

214 Weaver Avenue, Emporia, Virginia 23847 | Phone (434) 348-2150

December 28, 2018

Calvin Dee Madsen

State Fire Marshall's Office

1005 Technology Park Drive

Glen Allen, VA 23859-4500

RE: GREENSVILLE HEALTH AND REHABILITATION CENTER TIME LIMITED WAIVER REQUEST

Dear Mr. Madsen;

I am writing to request a "time limited waiver" of the citations listed below for Greensville Health and Rehabilitation Center cited in BUILDING 01- MAIN BUILDING 01:

K 161	Exposed beam clamps fire prote	cted				3/31/18
K 321	storage room constructed to pro	ovide smoke p	artitions/	self-closing	/latch	3/31/18
К 363	doors adjusted or replaced					3/31/18
K 374	doors adjusted or replaced					3/31/18

I am also requesting a "time limited waiver" of the citations listed below in BUILDING 02-REHAB KITCHEN AND DINING:

K 161	access door installation/self-closing and latching	3/31/18
K 211	Egress door equipped with compliant locks	3/31/18
K 321	fire rated doors in laundry, linen storage with required vision panels	3/31/18
K 324	kitchen exhaust hood installation corrected	3/31/18
K 363	dining room doors have closing/latching devices with push/pull release	3/31/18
К 374	smoke barrier rated fire doors have astragal and fire rated glazed panels	3/31/18
K 911	separate independent labeled emergency system and generator stop button	3/31/18

The repair of these deficiencies does not materially affect the overall level of safety and the fire safety characteristics of the facility will not be compromised. The reason for the "time limited waiver request" is to

enable the parties involved to coordinate and schedule all work to be done, obtain parts requiring 4-6 weeks for guaranteed delivery and labor shortages due to the holiday season staffing and business holiday closings within my completion date window.

We do not plan any system shut downs and will provide supervision of all workers in the facility at all times to assure safety for our residents. We have increased our number of fire drills to assure staff preparation and are providing added inservice education regarding resident safety.

My goal for completion is 60 days from the date of the survey as you and I discussed. With your approval I have entered the 60 days date of 02/03/2018 and the requested "time limited waiver" of 3/31/2018 to assure the receipt of all needed parts and labor. I am making this request for the "time limited waiver" within the ten days required therefore work orders and stages of completion is not available. I am unable to adequately determined a timeline or a 'firm" completion date prior to the required waiver submission date of today.

Your consideration of my request for a "time limited waiver" of an additional 45 days will be appreciated.

8Incerely

Janet C. White

Administrator

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

Printed: 12/11/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		l` '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		495199		B. WING		12/04/2018
	OVIDER OR SUPPLIER	EHABILITATION CEN	STREET ADDRE 214 WEA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
K 000	INITIAL COMMENTS	}		K 000		
√K 161 SS=D	masonry structure Ty Sprinkler Status: Full An unannounced Sta Safety Code Survey accordance with 42 (Part 483: Requireme Facilities. The facility compliance using the regulations. The faci the Requirements fo Medicaid. The findings that foll- non-compliance with Regulations, 483.70(a) et seq (Lif Building Construction CFR(s): NFPA 101 Building Construction 2012 EXISTING Building construction Table 19.1.6.1, unles 19.1.6.2 through 19. 19.1.6.4, 19.1.6.5 Construction	ndard Recertification L was conducted on 12/4 Code of Federal Regula ents for Long Term Care was surveyed for ELSC 2012 Existing lity was not compliance r Participation Medicare ow demonstrate Title 42 Code of ESafety from Fire.) Type and Height Type and Height Type and stories meet so otherwise permitted 1.6.7	ife l/18 in ation, with a and	K 161	 Exposed beam clamps atte to the fire protected structural been fire protected the required protection for structural steel near the enurses station Inspection has been considered and there are no other expose beam clamps in the ceiling. Maintenance Director was above the ceiling on a massis to maintain compliance. Maintenance Director was above the ceiling on a massis to maintain compliance. Maintenance Director was above the ceiling on a massis to maintain compliance. 	to provide to provide or the east ducted by coassure used ing will inspect monthly will report monthly results to the
LABORATOF	DIRECTOR'S OR PROVID	er/supplier representati	E'S SIGNATURE		HOMINISTIPSU	(X6) DATE 13/38/18

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 those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		MEDICAID SERVICES		T		OMB NO	D. 0938-0391
	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		1	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SUF COMPLET	
		495199		B. WING		12/04	4/2018
	ROVIDER OR SUPPLIER		STREET ADDRI	ESS CITY, ST	ATE, ZIP CODE		
GREENS'	VILLE HEALTH AND R	EHABILITATION CEN		AVER AVE A, VA 238	47		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REG ENTIFYING INFORMATION)	BULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS			K 000			
	Description of structu masonry structure Ty	re: The facility is a one s pe II (111).	story				
	Sprinkler Status: Fully	sprinklered - NFPA 13	d), disp contains and provide an article and article article and article article and article article article article and article article article article			-	
	Safety Code Survey vaccordance with 42 C	ndard Recertification Life was conducted on 12/4/1 code of Federal Regulati nts for Long Term Care	18 in				•
	Facilities. The facility compliance using the regulations. The facili the Requirements for Medicaid.		vith and				
	The findings that follo non-compliance with Regulations, 483.70(a) et seq (Life	Title 42 Code of					
K 161 SS=D		Type and Height	To the state of th	K 161			
O CONTRACTOR CONTRACTO	Building Construction 2012 EXISTING						
	Table 19.1.6.1, unless 19.1.6.2 through 19.1.1.6.5	type and stories meets otherwise permitted by 6.7	ni.				
	Construction 1 I (442), I (332 stories	2), II (222) Any numb	per of			The second secon	
51	sprinklered	non-sprinklered and		The state of the s			
	2 II (111) non-sprinklered	One story Maximum 3 stories					
AROPATORY	sprinklered						
- DONATORT	DINECTOR 3 OR PROVIDER,	SUPPLIER REPRESENTATIVE'S	S SIGNATURE		TITLE	(X	6) 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

12/11/2018 FORM APPROVED

DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & N			
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3)

Printed: 12/11/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	495199	B. WING	12/04/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GREENSVILLE HEALTH AND REHABILITATION CEN

214 WEAVER AVE EMPORIA VA 23847

		PORIA, VA 2384	7	
(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 161	Continued From page 1	K 161		
	3 II (000) Not allowed non-sprinklered 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: Based upon observations there is damaged or missing fire proofing to maintain the required fire resistance ratings of the assemblies. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there is exposed beam clamps attached to the fire proofed structural beans, exposed structural steel that is not fire proofed to provide the required fire protection of the structural steel near the east nurses station above the ceiling.			
1	Protection - Other CFR(s): NFPA 101	K 300		
	Protection - Other			

DEPARTM CENTERS	ENT OF HEALTH AN	D HUMAN SERVICES MEDICAID SERVICES			-			12/11/2018 M APPROVED D. 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBE		(X2) MULTIPL A. BUILDING		STRUCTION AIN BUILDING 01	(X3) DATE SUR COMPLETI	
		495199		B. WING	····	·	12/04	4/2018
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP	CODE		
GREENSV	ILLE HEALTH AND R	EHABILITATION CEN		AVER AVE RIA, VA 2384	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE SENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 300	18.3 and 19.3 Protect not addressed by the deficient. This inform applicable Life Safet	S section any LSC Sect tion requirements that provided K-tags, but a	are are	K 300		All fire rated doors will be a "certified" in Fire Door I Any new or changed door Inspected upon installatio	nspector s will be	A principal principal de Constitution (Constitution Constitution Const
	by: Based upon review o	T is not met as evidence of documentation and vas no documentation for inspections.				Facility will only install cor and will assure required a fire door inspections are Maintenance Director will doors quarterly to assure and will review results with	nnual conducted l inspect faci compliance th	
√K 321 SS=D	Between 10:30 AM a observed that the ar report was not availated Hazardous Areas - ECFR(s): NFPA 101		n	K 321	1.	Administrator to assure of Storage room across from now has a self-closing/lat and a smoke resisting par	n room #174 ched door tition	Address county contract members accommon to
	, ,	sistance rating (with 3/- in automatic fire exting			2.	Maintenance Director ins other areas in need of fire	•	

systems and or smoke partitions to assure

Include observation of spaces 50 sq ft

4. Inspections will be reviewed with Administrator

to 100 Sq Ft in size for compliance

compliance

3. Quarterly inspections will

To assure compliance

19.3.2.1, 19.3.5.9

from the bottom of the door.

system in accordance with 8.7.1 or 19.3.5.9.

system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.

When the approved automatic fire extinguishing

Doors shall be self-closing or automatic-closing

and permitted to have nonrated or field-applied

protective plates that do not exceed 48 inches

hazardous areas that are deficient in REMARKS.

Describe the floor and zone locations of

		D HUMAN SERVICES MEDICAID SERVICES							ORM	12/11/20 APPROVE 0938-03	ED	
STATEMENT C		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01					(X3) DATE SURVEY COMPLETED		
		495199		B. WING				1	2/04/	2018		
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDF	ESS, CITY, STATE	E, ZIP CODE							
GREENSV	ILLE HEALTH AND R	EHABILITATION CEN		AVER AVE IA, VA 23847	•							
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CO	DER'S PLAN O DRRECTIVE AC FERENCED TO DEFICIEN	TION SHOU THE APPRO	LD BE		(X5) COMPLETION DATE	N	
K 321	Continued From pag	e 3		K 321								
	c. Repair, Maintenand. Soiled Linen Roome. Trash Collection Receded (exceeding 64 gallong). Combustible Storat (over 50 square feet) g. Laboratories (if cla Hazard - see K322). This REQUIREMENT by: Based upon observation of fire resistant rating	red Heater Rooms han 100 square feet) ce, and Paint Shops ns (exceeding 64 gallor cooms s) ge Rooms/Spaces assified as Severe T is not met as evidenc tions hazardous areas ovide required separatio gs for the hazardous are	ns) ced are on and eas.									
		are not self closing and low smoke and hot gas										
	observed that there in room 174 that is less than 50 sq. ft. and is	and 2:00 PM on 12/4/18 is storage room across is than 100 sq. ft. and gr not constructed to prov partitions and the door	from eater vide									
√ _{K 341} SS=D	l	Installation		K 341					-			
	components approve	Installation s installed with systems ed for the purpose in PA 70, National Electric										

Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied,

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

Printed: 12/11/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

495199

B. WING_

12/04/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GREENSVILLE HEALTH AND REHABILITATION CEN

214 WEAVER AVE EMPORIA, VA 23847

(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) COMPLETIC DATE
K 341	Continued From page 4	K 341	
	detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8		 Visual notification device has been Installed in the office that was changed to a break/locker room Quarterly fire alarm inspection will include assuring that visual notification
			is present where required 3. Maintenance Director will assure
	This REQUIREMENT is not met as evidenced by: Based upon observations of the fire alarm system that there are areas where the visual notification device is not installed according to NFPA 72.		installation and inspection of fire alarm system as required
	Findings include		Maintenance Director will report inspection results to Administrator to assure compliance
	Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that an office has been changed to a break locker room and there is no visual fire alarm device installed in the room.		02/03/2019
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING	K 351	Sprinkler head that was located less than 4" from the wall in oxygen storage has been relocated
	Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection		Facility inspection has been done by the Maintenance Director to assure that sprinkler heads are properly located
	measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and		3. Quarterly required sprinkler inspection will include checking for appropriately located sprinkler heads4. Quarterly reviews will be presented

DEPARTM CENTERS	ENT OF HEALTH AN	D HUMAN SERVICES MEDICAID SERVICES				12/11/2018 M APPROVED D. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SUI COMPLET	
		495199 B. WNG			12/0	4/2018
	OVIDER OR SUPPLIER	EHABILITATION CEN 21	T ADDRESS, CITY, STAT 4 WEAVER AVE MPORIA, VA 2384			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATOF ENTIFYING INFORMATION)	ID RY PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 351	required by NFPA 13 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19 19.4.2, 19.3.5.10, 9.7 This REQUIREMENT by: Based upon observathat there is a system according to NFPA 1 Findings include Between 10:30 AM a observed that there	overs the closet footprint as Standard for Installation of 9.3.5.3, 19.3.5.4, 19.3.5.5, 7, 9.7.1.1(1) Γ is not met as evidenced tions of the sprinkler system in that has not been installed	K 351			
K 353 SS=D	storage room across Sprinkler System - N CFR(s): NFPA 101 Sprinkler System - N Automatic sprinkler inspected, tested, ar with NFPA 25, Stand Testing, and Maintai Protection Systems, maintenance, inspec	from activity dining. Maintenance and Testing Maintenance and Testing and standpipe systems are and maintained in accordance dard for the Inspection, ning of Water-based Fire Records of system design, ction and testing are ure location and readily ystem last checked	K 353	 Duct work and low velaying on sprinkler piper nurses station has becompliance Maintenance Director ceiling to assure corrector compliance Quarterly inspections Director with documents 	oing near the ea en moved for r inspected all a ections for s by Maintenand	reas in

02/03/2019

4. Inspection results will be reviewed with

the Administrator

to assure compliance

9.7.5, 9.7.7, 9.7.8, and NFPA 25

system.

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler

This REQUIREMENT is not met as evidenced

DEPARTM	ENT OF HEALTH AN	D HUMAN SERVICES				12/11/2016 1 APPROVED 2. 0938-0391
STATEMENT O	FOR MEDICARE & IN F DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SUR COMPLETE	VEY
		495199	B. WING		12/04	1/2018
05.00	WALL OF CHEEN ILE	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
	OVIDER OR SUPPLIER ILLE HEALTH AND R	EHABILITATION CEN 214 WI	EAVER AVE RIA, VA 2384			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
K 353	Continued From pag	ie 6	K 353			-
K 333	by: Based upon observa	tions of the sprinkler system intenance of the system is				
	Findings include					
	observed that there	and 2:00 PM on 12/4/18, it is is ductwork and low voltage sprinkler piping near the east				
K 363	Corridor - Doors		K 363			perconagnet de la constantina del constantina de la constantina del constantina de la constantina de l
SS=D	required enclosures hazardous areas res and are made of 1.3 wood or other mater at least 20 minutes. smoke compartmen the passage of smo to rooms containing materials have positions.	rridor openings in other than of vertical openings, exits, or sist the passage of smoke 6/4 inch solid-bonded core rial capable of resisting fire for Doors in fully sprinklered ts are only required to resist ke. Corridor doors and doors flammable or combustible tive latching hardware. Roller		 All corridor doors have adjusted to assure that no gap that would allo pass thru the doors Corridor doors will be to assure compliance Quarterly fire alarm in include corridor door or 	t there is w smoke to inspected wee spections will	kly
	requirements do not do not contain flammaterial. Clearance between covering is not excecomplying with 7.2. with a device capab when a force of 5 lb impediment to the complete	ed by CMS regulation. These tapply to auxiliary spaces that mable or combustible bottom of door and floor seding 1 inch. Powered doors 1.9 are permissible if provided ble of keeping the door closed if is applied. There is no closing of the doors. Hold open		4. Inspection results will the Administrator to a	ssure complia	
		e when the door is pushed or d. Nonrated protective plates				

of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames

DEPARTM CENTERS	ENT OF HEALTH A	AND HUMAN SERVICES & MEDICAID SERVICES					12/11/2018 RM APPROVED IO. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1' '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		495199		B. WING		12/	04/2018
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GREENS\	ILLE HEALTH AND	REHABILITATION CEN		AVER AVE RIA, VA 2384	.7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY N	Y STATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL RE CIDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 363	shall be labeled at materials in comples moke compartme window assemblie sprinklered comparestrictions in area frames in window 19.3.6.3, 42 CFR and 485 Show in REMARK protection ratings etc. This REQUIREMI by: Based upon obsetthere are doors for	and made of steel or other liance with 8.3, unless the ent is sprinklered. Fixed fires are allowed per 8.3. In artments there are no a or fire resistance of glass assemblies. Parts 403, 418, 460, 482, 483 details of doors such a automatics closing device. ENT is not met as evidence are that word that had a gap that word that could allow smokely and size of the steel of the stee	ee s or 483, s fire es, ced ors	K 363			
	Findings include Between 10:30 A observed that the gap that is greate	M and 2:00 PM on 12/4/18 corridor door to room 178 r than a ½" between the cone top edge of the door.	5 has a				

SS=E

K 374 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

K 374

VVX121

If continuation sheet Page 8 of 12

CENTERS	FOR MEDICARE &	MEDICAID SERVICES				OIVID INC	. 0938-0391
STATEMENT (DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		1	E CONSTRUCTION 01 - Main Building 01	(X3) DATE SUR' COMPLETE	
		495199		B. WING		12/04	/2018
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STAT	E, ZIP CODE		
GREENSV	ILLE HEALTH AND	REHABILITATION CEN		VER AVE A, VA 2384	; 7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	STATEMENT OF DEFICIENCIES JST BE PRECEDED BY FULL REGU IDENTIFYING INFORMATION)	JLATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 374	egress travel. Door clear width of 32 in doors. 19.3.7.6, 19.3.7.8, This REQUIREME by: Based upon observated doors have g	swing in the direction of opening provides a minimuches for swinging or horizo	ntal d re the	K 374	 All corridor doors have been adjusted to assure that there is no gap to would allow smoke to pass thru the doors Corridor doors will be to assure compliance 	re that hat	dy
	Findings include Between 10:30 AM observed that the 1 that have gaps are minus 1/16" betwe doorstop, between	I and 2:00 PM on 12/4/18, if ire rated smoke barrier doo greater than 1/8" plus or en the doors, the door and the face of the door and the ity dining required by NFPA	ne		3. Quarterly fire alarm in include corridor door4. Inspection results will the Administrator to a	checks be reviewed wi	
K 712 SS=0	observed that ther doors near the lock between the doors inch plus or minus NFPA 80. Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include to signal and simulate conditions. Fire drills least quarterly on with procedures and established rout conducted between	If and 2:00 PM on 12/4/18, the are fire rated smoke barricker room that have gaps that is greater than 1/8 of 1/16 of an inch required by the transmission of a fire alation of emergency fire ills are held at expected an under varying conditions, a teach shift. The staff is family and is aware that drills are pitine. Where drills are in 9:00 PM and 6:00 AM, a ment may be used instead of	arm d it liar art	K 712		TI	W 3/31/18

Printed: 12/11/2018 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTM	ENT OF HEALTH ANI FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES						12/11/2018 M APPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		(X2) MULTIPLE A. BUILDING (STRUCTION NIN BUILDING 01	(X3) DATE SUF COMPLET	
		495199		B. WING			12/0	4/2018
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP (CODE		
GREENSV	ILLE HEALTH AND R	REHABILITATION CEN		AVER AVE IA, VA 23847	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BY BE PRECEDED BY FULL RE- DENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 712	by: Based upon observa	7.1.7 T is not met as evidenc tions and review of he fire drills were not	ed	K 712	1. 2.	Fire drills are conducted bit varying times for safety and Documentation of fire drill will be signed by the Admit well as the Maintenance D	d compliai ls nistrator a	
	during review of doc	nd 10:30 AM on 12/4/18 umentation it is observe ot conducted at varying	d that		3. 4.	Fire drills with varying tim will be conducted each que Maintenance Director will	arter	e drill
K 919	as noted below: 3 - 11 shift was done 3 - 11 shift was done 3 - 11 shift was done 7 - 3 shift was done 7 - 3 shift was done 7 - 3 shift was done 11 - 7 shift was done 11 - 7 shift was done	e on 2/22/18 at 3:40 PM e on 5/30/18 at 3:45 PM e on 8/24/18 at 3:50 PM e on 11/30/18 at 3:15 PM on 1/29/18 at 2:12 PM on 4/27/18 at 2:30 PM on 7/20/18 at 2:20 PM e on 12/20/17 at 5:45 AM e on 9/12/18 at 4:45 AM	Л	K 919		documentation with Admito assure compliance Abandoned, exposed wiresthe ceiling opposite the dinurses office has been rem	s above ector of	02/03/2019
SS=E	l	t - Other		1319	2.	Above ceiling inspections v	was condu	cted

Electrical Equipment - Other
List in the REMARKS section any NFPA 99
Chapter 10, Electrical Equipment, 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 10 (NFPA 99)
This REQUIREMENT is not met as evidenced
by:

Based upon observations the electrical systems

and equipment is not being maintained.

to assure compliance

3. Quarterly inspections by Maintenance Director with documented report

 Inspection results will be reviewed by Maintenance Director with Administrator to assure compliance

02/03/2019

		D HUMAN SERVICES MEDICAID SERVICES	N. T.			12/11/2018 MAPPROVED O. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SUI COMPLET	
		495199	B. WING		12/0	4/2018
	OVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE		
GREENS\	/ILLE HEALTH AND R		EAVER AVE RIA, VA 2384	7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 919	Continued From pag	e 10	K 919	7		
	Findings include					
	observed that there i	nd 2:00 PM on 12/4/18, it is s low voltage cable that is ying on ceiling near the east the ceiling.				
	observed that there a	and 2:00 PM on 12/4/18, it is are abandoned exposed and opposite the director of				
K 920		- Power Cords and Extens	K 920	4	t-i baya	e e e e e e e e e e e e e e e e e e e
SS=D	Electrical Equipment Extension Cords	- Power Cords and ient care vicinity are only		Non approved powe been removed from 172 & 188		
	used for components patient-care-related (PCREE) assembles	s of movable		Full facility inspection conducted to assure		
·	10.2.3.6. Power stripmay not be used for electronics), except in	os in the patient care vicinity non-PCREE (e.g., personal n long-term care resident		Weekly angel round power strip checks		iance
	PCREE meet UL 130 strips for non-PCRE	e PCREE. Power strips for 63A or UL 60601-1. Power E in the patient care rooms		4. Administrator/desig		
	care rooms, power s	neet UL 1363. In non-patient trips meet other UL r strips are used with general				02/03/2019

10.2.4.

precautions. Extension cords are not used as a

10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced

substitute for fixed wiring of a structure.

Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of

DEPARTM CENTERS	ENT OF HEALTH AN	ID HUMAN SERVICES MEDICAID SERVICES					12/11/2018 M APPROVED O. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBE		1 ' '	CONSTRUCTION - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		495199		B. WING		12/0	4/2018
	OVIDER OR SUPPLIER	REHABILITATION CEN	214 WE	ess, city, state AVER AVE IA, VA 23847	, ZIP CODE		·.
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 920	that there is non-appused in patient care Findings include Between 10:30 AM observed that there	ations the electrical syst proved power strips beir	ng 3, it is er strip	K 920			

Printed: DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 02 - REHAB KITCHEN AND DINING AND PLAN OF CORRECTION COMPLETED 495199 B. WING 12/04/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **GREENSVILLE HEALTH AND REHABILITATION CEN** 214 WEAVER AVE EMPORIA, VA 23847 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 Description of structure: The facility is a one story masonry structure Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 12/4/18 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 compliance with the Requirements for Participation Medicare and Medicaid. 1. Manufacturers installation instructions obtained The findings that follow demonstrate and appropriate installation assured non-compliance with Title 42 Code of self-closing and latching added to roof ceiling Regulations.

K 161

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

483.70(a) et seq (Life Safety from Fire.)

Building Construction Type and Height

Construction Type

I (442), I (332), II (222)

Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by

K 161 Building Construction Type and Height

SS=D CFR(s): NFPA 101

2012 EXISTING

19.1.6.4, 19.1.6.5

stories

sprinklered

sprinklered

non-sprinklered

19.1.6.2 through 19.1.6.7

II (111)

TITLE

access door

throughout the facility

to assure compliance.

compliance

compliance

2. Maintenance Director will inspect facility for any similar access doors to assure compliance

3. Any access door additions or changes will

be inspected by the Maintenance Director

4. Maintenance Director's quarterly checklist will

include a check of all access doors to assure

(X6) DATE

TLW 3/31/18

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.

Any number of

non-sprinklered and

One story

Maximum 3 stories

DEPARTM CENTERS	ENT OF HEALTH ANI FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES						12/11/2018 M APPROVED O. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			LE CONSTRUCTION 02 - REHAB KITCHEN	N AND DINING	(X3) DATE SU COMPLET	
		495199		B. WING			12/0	4/2018
NAME OF DR	OVIDER OR SUPPLIER		STREET ADDRI	ESS, CITY, STA	TE, ZIP CODE			
		EHABILITATION CEN		AVER AVE A, VA 2384	17			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGI ENTIFYING INFORMATION)	JLATORY	ID PREFIX TAG	(EACH COR	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 161	Continued From page	je 1		K 161				
	3 II (000)	Not allowed						
	non-sprinklered							
	4 III (211)	Maximum 2 storie	S		-			
	sprinklered							
	5 IV (2HH)							
	6 V (111)							
	7 III (200)	Not allowed						
	non-sprinklered							
	8 V (000)	Maximum 1 story						
	sprinklered							
	Sprinklered stories n							
		proved, supervised autor	natic					
	1 -	ce with section 9.7. (See						
	19.3.5) Give a brief descript	ion, in REMARKS, of the						
		mber of stories, including						
		n which patients are loca						
		fire barriers and dates o						
		sketch or attach small flo	or					
	plan of the building							
		T is not met as evidence	ea					
	by:	ations there is a fire rated					÷	
		d in the fire rated roof ce						
		installed according to the						
		tion instructions and is n						
-	1	hing to maintain the requ is of the assemblies.	ired					
	me resistance raung	go or the adoctribiles.						
	Findings include							
		and 2:00 PM on 12/4/18,	it is	1				
		e rated access door to the						
	1	oly is not self-closing and						
I	latching In addition	the fire rated access do	or is	l	1			1

K 211 Means of Egress - General SS=D CFR(s): NFPA 101

installation instructions.

not installed according to manufacturer's

K 211

Printed: 12/11/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY, (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A. BUILDING 02 - REHAB KITCHEN AND DINING COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 495199 B. WING 12/04/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 214 WEAVER AVE GREENSVILLE HEALTH AND REHABILITATION CEN EMPORIA, VA 23847 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 211 K 211 Continued From page 2 Means of Egress - General 1. Egress doors from the enclosed courtyard Aisles, passageways, corridors, exit discharges, will be equipped with compliant locks exit locations, and accesses are in accordance with Chapter 7, and the means of egress is 2. Courtyards have been inspected by Maintenance continuously maintained free of all obstructions to full use in case of emergency, unless modified by Director to assure compliant locking devices 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 3. Any newly added or changed doors will be This REQUIREMENT is not met as evidenced by: inspected assure compliance Based upon observations that there are doors that are equipped with locking devices that could 4. Maintenance Director will inspect courtyard restrict degrees from a space inside the building. doors quarterly to assure proper locking Findings include device and function is compliant TLW 3/31/18 Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that her egress door from the enclosed courtyard is equipped with thumb latches to unlock the door and requires special knowledge to unlock the doors in the direction of egress. K 300 K 300 Protection - Other 1. All fire rated doors will be inspected by SS=D CFR(s): NFPA 101 a "certified" in Fire Door Inspector Protection - Other List in the REMARKS section any LSC Section 2. Any new or changed doors will be 18.3 and 19.3 Protection requirements that are Inspected upon installation for compliance not addressed by the provided K-tags, but are

3. Facility will only install compliant doors

4. Maintenance Director will inspect facility

doors quarterly to assure compliance

Administrator to assure compliance

and will assure required annual fire door inspections are conducted

and will review results with

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

observations there was no documentation for the

Based upon review of documentation and

DEPARTM	ENT OF HEALTH AN	D HUMAN SERVICES MEDICAID SERVICES						12/11/2018 1APPROVED 0.0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPL A. BUILDING		STRUCTION E HAB KITCHEN AND DINING	(X3) DATE SUR COMPLETE	
		495199	6.	B. WING		Company of the Compan	12/04	/2018
NAME OF PRO	OVIDER OR SUPPLIER	<u> </u>	STREET ADDR	ESS, CITY, STA	TE, ZIP	CODE		
		REHABILITATION CEN	. —	AVER AVE IA, VA 2384	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
K 300	Continued From pag	ne 3		K 300				
11 300	annual fire rated doo							
	amaa me ratea acc	торосполо.						
·	Findings include		1					
	-							
		and 2:00 PM on 12/4/18						
ă.		nual fire door inspectio	n					
	report was not availa	able at time of survey.						
K 321	Hazardous Areas - E	Enclosure		K 321	1.	Fire rated doors in laundry	room,	
SS=E	CFR(s): NFPA 101					linen storage and storage r	oom now	
	Lidrug Arono F	-nalagura				have the required vision pa		
	Hazardous Areas - E	e protected by a fire ba	rrier			assure safety and compliar		
		sistance rating (with 3/						
	fire rated doors) or a	n automatic fire exting	uishing			as self-closing devices and	lateries as	
		ce with 8.7.1 or 19.3.5.9				required .		
		automatic fire extinguis	shing				4	
		ed, the areas shall be			2.	Audit of service area cond	ucted to ass	sure
		r spaces by smoke res in accordance with 8.4				that all doors are in comp	liance	
		closing or automatic-clo						
		ve nonrated or field-app			3.	Maintenance Director will	inspect any	1
		it do not exceed 48 incl			5.	new or replaced/changed		
	from the bottom of t	he door.				upon installation to assur		re.
	Describe the floor a		• 5140			upon installation to assur	c complian.	
		at are deficient in REM/	ARKS.				a dana hu l	Maintonanc
	19.3.2.1, 19.3.5.9				4.			
	Area	Automatic Sprir	nkler			Director and reviewed wit	th administr	ator to
	Separation N	·				assure compliance.		. L
	a. Boiler and Fuel-F						7	LW 3/31/18
		than 100 square feet)						
-		nce, and Paint Shops	· · · · · · · · · · · · · · · · · · ·		1			
	d. Soiled Linen Roo e. Trash Collection	ms (exceeding 64 gallo	JIIS)					
2.	(exceeding 64 gallo							-
,	f. Combustible Store							
	(over 50 square fee							
	g. Laboratories (if c							
	Hazard - see K322)							

This REQUIREMENT is not met as evidenced

DEPARTM CENTERS	ENT OF HEALTH AN	D HUMAN SERVICES MEDICAID SERVICES						12/11/2018 APPROVED 0. 0938-0391
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		495199		B. WING			12/04	1/2018
NAME OF PR	OVIDER OR SUPPLIER	S	TREET ADDR	ESS, CITY, STAT	E, ZIP CODE			
		REHABILITATION CEN		AVER AVE A, VA 2384	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGUI SENTIFYING INFORMATION)	LATORY	ID PREFIX TAG	(EACH CORF	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 321		ge 4 tions hazardous areas are ovide required separation a		K 321				
	or fire resistant rating There are doors that latching, are damage the required listing for	gs for the hazardous areas are not self closing and ed and doors that do not he or door hardware that could gasses to pass through th	ave					
	observed that the vis in the fire rated door linen storage room, Referenced by NFP	and 2:00 PM on 12/4/18, it sion panels that are installe is to the laundry rooms, cle and storage rooms. A 101 2000 edition new in effect at time when the	ed ean					
	permitted in fire barn resistance rating of an approved type w protection rating for are installed. Fire w accordance with NF the following:	vindow assemblies shall briers having a required fire 1 hour or less and shall ith the appropriate fire the location in which indows shall be installed in PA 80, and shall comply w	I be of h they n vith					
	than existing fire will glass and other approved metal frame has been tested to acceptance of NFP.	A 2357.	in hat s of					
	1	ws used in fire barriers, ot ndow installations of wired						

					Printed: 12/11/2018
DEPARTM CENTERS	ENT OF HEALTH ANI FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '	LE CONSTRUCTION 02 - REHAB KITCHEN AND DINING	(X3) DATE SURVEY COMPLETED
		495199	B. WNG		12/04/2018
NAME OF PRO	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE	
GREENSV	ILLE HEALTH AND R		WEAVER AVE PORIA, VA 2384	7	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY SENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION
K 321	approved metal fram the area of the fire baused. Between 10:30 AM a observed that door is and is not self-closin maintenance shop. Between 10:30 AM a observed that the drawn observed the drawn observed that the drawn observed the drawn observed the drawn observed that the drawn observed the drawn observed the drawn observed the drawn observed that the drawn observed the drawn observed the drawn observed the d	re rated glazing material in es, shall not exceed 25% of arrier in which they are and 2:00 PM on 12/4/18, it is s not a listed fire rated door	K 321		
K 324 SS=D	the door closure is d door and the door is Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment with NFPA 96, Standard Fire Protection of Operations, unless: * residential cooking appliances such as toasters) are used for	esigned to hold open the not self- closing and latching. is protected in accordance dard for Ventilation Control of Commercial Cooking equipment (i.e., small microwaves, hot plates, or food warming or limited ace with 18.3.2.5.2, 19.3.2.5.2	K 324	 Kitchen exhaust hood in instructions were refer compliance of installating. Facility has only one King. Will assure that any confined in compliance upon confined in compliance upon confined in compliance. 	enced to assure ion. tchen Exhaust Hood nstruction or installation eds in the future are

TLW 3/31/18

4. Quarterly checks by Maintenance Director

and review with administrator to

assure compliance

VVX121

corridor.

18.3.2.5.4, 19.3.2.5.4.

* 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,

* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under

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

18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through

DEPARTM CENTERS	ENT OF HEALTH ANI FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES					12/11/2018 MAPPROVED 0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		1'''	LE CONSTRUCTION 02 - REHAB KITCHEN AND DINING	(X3) DATE SUR COMPLET	
		495199		B. WING	*	12/04	4/2018
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STAT	TE, ZIP CODE		
GREENSV	ILLE HEALTH AND R	EHABILITATION CEN		AVER AVE IA, VA 2384	7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REG ENTIFYING INFORMATION)	BULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 324	Continued From pag 19.3.2.5.5, 9.2.3, TIA			K 324			
	by: Based upon observa	「 is not met as evidence tion the kitchen exhaust d assembly and is not fil	duct				
K 363 SS=E	observed that the pe exhaust hood duct w the ceiling membran ceiling assembly and to the manufacturer's listed design. Corridor - Doors	and 2:00 PM on 12/4/18, netration of the kitchen ith listed fire wrap penet e of the 1-hour fire rated I is not fire stopped acco is installation instructions	rates roof ording	K 363	1. Dining room doors have of devices. Hold open device enable release if pushed on the device of th	es were char or pulled	nged to
	Doors protecting cor	ridor openings in other the of vertical openings, exited the of the order in the or			Facility inspection conduct Director to assure compli	•	itenance

TLW 3/31/18

3. All changes of door or door installation will

door installation in the facility to assure

4. Maintenance Director will supervise all

compliance

VVX121

be compliant upon installation in the future

material.

hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core

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

do not contain flammable or combustible

Clearance between bottom of door and floor

materials have positive latching hardware. Roller

latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that

wood or other material capable of resisting fire for

DEPARTM CENTERS	IENT OF HEALTH ANI	D HUMAN SERVICES MEDICAID SERVICES					12/11/2018 APPROVED 0. 0938-0391
STATEMENT		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		l, ,	E CONSTRUCTION D2 - REHAB KITCHEN AND DINING	(X3) DATE SUR COMPLETI	
		495199		B. WING		12/04	4/2018
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
GREENS\	/ILLE HEALTH AND R	EHABILITATION CEN		EAVER AVE RIA, VA 23847	7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	S EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 363	Continued From pag	e 7		K 363			
	covering is not exceed complying with 7.2.1. with a device capable when a force of 5 lbf impediment to the cloud evices that release pulled are permitted. of unlimited height at meeting 19.3.6.3.6 a shall be labeled and materials in compliant smoke compartment window assemblies a sprinklered comparts.	ding 1 inch. Powered of 9 are permissible if property of keeping the door of is applied. There is no osing of the doors. Hold when the door is pushed. Nonrated protective place permitted. Dutch door permitted. Door frammade of steel or other ince with 8.3, unless the is sprinklered. Fixed find are allowed per 8.3. In ments there are no refire resistance of glas	ovided dosed dopen ed or lates ors nes				
	and 485 Show in REMARKS protection ratings, at etc. This REQUIREMEN by: Based upon observathere are doors found	etails of doors such a utomatics closing device. T is not met as evidentations of all corridor door do that were held open a latching that could allowed.	is fire des, nced ors and				

K 374

Findings include

SS=E CFR(s): NFPA 101

Doors

Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the dining room corridor doors are not closing and latching and have kick downs installed on the doors that hold the doors open.

Subdivision of Building Spaces - Smoke Barrier

K 374 Subdivision of Building Spaces - Smoke Barrie

		D HUMAN SERVICES MEDICAID SERVICES	,				APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		1 '	E CONSTRUCTION 02 - REHAB KITCHEN AND DINING	(X3) DATE SURV	1
		495199		B. WING		12/04/2018	
	OVIDER OR SUPPLIER /ILLE HEALTH AND R	REHABILITATION CEN	214 WE	ess, city, stat AVER AVE IA, VA 2384			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BY BE PRECEDED BY FULL REG ENTIFYING INFORMATION)	SULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 374	2012 EXISTING Doors in smoke barri bonded wood-core d resists fire for 20 min plates of unlimited he are permitted to have assemblies per 8.5. I automatic-closing, de are not required to se egress travel. Door of clear width of 32 inch doors. 19.3.7.6, 19.3.7.8, 19 This REQUIREMENT by: Based upon observer rated doors do not he installed on or in the Findings include Between 10:30 AM a observed that a fire have no astragal ins listed fire rated glazi the doors in the new NFPA 101 2000 edit Virginia Construction time when the wing NFPA 101 2000 18.3.7.7 Vision glazing or wire glass	ders are 1-3/4-inch thick soors or of construction the foliates. Nonrated protective eight are permitted. Door of fixed fire window. Doors are self-closing or or not require latching, and wing in the direction of opening provides a minimal provides and a constant of the doors and a minimal provides and a consisting and a consisting of fire-sepanels consisting of fire-sepanels in approved frame and a provides and approved frame approved frame and approved frame and approved frame and approved frame approved fram	nat re rs ad num ontal ed fire nts it is no d in / 2009 et at -rated mes	K 374 1. 2. 4.	Smoke barrier fire rated doors installed and fire rated glazed version by Maintena and independent contractor to compliance for all fire rated sm. Maintenance Director will superto assure compliance	nce Director o assure oke barrier ervise any do by maintena	doors oor installatio
	swinging door and a horizontal sliding do 18.3.7.8 Rabbets, b required at the meet	ed in each cross-corridor It each cross-corridor It or in a smoke bar evels, or astragals shall Iting edges and stops sha head and sides of doorfr	rier. be all be				

Printed: 12/11/2018

DEPARTM	IENT OF HEALTH AN	D HUMAN SERVICES				Printed: FOR	12/11/2018 RM APPROVED
CENTERS	FOR MEDICARE & N	MEDICAID SERVICES				OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			1	LE CONSTRUCTION 02 - REHAB KITCHEN AND DINING		(X3) DATE SURVEY COMPLETED	
495199			B. WING			12/04/2018	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
GREENSV	ILLE HEALTH AND R	EHABILITATION CEN		VER AVE A, VA 2384	17		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULA' OR LSC IDENTIFYING INFORMATION)		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 374	Continued From pag	e 9		K 374			
11074	in smoke parries. Pos	sitive latching hardware enter mullions shall be	shall				
	VCC 2009 VCC	710.5 Openings.					
	protected in accordar Exceptions:						
	across corridors, a p doors without a c having vision panels glazing materials in f the area of which sha The doors shall be c operational toler undercuts in excess The doors shall ha	all not exceed that teste	nstalled d rames, d, ve				
	be automatic-closing accordance with 715	by smoke detection			Fire drills are conducte	ed weekly at	
K 712 SS=C	Fire Drills CFR(s): NFPA 101		K 712	varying times for safet		ince	
	signal and simulation conditions. Fire drills unexpected times ur least quarterly on ea	e transmission of a fire an of emergency fire s are held at expected ander varying conditions, ach shift. The staff is fam is aware that drills are	nd at niliar		 Weekly documentation will be signed by the A well as the Maintenar Weekly drills with var 	Administrator nce Director	

audible alarms.

19.7.1.4 through 19.7.1.7

of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of

This REQUIREMENT is not met as evidenced

Based upon observations and review of

will be conducted

to assure compliance

4. Maintenance Director will review fire drill

documentation with Administrator

02/03/2019

		D HUMAN SERVICES MEDICAID SERVICES					12/11/2018 M APPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/C	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 02 - REHAB KITCHEN AND DINING	g , ,	(X3) DATE SURVEY COMPLETED 12/04/2018	
495199				B. WNG		12/0		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STAT	TE, ZIP CODE			
GREENSV	ILLE HEALTH AND R	EHABILITATION CEN		VER AVE A, VA 2384	7			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	(X5) COMPLETION DATE		
K 712	Continued From page 10 documentation that the fire drills were not conducted at varying times. Findings include Between 9:30 AM and 10:30 AM on 12/4/18, during review of documentation it is observed that the fire drills were not conducted at varying times as noted below: 3 - 11 shift was done on 2/22/18 at 3:40 PM 3 - 11 shift was done on 5/30/18 at 3:45 PM 3 - 11 shift was done on 8/24/18 at 3:50 PM 3 - 11 shift was done on 11/30/18 at 3:15 PM 7 - 3 shift was done on 1/29/18 at 2:12 PM 7 - 3 shift was done on 4/27/18 at 2:30 PM 7 - 3 shift was done on 7/20/18 at 2:20 PM			K 712	 Facility now has a sepa labeled emergency ele to achieve compliance 	ctrical system	pendent	
/K 911 SS=E	11 - 7 shift was done 11 - 7 shift was done Electrical Systems - CFR(s): NFPA 101 Electrical Systems -	Other		K 911	Generator has a remote generator enclosure 2. Only new construction similar occurrences	•		
		S section any NFPA 99 Systems requirements	that					

TLW 3/31/18

Findings include

Chapter 6 (NFPA 99)

by:

are not addressed by the provided K-Tags, but

are deficient. This information, along with the

applicable Life Safety Code or NFPA standard

This REQUIREMENT is not met as evidenced

electrical systems and equipment is not being maintained and installed according to the code.

Between 10:30 AM and 2:00 PM on 12/4/18, it is

Based upon observations the emergency

citation, should be included on Form CMS-2567.

3. Additional inspections, supervision to

assure compliance will be provided by

the Maintenance Director for any new

4. Additional inspections, supervisions to

projects that could result in cited circumstances

assure compliance will be provided for any new

projects that could result in cited circumstances

	OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - REHAB KITCHEN AND DINING (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - REHAB KITCHEN AND DINING	(X3) DATE SURVEY COMPLETED 12/04/2018	
495199 B. WING		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
GREENSVILLE HEALTH AND REHABILITATION CEN 214 WEAVER AVE EMPORIA, VA 23847		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION) TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION DATE	
K 911 Continued From page 11 K 911		
observed Between 10:30 AM and 2:00 PM on		
12/4/18, it is observed emergency electrical		
system is labeled as to what circuit, disconnecting		
means or transfer switch that it feeds and		
location. In addition, the circuit, disconnecting		
means or transfer switch that supplies the		
emergency electrical equipment and location is		
not labeled. Referenced by NEC NFPA 70 1999		
Section 700.9 that was in effect at time when the		
wing was built.		
700.9 Wiring, Emergency System. a) Identification. All boxes and enclosures		
(including transformer switches, generators, and		
power panels) for emergency circuits shall be		
permanently marked so the will be readily		
identifies as a component of the emergency		
circuit or system.		
Between 10:30 AM and 2:00 PM on 12/4/18,		
during review of the plans it is observed that the		
building does not have an independent and		
separated emergency electrical system.		
Referenced by NEC NFPA 70 1999 Section 700.9		
that was in effect at time when the wing was built. NEC NFPA 70 1999 700.9 Wiring,		
Emergency System.		
b) Wiring. Unless otherwise permitted in (1)		
through (4) wiring from an emergency source or		
emergency source distribution overcurrent		
protection to emergency loads shall be kept		
entirely independent of all other wiring and		
equipment. Wiring of two or more emergency circuits supplied from the same source shall be	'	
permitted in the same raceway, cable, box or		

Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the emergency generator does not have a remote stop button installed remote from the generator enclosure. Referenced by NFPA

cabinet.

DEPARTM	ENT OF HEALTH AN	D HUMAN SERVICES						12/11/2018 APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBER		LIA		E CONSTRUCTION 02 - REHAB KITCHEI	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 12/04/2018			
495199			B. WING					
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
GREENSV	ILLE HEALTH AND R	REHABILITATION CEN		AVER AVE IA, VA 2384	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGU			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
K 911	Continued From pag	ge 12		K 911				
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VVX121