

Greensville Health & REHABILITATION CENTER

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 protected	3/31/18
K 321	storage room constructed to provide smoke partitions/self-closing/latch	3/31/18
K 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
K 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

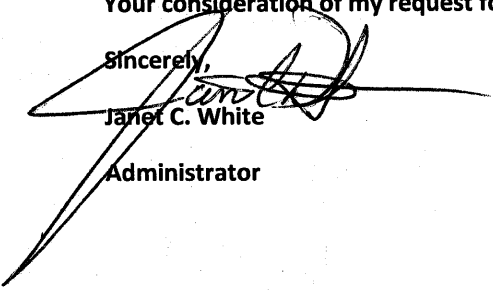
enable the parties involved to coordinate and schedule all work to be done, obtain parts requiring 4-6 weeks for guaranteed delivery and labor shortages due to the holiday season staffing and business holiday closings within my completion date window.

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.

Sincerely,



Janet C. White

Administrator

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[Signature] Administrator 12/28/18

If continuation sheet Page 1 of 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2018
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
K 000	INITIAL COMMENTS Description of structure: The facility is a one story masonry structure Type II (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. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000			
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered	K 161			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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
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K 161	Continued From page 1 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 beams, 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.	K 161		
K 300 SS=D	Protection - Other CFR(s): NFPA 101 Protection - Other	K 300		

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K 300	Continued From page 2 List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the annual fire door inspection report was not available at time of survey.	K 300	1. All fire rated doors will be inspected by a "certified" in Fire Door Inspector 2. Any new or changed doors will be Inspected upon installation for compliance 3. Facility will only install compliant doors and will assure required annual fire door inspections are conducted 4. Maintenance Director will inspect facility doors quarterly to assure compliance and will review results with Administrator to assure compliance	02/03/2019
✓ K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321	1. Storage room across from room #174 now has a self-closing/latched door and a smoke resisting partition 2. Maintenance Director inspected facility for other areas in need of fire extinguishing systems and or smoke partitions to assure compliance 3. Quarterly inspections will Include observation of spaces 50 sq ft to 100 Sq Ft in size for compliance 4. Inspections will be reviewed with Administrator To assure compliance	TLW 3/31/18

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K 321	Continued From page 3 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching that could allow smoke and hot gasses to pass through the doors. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there is storage room across from room 174 that is less than 100 sq. ft. and greater than 50 sq. ft. and is not constructed to provide protection as smoke partitions and the door is not self-closing and latching.	K 321		
✓ K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 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,	K 341		

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FORM APPROVED
OMB NO. 0938-0391

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K 341	Continued From page 4 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 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. Findings include 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.	K 341	1. Visual notification device has been Installed in the office that was changed to a break/locker room 2. Quarterly fire alarm inspection will include assuring that visual notification is present where required 3. Maintenance Director will assure installation and inspection of fire alarm system as required 4. Maintenance Director will report inspection results to Administrator to assure compliance	02/03/2019	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING 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 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	K 351	1. Sprinkler head that was located less than 4" from the wall in oxygen storage has been relocated 2. Facility inspection has been done by the Maintenance Director to assure that sprinkler heads are properly located 3. Quarterly required sprinkler inspection will include checking for appropriately located sprinkler heads 4. Quarterly reviews will be presented to the Administrator to assure compliance	02/03/2019	

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K 351	Continued From page 5 sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based upon observations of the sprinkler system that there is a system that has not been installed according to NFPA 13. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there is a sprinkler head that located less than 4" from the wall in oxygen storage room across from activity dining.	K 351		
K 353 SS=D	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, 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	K 353	1. Duct work and low voltage wiring laying on sprinkler piping near the east nurses station has been moved for compliance 2. Maintenance Director inspected all areas in ceiling to assure corrections for compliance 3. Quarterly inspections by Maintenance Director with documented report 4. Inspection results will be reviewed with the Administrator to assure compliance	02/03/2019

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K 353	Continued From page 6 by: Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there is ductwork and low voltage wiring laying on the sprinkler piping near the east nurses station.	K 353			
✓ K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames	K 363	<ol style="list-style-type: none"> 1. All corridor doors have been adjusted to assure that there is no gap that would allow smoke to pass thru the doors 2. Corridor doors will be inspected weekly to assure compliance 3. Quarterly fire alarm inspections will include corridor door checks 4. Inspection results will be reviewed with the Administrator to assure compliance 		TLW 3/31/18

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K 363	Continued From page 7 shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based upon observations of all corridor doors there are doors found that had a gap that was greater than allowed that could allow smoke to pass through the doors. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the corridor door to room 175 has a gap that is greater than a 1/2" between the door and doorstop at the top edge of the door.	K 363			
K 374 SS=E	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			

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K 374	Continued From page 8 are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors have gaps between the door and the astragal that could allow smoke to pass through the doors. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the fire rated smoke barrier doors that have gaps are greater than 1/8" plus or minus 1/16" between the doors, the door and doorstop, between the face of the door and the astragal near activity dining required by NFPA 80. Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there are fire rated smoke barrier doors near the locker room that have gaps between the doors that is greater than 1/8 of an inch plus or minus 1/16 of an inch required by NFPA 80.	K 374	1. All corridor doors have been adjusted to assure that that there is no gap that would allow smoke to pass thru the doors 2. Corridor doors will be inspected weekly to assure compliance 3. Quarterly fire alarm inspections will include corridor door checks 4. Inspection results will be reviewed with the Administrator to assure compliance	TLW 3/31/18
K 712 SS=C	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.	K 712		

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K 712	Continued From page 9 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based upon observations and review of 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 11 - 7 shift was done on 12/20/17 at 5:45 AM 11 - 7 shift was done on 3/29/18 at 5:45 AM 11 - 7 shift was done on 9/12/18 at 4:45 AM	K 712	1. Fire drills are conducted biweekly at varying times for safety and compliance 2. Documentation of fire drills will be signed by the Administrator as well as the Maintenance Director 3. Fire drills with varying times will be conducted each quarter 4. Maintenance Director will review fire drill documentation with Administrator to assure compliance	02/03/2019
K 919 SS=E	Electrical Equipment - Other CFR(s): NFPA 101 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.	K 919	1. Abandoned, exposed wires above the ceiling opposite the director of nurses office has been removed 2. Above ceiling inspections was conducted to assure compliance 3. Quarterly inspections by Maintenance Director with documented report 4. Inspection results will be reviewed by Maintenance Director with Administrator to assure compliance	02/03/2019

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K 919	Continued From page 10 Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there is low voltage cable that is not supported and laying on ceiling near the east nurses station above the ceiling. Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there are abandoned exposed wires above the ceiling opposite the director of nursing office.	K 919			
✓ K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a 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 10.2.4. 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	K 920	<ol style="list-style-type: none">1. Non approved power strips have been removed from the two rooms 172 & 1882. Full facility inspection has been conducted to assure compliance3. Weekly angel rounds will include power strip checks to assure compliance4. Administrator/designee will review Angel rounds weekly to assure compliance		02/03/2019

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: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2018
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847		
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K 920	<p>Continued From page 11</p> <p>by: Based upon observations the electrical systems that there is non-approved power strips being used in patient care areas.</p> <p>Findings include</p> <p>Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that there is a non-approved power strip within 6 ft. of the patient bed area in rooms 188 and 172.</p>	K 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - REHAB KITCHEN AND DINING B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2018
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847		
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K 000	INITIAL COMMENTS 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. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000		
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered	K 161	1. Manufacturers installation instructions obtained and appropriate installation assured self-closing and latching added to roof ceiling access door 2. Maintenance Director will inspect facility for any similar access doors to assure compliance throughout the facility 3. Any access door additions or changes will be inspected by the Maintenance Director to assure compliance. compliance 4. Maintenance Director's quarterly checklist will include a check of all access doors to assure compliance	TLW 3/31/18
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) 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.

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K 161	Continued From page 1 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 a fire rated access door installed in the fire rated roof ceiling assembly that is not installed according to the manufactures installtion instructions and is not self-closing and latching 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 the fire rated access door to the attic in Central Supply is not self-closing and latching. In addition, the fire rated access door is not installed according to manufacturer's installation instructions.	K 161		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101	K 211		

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K 211	Continued From page 2 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: Based upon observations that there are doors that are equipped with locking devices that could restrict degrees from a space inside the building. Findings include 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 211	1. Egress doors from the enclosed courtyard will be equipped with compliant locks 2. Courtyards have been inspected by Maintenance Director to assure compliant locking devices 3. Any newly added or changed doors will be inspected assure compliance 4. Maintenance Director will inspect courtyard doors quarterly to assure proper locking device and function is compliant TLW 3/31/18	
K 300 SS=D	Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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: Based upon review of documentation and observations there was no documentation for the	K 300	1. All fire rated doors will be inspected by a "certified" in Fire Door Inspector 2. Any new or changed doors will be Inspected upon installation for compliance 3. Facility will only install compliant doors and will assure required annual fire door inspections are conducted 4. Maintenance Director will inspect facility doors quarterly to assure compliance and will review results with Administrator to assure compliance	

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K 300	Continued From page 3 annual fire rated door inspections. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the annual fire door inspection report was not available at time of survey.	K 300		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced	K 321	1. Fire rated doors in laundry room, linen storage and storage room now have the required vision panels to assure safety and compliance as well as self-closing devices and latches as required . 2. Audit of service area conducted to assure that all doors are in compliance 3. Maintenance Director will inspect any new or replaced/changed doors upon installation to assure compliance. 4. Quarterly inspection will be done by Maintenance Director and reviewed with administrator to assure compliance.	TLW 3/31/18

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K 321	<p>Continued From page 4</p> <p>by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include</p> <p>Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the vision panels that are installed in the fire rated doors to the laundry rooms, clean linen storage room, and storage rooms. Referenced by NFPA 101 2000 edition new regulations that was in effect at time when the wing was built.</p> <p>NFPA 101 2000 edition</p> <p>8.2.3.2.2. Fire window assemblies shall be permitted in fire barriers having a required fire resistance rating of 1 hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed. Fire windows shall be installed in accordance with NFPA 80, and shall comply with the following:</p> <p>(1) Fire windows used in fire barriers, other than existing fire window installations of wired glass and other fire rated glazing material in approved metal frames, shall be of a design that has been tested to meet the conditions of acceptance of NFPA 2357.</p> <p>(2) Fire windows used in fire barriers, other than existing fire window installations of wired</p>	K 321			

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K 321	Continued From page 5 glass and other fire rated glazing material in approved metal frames, shall not exceed 25% of the area of the fire barrier in which they are used. Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that door is not a listed fire rated door and is not self-closing and latching to the maintenance shop. Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the dry storage room door in the kitchen is not a listed fire rated door. In addition, the door closure is designed to hold open the door and the door is not self- closing and latching.	K 321		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through	K 324	1. Kitchen exhaust hood installation instructions were referenced to assure compliance of installation. 2. Facility has only one Kitchen Exhaust Hood 3. Will assure that any construction or installation of kitchen exhaust hoods in the future are in compliance upon completion 4. Quarterly checks by Maintenance Director and review with administrator to assure compliance	TLW 3/31/18

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K 324	Continued From page 6 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based upon observation the kitchen exhaust duct penetrates a fire rated assembly and is not fire stopped. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that the penetration of the kitchen exhaust hood duct with listed fire wrap penetrates the ceiling membrane of the 1-hour fire rated roof ceiling assembly and is not fire stopped according to the manufacturer's installation instructions and listed design.	K 324		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor	K 363	1. Dining room doors have closing/latching devices. Hold open devices were changed to enable release if pushed or pulled 2. Facility inspection conducted by Maintenance Director to assure compliance 3. All changes of door or door installation will be compliant upon installation in the future 4. Maintenance Director will supervise all door installation in the facility to assure compliance TLW 3/31/18	

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K 363	<p>Continued From page 7</p> <p>covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations of all corridor doors there are doors found that were held open and did not have positive latching that could allow smoke to pass through the doors.</p> <p>Findings include</p> <p>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.</p>	K 363			
K 374 SS=E	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors</p>	K 374			

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K 374	<p>Continued From page 8</p> <p>2012 EXISTING</p> <p>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p> <p>19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations the smoke barrier fire rated doors do not have all of the requirements installed on or in the doors.</p> <p>Findings include</p> <p>Between 10:30 AM and 2:00 PM on 12/4/18, it is observed that a fire rated smoke barrier door have no astragal installed on the doors and no listed fire rated glazing vision panels installed in the doors in the new addition. Referenced by NFPA 101 2000 edition new regulations and 2009 Virginia Construction Code that were in effect at time when the wing was built.</p> <p>NFPA 101 2000 edition new regulations.</p> <p>18.3.7.7 Vision panels consisting of fire-rated glazing or wire glass panels in approved frames shall be provided in each cross-corridor swinging door and at each cross-corridor horizontal sliding door in a smoke barrier.</p> <p>18.3.7.8 Rabbets, bevels, or astragals shall be required at the meeting edges and stops shall be required at the head and sides of doorframes</p>	K 374	<ol style="list-style-type: none"> 1. Smoke barrier fire rated doors have astragal installed and fire rated glazed vision panels 2. Facility inspection by Maintenance Director and independent contractor to assure compliance for all fire rated smoke barrier doors 3. Maintenance Director will supervise any door installation to assure compliance 4. Quarterly inspection of facility by maintenance Director and review with administrator will assure compliance 	TLW 3/31/18

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K 374	Continued From page 9 in smoke parries. Positive latching hardware shall not be required. Center mullions shall be prohibited. VCC 2009 VCC 710.5 Openings. Openings in a smoke barrier shall be protected in accordance with 715. Exceptions: 1. In Group I-2, where doors are installed across corridors, a pair of opposite-swinging doors without a center mullion shall be installed having vision panels with fire-protection-rated glazing materials in fire- protection-rated frames, the area of which shall not exceed that tested, The doors shall be close fitting within operational tolerances, and shall not have undercuts in excess of 3/4-inch, louvers or grills. The doors shall have head and jamb stops, astragals or rabbets at meeting edges and shall be automatic-closing by smoke detection in accordance with 715.4.8.3.	K 374		
K 712 SS=C	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based upon observations and review of	K 712	1. Fire drills are conducted weekly at varying times for safety and compliance 2. Weekly documentation of fire drills will be signed by the Administrator as well as the Maintenance Director 3. Weekly drills with varying times will be conducted 4. Maintenance Director will review fire drill documentation with Administrator to assure compliance	02/03/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - REHAB KITCHEN AND DINING B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2018
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 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) 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 11 - 7 shift was done on 12/20/17 at 5:45 AM 11 - 7 shift was done on 3/29/18 at 5:45 AM 11 - 7 shift was done on 9/12/18 at 4:45 AM	K 712			
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: Based upon observations the emergency electrical systems and equipment is not being maintained and installed according to the code. Findings include Between 10:30 AM and 2:00 PM on 12/4/18, it is	K 911	1. Facility now has a separate and independent labeled emergency electrical system to achieve compliance Generator has a remote stop bottom from the generator enclosure 2. Only new construction could provide similar occurrences 3. Additional inspections, supervision to assure compliance will be provided by the Maintenance Director for any new projects that could result in cited circumstances 4. Additional inspections, supervisions to assure compliance will be provided for any new projects that could result in cited circumstances		TLW 3/31/18

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K 911	<p>Continued From page 11</p> <p>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.</p> <p>700.9 Wiring, Emergency System.</p> <p>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.</p> <p>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.</p> <p>NEC NFPA 70 1999 700.9 Wiring, Emergency System.</p> <p>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 cabinet.</p> <p>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</p>	K 911			

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K 911	Continued From page 12 110.	K 911			