NFPA 99), 400-8 h) (NFPA 70), TIA 12-5 h had in the patient care equipment held multiplug adapter was  hoximately 11:00 am it was	K 9		<ol> <li>K-920: Electrical Equipment-Power Control the basement sprinkler room storage room.</li> <li>The maintenance director and/or do a 100% audit of the resident rooms areas. Any extension cords found the UL approved power cord per prevaluating the patient care equipment records were requested contractor by the Maintenance director discussed remodifications from the fire marshad care equipment vendor to the report clarity.</li> <li>Room rounds to be conducted by the team. Rounding forms to be submit administrator monthly. In the even unapproved power cords found, it the Maintenance director to be report of the Maintenance director to the report of the Maintenance director discussed report of the Maintena</li></ol>	d the externand the lesignee of and conwere reploolicy after ent. The from the from the from the ector. Thousted all with the return to provide titted to the titted to the titted to the titted to the conding discussed g.	ension cord kitchen  conducted nmon laced by er patient e e lisciplinary ne re eported to g forms. d at the

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING <b>02 - RIVERSIDE SANDERS RE</b> TI : <b>1</b>	(X3) DATE SURVEY COMPLETED				
		495383	B. WING	3. WING			12/11/2019	
	PROVIDER OR SUPPLIER  S N SANDERS NURSI	NG HOME, INC		STREET ADDRESS, CITY, STATE, ZIF 7385 WALKER AVE GLOUCESTER, VA 23061	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL P		ID PREFII TAG	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)			
K 920	revealed that an unf being used in the ga	roximately 2:45 pm it was fused multiplug adapter was	K 9	920				
	findings.	nucs committed these						

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 03 - RIVERSIDE SANDERS RETIR COMM HOUSE 2			(X3) DATE SURVEY COMPLETED	
		495383	B. WING		12/11/2019			
NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC		1.	7:	TREET ADDRESS, CITY, STATE, ZIP CODE 385 WALKER AVE BLOUCESTER, VA 23061	,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACREGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE			
K 000	INITIAL COMMENT	Sture: 1 Story V (111) Building	K	000				
K 345 SS=D	conducted on 12-11 Code of Federal Re Requirements for L facility was surveye LSC 2012 Health E facility was not in co Requirements for P Medicaid.  The findings that fo non-compliance wit Regulations, 483.90(a) et seq (Li Fire Alarm System CFR(s): NFPA 101  Fire Alarm System accordance with an with the requirement Electric Code, and I and Signaling Code acceptance, mainte available. 9.6.1.3, 9.6.1.5, NFI This REQUIREMEN by: Based on record re maintaining the fire  Findings include:  On 12-11-19 at appre	fe Safety Code Initial survey -19 in accordance with 42 egulation, Part 483: ong Term Care Facilities. The d for compliance using the xisting regulations. The ompliance with the articipation Medicare and  Illow demonstrate h Title 42 Code of  fe Safety from Fire). Testing and Maintenance is tested and maintained in approved program complying ts of NFPA 70, National NFPA 72, National Fire Alarm . Records of system nance and testing are readily PA 70, NFPA 72 IT is not met as evidenced eview, the facility is not	K 3	445	<ol> <li>K-345: Fire Alarm System-Testing and</li> <li>The maintenance director contactor system contractor to receive a replocation of the horns and strobes to report. The maintenance director at the report indicate whether the desor not. The heat detectors were resper NFPA standards as opposed to inspected.</li> <li>The fire alarm testing report will be maintenance director/designee to a components of the report are in line standards.</li> <li>At the completion of all fire alarm fire alarm contractor will meet with Director to review all findings from report to ensure completeness and recommended repairs necessary. The Director will immediately schedular repairs/maintenance needed for prothefire alarm system horns and structure of the fire alarm system horns and structure alarm system horns are structured alarm system horns and structure alarm system horns are structured alarm system horns and structured alarm system horns and structured alarm system horns are system horns and structured alarm system horns and structured alarm system horns are system horns and structured alarm system hor</li></ol>	ed the fire ort indicates ested on also requivices work quested to being viole evaluates evaluates with N inspection in the inspection of the Mainte experience of timely on reports the quarted d by Jan.	e alarm ating the the annual ested that rk properly be tested isually ted by the her FPA ons, the intenance pection my tenance ration of n eded with the s and erly safety	

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

TITLE

Facility ID: VA0384

(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 03 - RIVERSIDE SANDERS RETIR COMM HOUSE 2				E SURVEY IPLETED		
		495383	B. WING				12/11/2019	
	NAME OF PROVIDER OR SUPPLIER  FRANCIS N SANDERS NURSING HOME, INC			7	STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	BE	(X5) COMPLETION DATE	
K 345	revealed that the ar report did not include and strobes that we devices that it was were working prope	ige 1 Innual fire alarm system testing de the location of the horns ere tested. There were also impossible to tell whether they erly or not. The heat detectors sually" inspected instead of	K3	345				
K 363 SS=D	These findings were Facilities and the Ad Corridor - Doors CFR(s): NFPA 101	e confirmed by the Director of dministrator.	K 3	163				
	required enclosures hazardous areas re and are made of 1.3 wood or other mate at least 20 minutes. smoke compartment the passage of smoto rooms containing materials have posilatches are prohibite requirements do not contain flamic Clearance between covering is not exceed complying with 7.2. with a device capable when a force of 5 lb impediment to the of devices that release pulled are permitted of unlimited height a meeting 19.3.6.3.6	prridor openings in other than a of vertical openings, exits, or sist the passage of smoke 3/4 inch solid-bonded core rial capable of resisting fire for Doors in fully sprinklered at are only required to resist oke. Corridor doors and doors and doors and floar tive latching hardware. Roller ed by CMS regulation. These tapply to auxiliary spaces that mable or combustible material. bottom of door and floor eeding 1 inch. Powered doors 1.9 are permissible if provided the of keeping the door closed of is applied. There is no closing of the doors. Hold open the when the door is pushed or d. Nonrated protective plates are permitted. Dutch doors are permitted. Door frames it made of steel or other						

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING HOUSE 2	(X3) DATE SURVEY COMPLETED					
		495383	B. WING	12/11/2019					
FRANCI	FRANCIS N SANDERS NURSING HOME, INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061					
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTION				
K 363 K 914 SS=D	materials in complia smoke compartment window assemblies sprinklered compartment in the sprinklered compartment in window at 19.3.6.3, 42 CFR Pland 485 Show in REMARKS protection ratings, a etc.  This REQUIREMENT by:  Based on observate corridor doors are refindings include:  On 12-11-19 at apprevealed that the Stopen and close.  The Director of Fact Electrical Systems of CFR(s): NFPA 101  Electrical Systems of CFR(s): NFPA 101	ance with 8.3, unless the nt is sprinklered. Fixed fire are allowed per 8.3. In the tments there are no or fire resistance of glass or	K 363	<ol> <li>K-363: Corridor - Doors</li> <li>The maintenance director contact to adjust the SPA room door. The inspect the door and inform the mof any repair needs necessary.</li> <li>All SPA room doors will be evaluated maintenance director/designee to opening and closing. Any deficient referred to the contractor for repair the safety committee for continued analysis.</li> <li>At the completion of all door inspecton tractor will meet with the Maintenance of the inspector of the doors.</li> <li>Rounds on 3 SPA room doors will weekly for 8 weeks by the maintenance director/designee to ensure ease of closing.</li> <li>Corrective action will be completed.</li> </ol>	e door vendor will naintenance director lated by the ensure ease of ncies noted will be er and reported to d improvement and ections, the door intenance Director to ction report to ny recommended the Director will intenance needed for be conducted ance opening and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '	NG 03 - RIVERSIDE SANDERS RETIR COMM	(X3) DATE SURVEY COMPLETED	
		495383	B. WING		12/11/2019	
	PROVIDER OR SUPPLIER  S N SANDERS NURSI	NG HOME, INC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIDEFICIENCY)	BE COMPLÉTION	
K 918	which activates bot LIM circuits with au manual test is performanual tes	est switch per 6.3.2.6.3.6, h visual and audible alarm. For tomated self-testing, this ormed at intervals less than or . LIM circuits are tested per repair or renovation to the system. Records are red tests and associated ions, containing date, room or sults.  NT is not met as evidenced ion and record review, records for receptacle testing.  roximately 11:15 am it was ical receptacle testing records or review.  ilities confirmed these  - Essential Electric System	K 9	<ol> <li>Records of receptacle testing was a maintenance staff will be educated administrator/designee on the requ documenting receptacle testing at legal 2. The maintenance director and/or dof all electrical receptacles in the famintenance director and/or design findings. Any deficiencies to be adminediately.</li> <li>At the completion of the electrical inspections, the Maintenance Direction findings from the inspection report completeness and schedule any reconcessary with an electrical contradiate Maintenance Director will immediate repairs/maintenance needed for protective all electrical receptacles.</li> <li>The Administrator will review all electrical repairs are scheduled and contrading the maintenance director. All and needed repairs will be reported safety committee meeting</li> <li>Corrective action will be complete</li> </ol>	not located. The least annually. esignee did a check acility. The nee documented ldressed receptacle ctor to review all to ensure commended repairs ctor. The lately schedule oper operation of electrical monitor to assure completed timely inspection reports did at the quarterly	

Facility ID: VA0384

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 03 - RIVERSIDE SANDERS RETIR COMM HOUSE 2			(X3) DATE SURVEY COMPLETED	
		495383	B. WING		12/11/2019		
FRANCIS  (X4) ID  PREFIX  TAG	FRANCIS N SANDERS NURSING HOME, INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		STREET ADDRESS, CITY, STATE, ZIP CODE  7385 WALKER AVE GLOUCESTER, VA 23061  ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)			D BE COMPLÉTION	
	Generator sets are under load 30 minuday intervals, and emonths for 4 continunder load conditions simulated cold start transfer of all EES I competent personn stored energy power accordance with NF circuit breakers are program for periodic components is estated manufacturer requiremaintenance and the readily available. Estated in the possibility of data source is a design of installations. 6.4.4, 6.5.4, 6.6.4 (No.11, 700.10 (NFPA) This REQUIREMEN by:  Based on record rerevealed that the embeing maintained.  Findings include: Of 11:00 am it was reverted the possibility of the conducted in the particular conducte	inspected weekly, exercised ates 12 times a year in 20-40 exercised once every 36 are include a complete and automatic or manual loads, and are conducted by all. Maintenance and testing of exercised (Type 3 EES) are in FPA 111. Main and feeder inspected annually, and a cally exercising the ablished according to rements. Written records of esting are maintained and ES electrical panels and anal power circuits. Minimizing mage of the emergency power consideration for new  NFPA 99), NFPA 110, NFPA 70)  NT is not met as evidenced eview and interview it was mergency generator is not ferator had not been	KS	918	<ol> <li>K-918: Electrical Systems- Essential</li> <li>The maintenance director contact contractor to inspect the generate hour test of the emergency general maintenance director will then so necessary repairs with the emergency contractor.</li> <li>The generator reports from the contractor it meets the NFPA 110 recovariances will be addressed with the reported to the safety committee from improvement and analysis.</li> <li>At the completion of all electrical the contractor will meet with the Director to review all findings frow to ensure completeness and discust recommended repairs necessary. The Administrator will review all reports and monitor to assure needs scheduled and completed timely was maintenance director. All generate and repairs necessary will be reported to the reports afety committee meeting.</li> <li>Corrective action will be completed.</li> </ol>	ted the gors to contator. The hedule arency generator contractor ector/desiquirement the contractor continuity generator Maintenament the test any The Maintenance tor. generator ded repair with the protesting rted at the	enerator duct a four my erator will be ignee to ts. Any actor and nued or testing, ence sting report atenance e needed or testing rs are reports e quarterly
K 920		t - Power Cords and Extens	K 92	20			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 03 - RIVERSIDE SANDERS RETIR COMM HOUSE 2				(X3) DATE SURVEY COMPLETED	
		495383	B. WING			12/	11/2019
	PROVIDER OR SUPPLIER  N SANDERS NURSI	NG HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061				
(X4) ID PREFIX TAG				BE	(X5) COMPLETION DATE		
K 920	Electrical Equipment Extension Cords Power strips in a paused for component patient-care-related (PCREE) assemble by qualified personal 10.2.3.6. Power strimay not be used for electronics), except rooms that do not used for electronics, except rooms that do not used for electronics personal that do not used for electronics for non-PCRE (outside of vicinity) care rooms, power standards. All power standards. All power standards. All power standards. Extension cords used for extension cords and extension cords are cords as a for extension cor	atient care vicinity are only ts of movable lelectrical equipment is that have been assembled nel and meet the conditions of the patient care vicinity in non-PCREE (e.g., personal in long-term care resident se PCREE. Power strips for 363A or UL 60601-1. Power in the patient care rooms meet UL 1363. In non-patient strips meet other UL is strips are used with general sion cords are not used as a wiring of a structure. The detemporarily are removed ompletion of the purpose for and meets the conditions of the conditions of the purpose for and meets the purpose for an and meets the conditions of the purpose for an an an an an an an an	K 9	K- 1. 2. 4.	920: Electrical Equipment-Power Co The maintenance director removed from the basement sprinkler room storage room. The maintenance director and/or do a 100% audit of the resident rooms areas. Any extension cords found with the UL approved power cord per prevaluating the patient care equipment records were requested contractor by the Maintenance director discussed recommodifications from the fire marshad care equipment vendor to the report clarity.  Room rounds to be conducted by the team. Rounding forms to be submit administrator monthly. In the even unapproved power cords found, it the Maintenance director to be reported to the report of the Administrator will review all the Any inconsistencies found will be quarterly safety committee meeting Corrective action will be complete.	the externand the keeping and convere replodicy after the pector. The pector of the pe	e patient ride re eported to forms. d at the

Facility ID: VA0384

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUIL			A. BUILD	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 03 - RIVERSIDE SANDERS RETIR COMM HOUSE 2				
		495383	B. WING		<del></del>	12/	11/2019	
	PROVIDER OR SUPPLIER  S N SANDERS NURSI	NG HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PR			×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	E ACTION SHOULD BE D TO THE APPROPRIATE		
				2				