

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

W-2757-001

Printed: 03/09/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>BUILDING 0103</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2020</b>
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NAME OF PROVIDER OR SUPPLIER <b>BLUE RIDGE THERAPY CONNECTION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 LANDMARK DRIVE STUART, VA 24171</b>
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(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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 21761</p> <p>Description of Structure: Building is type a Type III (200) as identified by the Architect in the FSES. The structure is 2-stories with a separated basement. The first and second floor's ceilings are drop-in tile suspended below metal lath and plaster. An FSES is used to meet construction Height and Area requirements allowing the second floor.</p> <p>Construction Type: III(200)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 wet and dry pipe systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC standard recertification survey was conducted on 03/02/20 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<p>The submission of the Plan of Correction does not constitute agreement on the part of Blue Ridge Therapy Connection that the deficiencies cited within the report represent deficient practices on the part of Blue Ridge Therapy Connection. Submission of this plan of correction is in requirement of Federal law.</p> <p>K161</p> <p>Items on the 3<sup>rd</sup> floor have been removed.</p> <p>3<sup>rd</sup> floor has been converted to an attic- uninhabited. Staff have been made aware. Updated FSES assessment was completed.</p>	
K 161 SS=F	<p>Building Construction Type and Height CFR(s): NFPA 101</p> <p>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</p>	K 161	<p>Maintenance director or designee shall monitor monthly to ensure nothing is stored in attic and findings will be reported to QA monthly.</p> <p>Date of correction: 3/11/2020</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *NWA* (X6) DATE *3-19-2020*

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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NAME OF PROVIDER OR SUPPLIER <b>BLUE RIDGE THERAPY CONNECTION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 LANDMARK DRIVE STUART, VA 24171</b>
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K 161	<p>Continued From page 1</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21761</p> <p>Based on observation and interview, it was revealed the facility failed to properly maintain the type of building construction. This has the</p>	K 161		
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NAME OF PROVIDER OR SUPPLIER <b>BLUE RIDGE THERAPY CONNECTION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 LANDMARK DRIVE STUART, VA 24171</b>		
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K 161	Continued From page 2 potential to affect all residents in the facility, evidenced as follows;  Findings include:  On 03/02/20, at approximately 11:15 A.M., it was observed during inspection, and interview the building construction fire separation and building height and area does not meet on the second floor of the facility. An FSES was provided.  The Director of Maintenance and Head of Operations witnessed this evidence by observation and interview.	K 161		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to properly maintain the fire alarm system. This has the potential to affect residents in the facility, evidenced as follows;  Findings include:  On 01/02/20, at approximately 1:10 P.M., it was observed during inspection, and interview there is a Christmas tree obstructing the view and access to a fire alarm manual pull station in the main	K 345	K345  Christmas tree was removed.  Maintenance director and/or designee did building sweep to ensure no other pull stations were blocked.  Activities staff were in-serviced on not placing Christmas trees or other decorative items in front of any pull station.  Maintenance Director and/or designee will do weekly audits for x4 weeks then monthly to ensure pull stations are blocked and report findings to QA meeting monthly x3 months then quarterly until sufficient compliance is reached.  Date of Correction: 3/11/2020	

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K 345	Continued From page 3 lobby.	K 345		
K 353 SS=F	<p>The Director of Maintenance and Head of Operations witnessed this evidence by observation and interview.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to properly maintain the sprinkler system. This has the potential to affect residents in the facility, evidenced as follows;</p> <p>Findings include:</p> <p>On 01/02/20, at approximately 3:43 P.M., it was observed during records review, inspection, and interview there are no records of periodic dry pipe</p>	K 353	<p>K353</p> <p>Test was scheduled to be done.</p> <p>Maintenance Director and/or designee verified all other tests had been done and were on record.</p> <p>Maintenance Director and/or designee has established a tickler file of required sprinkler tests and when due so future tests are not missed.</p> <p>Maintenance Director and/or designee will monitor tickler file monthly to ensure all proper tests are performed and report findings to QA monthly x3 then quarterly until sufficient compliance is reached.</p> <p>Date of Correction: 3/11/2020</p>	

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K 353	Continued From page 4 sprinkler system trip testing.  The Director of Maintenance and Head of Operations witnessed this evidence by observation and interview.	K 353		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W-2757-002

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 0203  B. WING _____	(X3) DATE SURVEY COMPLETED  03/02/2020
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 21761</p> <p>Description of Structure: The facility is a 3-story masonry structure with protected steel bar joists, and metal decking with concrete floors. This building is attached to the main building 1, and separated by a 2-hour fire barrier. The structural steel is protected by fire rated suspended ceiling assemblies. The building has a built up roof.</p> <p>Construction Type: II(222)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 sprinkler systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC standard recertification survey was conducted on 03/02/20 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<p>The submission of the Plan of Correction does not constitute agreement on the part of Blue Ridge Therapy Connection that the deficiencies cited within the report represent deficient practices on the part of Blue Ridge Therapy Connection. Submission of this plan of correction is in requirement of Federal law.</p> <p>K211</p> <p>Items in corridor have been moved.</p> <p>Maintenance Director and/or designee inspected other egress corridors to ensure there was no combustible storage taking place.</p> <p>Maintenance and housekeeping staff were educated in proper storage of combustible items.</p> <p>Administrator and/or designee will monitor egress corridors weekly x4 then monthly and report finding to QA x3 months. Then quarterly until sufficient compliance is reached.</p> <p>Date of Correction: 3/11/2020</p>	
K 211 SS=F	<p>Means of Egress - General CFR(s): NFPA 101</p> <p>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.</p>	K 211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE N 6th	(X6) DATE 3-11-2020
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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.

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NAME OF PROVIDER OR SUPPLIER <b>BLUE RIDGE THERAPY CONNECTION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 LANDMARK DRIVE STUART, VA 24171</b>		
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K 211	Continued From page 1 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to properly maintain emergency egress. This has the potential to affect residents in the facility, evidenced as follows;  Findings include:  On 01/02/20, at approximately 3:23 P.M., it was observed during, inspection, and interview the basement egress corridor is being used for combustible storage.  The Director of Maintenance and Head of Operations witnessed this evidence by observation and interview.	K 211	K321  Items were removed from breakroom.  Maintenance director and/or designee will audit hazard areas to ensure no improper storage is going on.  Maintenance staff will be in-serviced on proper storage requirements in hazardous areas.  Administrator and/or designee will monitor hazardous areas for improper storage weekly x4 weeks then monthly for x3 months then quarterly until sufficient compliance is reached.  Date of Corrections: 3/11/2020	
K 321 SS=F	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		

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K 321	Continued From page 2 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: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to properly maintain hazardous areas. This has the potential to affect residents in the facility, evidenced as follows;  Findings include:  On 01/02/20, at approximately 3:13 P.M., it was observed during, inspection, and interview there are two palletes of combustible storage in the Canteen Breakroom. This space is not built as a hazardous storage area.  The Director of Maintenance and Head of Operations witnessed this evidence by observation and interview.	K 321		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 353		



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K 353	<p>Continued From page 3 maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 21761 Based on observation and interview, it was revealed the facility failed to properly maintain the sprinkler system. This has the potential to affect residents in the facility, evidenced as follows;</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 01/02/20, at approximately 3:18 P.M., it was observed during inspection and interview there are two dust laden sprinklers in the basement Laundry room.</li> <li>On 01/02/20, at approximately 3:27 P.M., it was observed during inspection and interview there is storage blocking access to the fire protection standpipe valve in the basement corridor.</li> <li>On 01/02/20, at approximately 3:28 P.M., it was observed during inspection and interview there is a corroded sprinkler in the basement Housekeeping storage room.</li> <li>On 01/02/20, at approximately 3:43 P.M., it</li> </ol>	K 353	<p>K353</p> <p>Sprinkler heads were cleaned. Items were removed from blocking fire protection standpipe. Sprinkler head was replaced. Inspection was done.</p> <p>Maintenance Director and/or designee audited other fire protection standpipes to ensure not blocked, visually inspected sprinkler heads to ensure none are dust covered or corroded and needed replaced.</p> <p>Maintenance staff were in-serviced related to blocking access to standpipes and need for all sprinkler heads to be free from dust and corrosion.</p> <p>Maintenance Director and/or designee will monitor access to standpipes weekly x4 weeks then monthly, will inspect all sprinkler heads monthly and report findings to QA meeting x3 months, then quarterly until sufficient compliance is reached.</p> <p>Date of Correction: 3/11/2020</p>	

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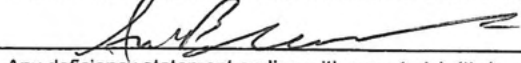
K 353	<p>Continued From page 4</p> <p>was observed during records review, inspection, and interview there are no records of periodic dry pipe sprinkler system trip testing.</p> <p>The Director of Maintenance and Head of Operations witnessed this evidence by observation and interview.</p>	K 353		
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NAME OF PROVIDER OR SUPPLIER <b>BLUE RIDGE THERAPY CONNECTION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 LANDMARK DRIVE STUART, VA 24171</b>		
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K 000	INITIAL COMMENTS  Surveyor: 21761  Description of Structure: The facility is a single story addition to Building 2, separated by a 2-hour fire barrier. It is a masonry structure with un-protected steel bar joists and metal decking with concrete floors. The building has a built up roof.  Construction Type: II(000)  Sprinkler Status: The facility is protected by NFPA 13 sprinkler systems. The systems are supplied by municipal water.  An unannounced LSC standard recertification survey was conducted on 03/02/20 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 (Existing) regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.  The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	The submission of the Plan of Correction does not constitute agreement on the part of Blue Ridge Therapy Connection that the deficiencies cited within the report represent deficient practices on the part of Blue Ridge Therapy Connection. Submission of this plan of correction is in requirement of Federal law  K920  Extension cord and adaptor were immediately removed.  Maintenance Director and/or designee did a building audit to ensure no other improper use of extension cords and/or adaptors.	
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	K 920	Maintenance Director and/or designee will do weekly audits to monitor for improper extension cords and/or adaptors for x4 weeks then monthly. Findings will be reported to QA monthly x3 months then quarterly thereafter.  Date of Correction: 3/11/2020	

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

TITLE

(X6) DATE



*NH*

3-11-2020

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

Printed: 03/09/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 0303  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2020</b>
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K 920	<p>Continued From page 1</p> <p>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.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 21761</p> <p>Based on observation and interview, it was revealed the facility failed to properly use electrical equipment. This has the potential to affect residents in one of , evidenced as follows;</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 01/02/20, at approximately 2:51 P.M., it was observed during inspection and interview there is an extension cord in use as permanent wiring in the 3rd floors West Wing Unit Manager's office.</li> <li>2. On 01/02/20, at approximately 2:52 P.M., it was observed during inspection and interview there is an extension cord with a non-approved adaptor in use in the 3rd floors West Wing Unit Manager's office.</li> </ol> <p>The Director of Maintenance and Head of Operations witnessed this evidence by</p>	K 920		
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K 920	Continued From page 2 observation and interview.	K 920		
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