June 10, 2019

Clark D Mitchell, CFO
Deputy Fire Marshall Office
Division 4 Office
1169 East Lee Highway
Chilhowie, VA 24319

RE: 2567 for GRMC

Dear Mr. Mitchell:

Please find enclosed my Plan of Correction for the Life Safety Survey conducted at Greenbrier Regional Medical Center 5/15/19.

As result of this Survey Greenbrier Regional Medical Center has contracted with Roy W. LeNeave of RWL Development (Class A Contractor – VA) to handle the door deficiencies noted in K-100. The inspection of the Facility's doors was conducted on June 7 – 8, 2019. Documentation is on site. Roy W. LeNeave will also serve as our consultant and project manager.

The Deficiencies noted after the inspection are numerous. As a result of the inspection, the facility will need to have some doors reclassified and others replaced. This is a large scale project that will take more time than is allotted during a normal survey cycle.

It is for this reason that we are asking for a Time Limited Waiver extension of 6 Months to consult with contractors and vendors for the repairs and/or replacement of the doors.

1017 George Washington Hwy. N. | Chesapeake, VA 23323 | 757-485-5500 | FAX 757-485-3414 | www.carringtonplaces.com

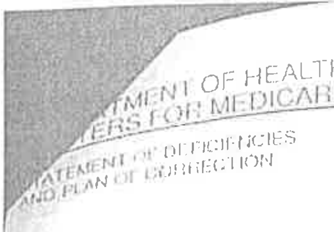
If you have any questions please feel free to contact me at 757-485-5500 ext. 224 or 352-443-9143 cell.

Respectfully,

R. Bruce McCorkle, LNHA

Cc: Michael Campbell, RVP

Roy LeNeave, Electrical Inspector



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

Printed: 05/28/2019
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
	495330	A. BUILDING 01 - MAIN BUILDING 01 B. WING	05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER REGIONAL MEDICAL CENTER	1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323

(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 Surveyor: 20696 Construction Type: V (000) Description of structure: One story framed structure. Sprinkler status: The facility is fully sprinklered with a NFPA 13 system of wet and dry pipe systems. The systems are supplied by municipal water. An unannounced routine Life Safety Code survey was conducted 05/15/2019 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	000 This plan of correction is respectfully submitted in response to deficiencies cited on 5/15/19. This plan of correction constitutes a written allegation of substantial compliance with the Federal Medicare and Medicaid requirements. The submission of this plan of correction does not constitute an agreement that the deficiencies exist, nor is it an admission that they existed. It is an expression of the Facilities desire to fully comply with the Medicare and Medicaid requirements.	
K 100 SS=E	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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. This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and	K 100	K 100 The Facility failed to provide a means of maintaining rated construction in accordance with NFPA 80 The Maintenance Director installed the door closure on the boiler room door.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ED/LNHA — (X6) DATE: 6/10/19

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.

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K 100	Continued From page 1 interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining rated constructions in accordance with NFPA 80. Findings include: - On 05/15/2019 at 02:32 pm., it was observed during record review there where no documentation on hand at the time of inspection that rated doors being inspected annually by individuals with knowledge and understanding of the operating components of the type of door being subject to inspecting. - On 05/15/2019 at 02:34 pm, it was observed during inspection that a large number of rated doors having rating labeled painted over, rating labels missing, not latching, damaged, door closures missing or removed, 90 minute door latching hardware removed, and floor lugs for possitive latching on 90 minute doors not provided (new flooring has been installed). - On 05/15/2019 at 02:36 pm, it was observed during inspection and interviews a large number of penetrations in rated wall assemblies are not being restored to the orginal wall rating and / or fire stopped correctly. Per further interviews maintenance director advised rated wall annual inspection had not been conducted throughout the facility. - On 05/15/2019 at 02:39 pm, it was observed during inspection delayed special locking arrangement magnet lock located on kitchen - outside rear exit egress door does not have signage being provided. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 100	Door parts will be obtained and reinstalled on the doors that are missing parts. The floor latches will be obtained and installed on the floor so assure the doors in the corridor close properly. Maintenance will have all the wall penetration's repaired with proper fire caulk and will monitor when our Vendors come in and penetrate the fire wall. Random audits will be done to assure continued compliance. The Facility is contracting with a Company that will do all our electrical testing and door inspections and will provide the Facility proof of compliance. This is going to take extra time due to what we need	

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K 211	Continued From page 2	K 211		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining clearance of egress and egress components in accordance with NFPA 101. Findings include: - On 05/15/2019 at 02:40 pm., it was observed during inspection there where in all corridors a large amount of obstructions impeding and restricting emergency egress. All items being left unattended in corridors were removed from all corridors prior to ending inspection by staff. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 211	***We are requesting a Time Limited Waiver to resolve our Door issue here at the Facility. (Please see Attachment A)*** We will deal with them every year to keep the Facility in compliance, so this will be a permanent fix. K 211 The Facility will keep the corridors free of obstructions unless in use. They include: The medication carts The treatment Carts Linen Carts and Resident Wheel Chairs unless the Resident is sitting in the wheel chair. The Facility Administrator has conducted In-services and posted signage and has staff checking daily to keep the hallways clear of the above items.	11/1/19
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance	K 345		

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K 345	Continued From page 3 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: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining testing and maintenance of the fire alarm system in accordance with NFPA 72. Findings include: - On 05/15/2019 at 02:58 pm., it was observed during record review annual testing report advises room 215 has a damaged smoke detector and fire doors at room 303 the magnet hold opens are not releasing upon activation of the fire alarm system. . The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 345	The Administrator will do random audits to assure compliance and will take findings to the Monthly QAPI meeting and report results the next 2 or 3 months or until substantial compliance is achieved. K 345 The Facility will provide means of maintaining testing and maintenance of our Fire Alarm system in accordance with NFPA 72 The Damaged smoke detector in room 215 was replaced. The Maintenance dept. will develop a log that will check all smoke detectors in the building at least once a Month to assure that all are working.	6/30/19
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection,	K 353		

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K 353	Continued From page 4 Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____________ b) Who provided system test _____________ c) Water system supply source _____________ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696 Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining the maintenance of the sprinkler system in accordance with NFPA 25. Findings include: - On 05/15/2019 at 02:54 pm., it was observed during record review the last annual fire pump annual testing report is dated 05/15/2018. - On 05/15/2019 at 02:55 pm., it was observed during record review the last annual fire pump annual testing report is dated 05/15/2018. Advises fire pump packing is leaking with no documentation supporting repairs have been made. - On 05/15/2019 at 02:56 pm., it was observed during record review five year gauge calibration testing are past due. - On 05/15/2019 at 02:57 pm., it was observed	K 353	The Fire doors by room 303 the magnet hold opens have been serviced and are now releasing properly. All magnetically held back doors will be tested monthly to assure continued compliance. A log will be kept showing the testing and results of the testing Both logs will be brought to the Monthly QAPI for 2 – 3 Months to assure that continued compliance is achieved. K 353 the Facility will provide means of maintaining the sprinkler system in accordance with NFPA 25 The Sprinkler system has the 5-year test completed. The Pump packing that was leaking was fixed and documentation will be obtained.	6/30/19

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K 353	Continued From page 5 during record review five year internal piping inspections are past due. - On 05/15/2019 at 02:58 pm., it was observed during record review annual testing report advises water motor gong is not operational. The findings potentially affect all residents, visitors, and staff within the structure. The Director of Maintenance acknowledged these findings through observation and interview.	K 353	The 5 year gauge calibration that was due was done and completed with documentation obtained The 5 year internal piping that was due has been done with documentation has been obtained The Motor Gong was replaced and is now working properly, and documentation obtained. All the above items will be put in a Monthly log book that will be brought to our Monthly QAPI to assure that all of our equipment is in good working order at all times.	6/30/19

Attachment A

As a result of the life safety survey conducted by the Fire Marshal on May 15, 2019; Greenbrier Medical Center has contracted with Roy W. LeNeave of RWL Development (Class "A" Contractor – VA) to handle the door deficiencies noted in K-100. The inspection of all facility's doors was conducted on June 7-8, 2019.Documentation is on-site. Roy W. LeNeave will also serve as our consultant and project manager.

The deficiencies noted after the inspection are numerous. As a result of the inspection the facility will need to have some doors reclassified and others replaced. This is a large-scale project that will take more time than is allotted during a normal survey cycle.

It is for this reason that we are asking for a time waiver extension of 6 months to coordinate with contractors and vendors for the repairs and/or replacement of doors.