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

PRINTED: 09/20/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING 01 - BUILDING 01 B. WING _____	09/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE AVE RICHMOND, VA 23226

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K 000	INITIAL COMMENTS Description of structure: The facility is a two story Type II (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 9/18/19 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, 483.90(a) et seq (Life Safety from Fire).	K 000	***"The statements made on this Plan of Correction are not An admission to and do not Constitute an agreement with The alleged deficiencies herein".*** ***Our date of Allegation of Compliance Is October 23, 2019.*** **K 222** **Corrective Action:** On 9/24/19, the parts to repair the egress doors at the end of the East and West Bradford hallways were ordered to alleviate sticking and to allow proper opening. Repairs will be completed within 1 week of receiving the parts. On 9/19/19, the entry door to Rm. #119 and the shower room was adjusted to allow for proper latching. On 9/19/19, the Bradford East and West cross corridor doors were adjusted to allow for proper latching. On 9/19/19, the door to the Mop room in the kitchen was Adjusted to allow for proper Latching.	9-24-19
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available	K 222		

TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nicole Triplett TITLE: Adm. (X6) DATE: 10-1-19

ciency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that eguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 owing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued participation.

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K 222	Continued From page 1 to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout	K 222	On 9/23/19, a 15 second delayed egress sign was installed on the delayed egress door by the elevator. **Other Potential Residents Affected:** Residents residing on the East and West hallways on the Bradford unit had the potential to be affected. On 9/19/19, a physical audit of other room doors and emergency egress doors with time delay locking systems with no other discrepancies noted. **Systematic Changes:** On 9/23/19, the Maintenance Director and other Maintenance staff were educated regarding the importance of maintaining room and emergency egress doors with proper time delay locking systems in accordance with NFPA 101 standards. In addition, weekly testing of such was added to the facility Preventative Maintenance Protocols.	9-23-19

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K 222	Continued From page 2 by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation ti was revealed that room doors and the emergency egress doors with time delay locking systems were not being maintained. Findings include: On 9-18-19 from 12:30 pm to 1:15 pm: 1) egress doors at the end of the East and West Bradford hallways were sticking and hard to open 2) door to room 119 was not latching 3) shower room door was not latching 4) Bradford East and West cross corridor doors were not latching 5) Mop room door in kitchen not latching 6) Delayed egress door by elevator needs 15 sec delayed egress sign These findings were confirmed by the Maintenance Director.	K 222	**Monitoring System:** Beginning 10/1/19, a weekly audit of the Preventative Maintenance testing protocols will conducted by the Administrator and/or her designee for four weeks and then monthly thereafter. Identified discrepancies will be addressed accordingly and as appropriate. Such will be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol.	10-1-19 and on-going
K 345 SS=D	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	K 345	**K 345** **Corrective Action:** On 9/25/19, a copy of the most recent smoke detector sensitivity report was obtained from inspection company. The facility will continue with a previous, regularly scheduled appointment for 10/3 – 10/4/19 for inspection of the fire system smoke detectors.	10-4-19

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K 345	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and record review it was revealed that the records for smoke detector sensitivity were unavailable. On 9-18-19 at 11:30 am it was revealed that the fire alarm smoke detector sensitivity report was not available. This was confirmed by the Maintenance Director.	K 345	**Other Potential Residents Affected:** Residents currently residing in the facility had the potential to be affected. **Systematic Changes:** On 9/23/19, the Maintenance Director and other Maintenance staff were educated regarding the importance of maintaining a copy of the fire alarm smoke detector sensitivity report upon inspection. In addition, this report was added to the facility Life Safety code binder and checklist to ensure compliance with NFPA 101 LSC Standards. **Monitoring System:** Beginning 10/5/19, upon completion of the already scheduled fire alarm smoke detector inspection a record review audit will be conducted by the Administrator and/ or her designee for the sensitivity report.	9-23-19 10-5-19 and On-going
K 362 SS=E	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING 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: Based on observation and interview, it was revealed that the facility corridor walls were not	K 362		

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K 362	Continued From page 4 being maintained. 128 of 128 patients and staff are affected. Example findings include: At approximately 1:00 pm on 9-18-19 it was revealed that there were unsealed penetrations above the ceiling near the west side door near room 124. At approximately 1:05 pm on 9-18-19 it was revealed that there was a flex conduit penetration near rooms 131-133. At approximately 1:10 pm on 9-18-19 it was revealed that there was an open 8 inch duct and other penetrations above the ceiling near the Communication Room by the front entrance. At approximately 1:20 pm on 9-18-19 it was revealed that there was an approximately 6 inch hole above the drop ceiling by the activities room. These findings were confirmed by the Maintenance Director.	K 362	Given this inspection is completed on a biannual basis, a record review audit will be conducted by the Administrator and or her designee for the sensitivity report biannually. Identified discrepancies will be addressed accordingly and as appropriate. Such will be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol. **K 362** **Corrective Action:** On 9/23/19, the unsealed penetrations above the ceiling near the west side door near room #124 were sealed, repaired and/or replaced. On 9/23/19, the flex conduit penetration near rooms #131-133 were sealed, repaired and/or replaced. On 9/23/19, the duct and penetrations above the ceiling near the communications room by the front entrance were sealed, repaired and/or replaced.	4-23-19
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 911		

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K 911	Continued From page 5 Based on observation and interview, it was determined that the electrical panels were not being maintained. On 9-18-19 from approximately 1:00 pm to 2:00 pm it was revealed that electrical panels in several locations contained breakers that were not labeled. Examples were: 1) Panels KP2 and KA in the kitchen 2) Panels HC and HK 3) Kitchen Office panel which was also blocked by a cart and there was an opening in the panel 4) Panels R1J and R1K in the water heater room. These findings were confirmed by the Maintenance Director.	K 911	On 9/23/19, the opening in the drop ceiling by the activity room was repaired and/or replaced. **Other Potential Residents Affected:** Residents residing in the facility had the potential to be affected. **Systematic Changes:** On 9/23/19, the Maintenance Director and other Maintenance staff were educated on the importance of maintaining the facility corridor walls as per NFPA 101 Standards. In addition, a weekly audit of the corridor walls for penetrations was added to the facility to the Preventative maintenance protocols as well. **Monitoring System:** Beginning the week of 10/1/19, a weekly audit of the corridor walls for penetrations will be conducted by the Administrator and/or her designee for four weeks and then monthly thereafter. Identified discrepancies will be addressed accordingly and as appropriate.	9-23-19 10/1/19 and On-going
K 918 SS=D	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 with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of	K 918		

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K 918	Continued From page 6 stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview and record review it was revealed that the emergency generator was not being tested per NFPA 110 2010. Findings include: At approximately 1:00 pm onn 9-18-19 there were no records indicating a 4 hour load test every 36 months. The findings were confirmed by the Maintenance Director.	K 918	Such will be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol. **K 911** **Corrective Action:** On 9/18/19, the cart was immediately removed from blocking the panel in the kitchen office. Beginning the week of 9/30/19, an electrician will be present to properly label panels KP2 and KA in the kitchen, panels HC and HK, panels R1J and R1K in the water heater room and to repair the opening in the panel in the kitchen office. **Other Potential Residents Affected:** Residents residing in the facility had the potential to be affected. **Systematic Changes:** On 9/19/19, Dining Services staff were educated regarding the importance of nothing blocking electrical panels.	10/4/19 9-23-19

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Extra Page 1

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Extra Page 3