



**Chesterfield County, Virginia**  
**Department of Mental Health Support Services**

6801 Lucy Corr Blvd - P. O. Box 92 - Chesterfield, VA 23832  
Phone: (804) 748-1227 - Fax: (804) 768-9205 - TDD: (804) 768-7200

**DEBBIE BURCHAM**  
Executive Director

**3/12/19**

**Mr. Calvin Dee Madsen**

**State Fire Marshal's Office**

**1005 Technology Park Drive**

**Glen Allen, VA 23059-4500**

Dear Mr. Madsen,

This letter is in response to the Life Safety Code Survey conducted on 3/4/19 at Galloway Place ICF-IID. The proposed Plan of Correction is embedded in this letter with a hard copy following by mail and by fax.

The POC includes the five components requested from your cover letter attached to the CMS 2567.

1. Door maintenance is being provided by Chesterfield County Services to ensure that the door latches and there is no more than a ½ inch gap between door and door stop.
2. All doors will be checked by the Program Supervisor to ensure they are latching properly, and any gaps are less than ½ inch.
3. Doors will be checked monthly by the Qualified Intellectual Disability Professional, (QIDP), during health and safety review of the facility.
4. Program Supervisor will complete quarterly audits of health and safety checks with extra focus on doors.
5. Completed by 4/12/19.

Please let me know if there is anything that is not covered by this proposed plan of correction or if you have any questions. I can be reached at (804)318-8839.

Sincerely,

Thomas C. Bowker

**Chesterfield County Community Services Board**

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

Printed: 03/04/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>GALLOWAY PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6831 WAY LUCY CORR DRIVE CHESTERFIELD, VA 23832</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	INITIAL COMMENTS  Description of structure: The facility one story with a construction type of II (000). Sprinkler status: The facility is fully sprinklered with a 13 system.  An unannounced recertification Life Safety Code survey was conducted 3/4/19 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation for Medicare and Medicaid.	K 000		
K0363	The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.470 et seq (Physical Environment)  Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and	K0363		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Thomas C. Bowker, Services Supervisor TITLE: \_\_\_\_\_ (X6) DATE: 3/12/19

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:  <b>49G071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>GALLOWAY PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6831 WAY LUCY CORR DRIVE CHESTERFIELD, VA 23832</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
--------------------	--	---------------	---	----------------------

K0363	<p>Continued From page 1 tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7</p> <p>This Standard is not met as evidenced by: Based upon observations that there is a corridor door that is not latching and has a gap that is greater than allowed..</p> <p>Findings include:</p> <p>Between 1:15 PM and 2:00 PM on 3/4/19 it is observed, that the corridor door to the quite room that is not latching and has a gap between the door stop and the door that is greater than 1/2".</p>	K0363	<ol style="list-style-type: none"> <li>1. Door maintenance is being provided by Chesterfield County General Services to ensure that the door latches and there is no more than a ½ inch gap between door and door stop.</li> <li>2. All doors will be checked by Program Supervisor to ensure they are latching properly and any gaps are less than ½ inch.</li> <li>3. Doors will be checked monthly by the QIDP during health and safety review of facility.</li> <li>4. Program Supervisor will complete quarterly audits of health and safety checks with extra focus on doors.</li> <li>5. Completed by 4/12/19.</li> </ol>	4/12/19
-------	--	-------	--	---------