

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

Printed: 08/21/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495421</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/20/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>FRIENDSHIP HEALTH AND REHAB CENTER -</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5647 STARKEY ROAD CAVE SPRING, VA 24018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 34730</p> <p>Building Description: The facility is a one-story structure built on a concrete slab with a pitched roof. The building was designed with a one hour corridor rating without door closer's on patient room doors.</p> <p>The building has four patient housing wings, Wing 1, 31 beds, Wing 2, 29 beds, Wing 3, 29 beds, Wing 4, 31 beds, Wings 1/2 and 3/4 are connected by a dining/activity room which also serves as the required smoke compartment for the wing. Fire treated wood located in space between drop ceiling and rated ceiling assembly, used to attach electrical and mechanical equipment.</p> <p>The main entrance to the building is through the administrative building, which connects to all patient housing wings and is separated by a two hour fire barrier.</p> <p>The therapy building is located between wings 2 and 3 and is separated by a two hour fire barrier from the patient housing wings.</p> <p>The kitchen/services building is located to the rear of the facility between wings 2 and 3. This is a separate building connected to the patient housing wings by a roof with a two hour fire barrier. The patient beauty shop is located in this building.</p> <p>Required fire sprinkler and fire alarm systems are interconnected between all wings/buildings and are indicated on the annunciation panels as zones, the facility is surveyed as one building.</p> <p>Type of Construction: V (III)</p>	K 000			

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

TITLE

(X6) DATE

*Chad [Signature]*

*Administrator*

*8/24/18*

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 000	Continued From page 1  Sprinkler Status: Fully sprinklered, NFPA 13 Quick Response System.  An unannounced recertification Life Safety Code survey was conducted 08/20/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.  The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000		
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101  Building Construction Type and Height 2012 EXISTING 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 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered  2 II (111) One story non-sprinklered Maximum 3 stories sprinklered  3 II (000) Not allowed non-sprinklered	K 161		

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K 161	Continued From page 2 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: Surveyor: 34730 Based upon observations and interviews the facility failed to maintain building construction as required by the Life Safety Code. This has the ability to affect all occupants in the building.  Findings include:  On 8-20-18 at approximately 10:30 am it was observed through observation and inspection that there is an unprotected through penetration in Equipment Storage Room 269 due to fire caulking not being maintained.  The Facility Maintenance Staff and Administrator witnessed this evidence by observation and interview.	K 161	K161  This penetration will be properly enclosed/repaired.  A facility audit did not reveal similar penetrations.  Appropriate maintenance/facilities staff will be educated regarding the prohibition of ceiling/wall penetrations.  This issue will be included on the quarterly life safety code audit. Documentation will be kept on file in the maintenance office.	9-7-18  8-21-18  9-5-18  9-7-18	
K 324 SS=F	Cooking Facilities CFR(s): NFPA 101	K 324			

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K 324	Continued From page 3  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2  This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based upon observations and interviews the facility failed to maintain cooking equipment as required by the Life Safety Code. This has the ability to affect all occupants in the building.  Findings include:  On 8-20-18 at approximately 12:02 pm it was observed through observation and inspection that the Kitchen hood vents in the ventilation	K 324	K 324  We are going to start cleaning these hood filters every week.  Checked the other hood filter in Therapy and did not reveal any similar issues.  The appropriate staff members will be educated regarding the importance of compliance with this matter.  A weekly report will be completed with a signature of who cleaned these filters. This report will be kept in the maintenance office.	8-27-18  8-21-18  9-5-18  8-27-18

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K 324	Continued From page 4 system have an accumulation of grease.  The Facility Maintenance Staff and Administrator witnessed this evidence by observation and interview.	K 324			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based upon observations and interviews the facility failed to maintain the fire alarm system as required by the Life Safety Code. This has the ability to affect all occupants in the building.  Findings include:  On 8-20-18 at approximately 11:42 am it was observed through observation and inspection that the fire alarm panel in Therapy Room 506 is obstructed by storage.  The Facility Maintenance Staff and Administrator witnessed this evidence by observation and interview.	K 345	K 345  This room will be cleaned out.  A facility audit did not reveal any similar storage issues in the other fire alarm rooms.  The appropriate staff members will be educated regarding the importance of compliance with this matter.  This issue will be included on the quarterly audit. Report will be kept in the maintenance office.	8-31-18  8-21-18  9-5-18  8-31-18	
K 362 SS=F	Corridors - Construction of Walls CFR(s): NFPA 101  Corridors - Construction of Walls 2012 EXISTING	K 362			

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K 362	Continued From page 5 Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Surveyor: 34730 Based upon observations and interviews the facility failed to maintain construction of corridor walls as required by the Life Safety Code. This has the ability to affect all occupants in the building.  Findings include:  On 8-20-18 at approximately 12:35 pm it was observed through observation and inspection that there is an unprotected through penetration in the corridor wall by Room 420.  The Facility Maintenance Staff and Administrator witnessed this evidence by observation and interview.	K 362	K 362  This penetration will be properly enclosed/repaired.  A facility audit did not reveal similar penetrations.  Appropriate maintenance/facilities staff will be educated regarding the importance of not having penetrations in walls/ceilings.  This issue will be included on the quarterly life safely code audit. Documentation will be kept on file in the maintenance office.	9-7-18  8-21-18  9-5-18  9-7-18
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101	K 363		

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K 363	<p>Continued From page 6</p> <p><b>Corridor - Doors</b> Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced</p>	K 363	<p>K 363</p> <p>This door's self closer and latching issue will be properly repaired.</p> <p>A facility audit did not reveal any similar issues.</p> <p>The appropriate staff members will be educated regarding the importance of compliance with this matter.</p> <p>A quarterly audit will be performed throughout the building to make sure the door closers work and the doors latch properly. Reports will be kept in the maintenance shop.</p>	<p>9-7-18</p> <p>8-21-18</p> <p>9-5-18</p> <p>9-7-18</p>	

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K 363	Continued From page 7 by: Surveyor: 34730 Based upon observations and interviews the facility failed to maintain doors in 2 hrs fire separation walls as required by the Life Safety Code. This has the ability to affect all occupants in the building.  Findings include:  On 8-20-18 at approximately 10:50 am it was observed through observation and inspection that the facility failed to maintain cross corridor fire doors labeled W2 DR10, the doors do not self close and latch completely.  The Facility Maintenance Staff and Administrator witnessed this evidence by observation and interview.	K 363			
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Surveyor: 34730	K 374			



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K 374	<p>Continued From page 8</p> <p>Based upon observations and interviews the facility failed to maintain doors in smoke barriers as required by the Life Safety Code. This has the ability to affect all occupants in the building.</p> <p>Findings include:</p> <p>On 8-20-18 at approximately 10:53 am it was observed through observation and inspection that the facility failed to maintain smoke barrier cross corridor doors labeled W1 DR1, the doors do not self close completely.</p> <p>The Facility Maintenance Staff and Administrator witnessed this evidence by observation and interview.</p>	K 374	<p>K 374</p> <p>This door's self closer and latching issue will be repaired.</p> <p>A facility audit did not reveal any similar issues.</p> <p>The appropriate staff members will be educated regarding the importance of compliance with this matter.</p> <p>A quarterly audit will be performed throughout the building to make sure the self closers work and the doors latch properly.</p> <p>Reports will be kept in the maintenance shop.</p>	<p>9-7-18</p> <p>8-21-18</p> <p>9-5-18</p> <p>9-7-18</p>	