Printed: 02/25/2020 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STALEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 B. WING _ 02/18/2020 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS CITY, STATE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE DATE IAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 Description of structure: The facility is a one story masonry structure Type II (222). Sprinkler Status: Fully sprinklered - NFPA 13 K 100 An unannounced Standard Recertification Life The combustible materials noted Safety Code Survey was conducted on 2/18/2020. stored in the baller room were in accordance with 42 Code of Federal removed. The noted oil leak on the Regulation, Part 483: Requirements for Long floor from the elevator hydraulic Term Care Facilities. The facility was surveyed for elevator pumps was corrected. The compliance using the LSC 2012 Existing regulations. The facility was not compliance with storage noted to be disorderly in the Requirements for Participation Medicare and the storage room for activities in Medicaid. the basement was reorganized. The facility has only one boller. The findings that follow demonstrate room, and one activities storage non-compliance with Title 42 Code of room, therefore no additional Regulations, 483.70(a) et seg (Life Safety from Fire.) reviews were needed. Additional elevator hydraulic pumps will be K 100 General Requirements - Other K 100 SS=E CFR(s): NFPA 101 reviewed for signs of leakage. 3. The Executive Director/ designee. General Requirements - Other will educate the Maintenance List in the REMARKS section any LSC Section. Director on the importance of NFPA 18.1 and 19.1 General Requirements that are not 101 General Requirements- Other addressed by the provided K-tags, but are specific to maintaining the boiler deficient. This information, along with the room free of combustible storage, applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. the elevator hydraulic pumps free This REQUIREMENT is not met as evidenced of leakage, and keeping the activities storage room organized, Based upon observations the electrical and will continue to monitor in

is observed that there is combustible materials ARGRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Between 10:15 AM and 3:15 PM or 2/18/2020, it

equipment rooms are not maintained clear of

TITLE

further review.

5. Date of Compliance- 4/2/20

accordance with NFPA standards.

4. Any findings will be reported to the monthly QAPI Committee for

(XE) 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 disclosuble 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 ofted, an approved plan of correction is requisite to continued program participation.

combustible material.

Findings include

DEPARTMENT OF HEALTH AND HUMAN SERVICES Printed: 02/25/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND FLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 B. WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (Xb) COMPLETION PREHIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE TAG DALE DEFICIENCY) K 100 Continued From page 1 K 100 stored in boiler room. Referenced by Virginia Statewide Fire Prevention Code 313.1 Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is oil leaking on the floor from the elevator hydraulic elevator pumps. Referenced by Virginia Statewide Fire Prevention Code 313.1 Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the storage is not orderly in K 161 storage room for activities in the basement. Referenced by Virginia Statewide Fire Prevention 1. The communications cable noted Code 315.3 penetrating the fire rated floor in K 161 Building Construction Type and Height the mechanical room in the shower K 161 SS=D CFR(s): NFPA 101 room was fire stopped with a listed design and product. Building Construction Type and Height 2. Additional fire rated floors were 2012 EXISTING reviewed for improperly sealed Building construction type and stories meets penetrations. Table 19.1.6.1, unless otherwise permitted by The Executive Director/ designee 19.1,6.2 through 19.1.6.7 will educate the Maintenance 19.1.6.4, 19.1.6.5 Director on the importance of NFPA Construction Type 101 Building Construction Type and I (442), I (332), II (222) Height specific to properly sealing Any number of stories fire rated floor penetration with a non-sprinklered and listed design and product, and will sprinklered continue to monitor in accordance

non-sprinklered

nan-sprinklered

sprinklered

II (111)

11 (000)

III (211)

One story

Maximum 3 stories

Not allowed

Maximum 2 stories

2

3

with NFPA standards.

5. Date of Compliance- 4/2/20

further review.

4. Any findings will be reported to the

monthly QAP! Committee for

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 B. WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CHY, STATE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREEIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE GATE TAG OR LSC IDENTIFYING INFORMATION). CROSS-REFERENCED TO THE APPROPRIATE. TAC DEFICIENCY K 161 Continued From page 2 K 161 sprinklered 5 IV (2HH) 6 V (111) III (200) Not allowed non-sprinklered 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 Based upon observations there is penetrations that are not fire stopped to maintain the required fire resistance ratings of the assemblies. Findings include Between 10:15 AM and 3:15 PM on 2/18/2020, it. is observed that there is a communications cable penetrates the fire rated floor in the mechanical room in the shower room that is not fire stopped with a listed design and product, K 222 Egress Doors K 222

arrangements:

SS=D CFR(s): NFPA 101

Egress Doors

Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless. using one of the following special locking

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 B. WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY COMPLETION PREFIX IEACH CORRECTIVE ACTION SHOULD BE TAG OR USC IDENTIFYING INFORMATION). DATE CROSS-REFFRENCED TO THE APPROPRIATE AG DEFICIENCY K 222 Continued From page 3 K 222 CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the K 222 clinical security needs of the patient are used. only one locking device shall be permitted on Pertinent staff will be re-educated each door and provisions shall be made for the on procedures to unlock all the rapid removal of occupants by: remote control of locks in the dementia unit on the locks: keying of all locks or keys carried by staff second floor in case of an at all times; or other such reliable means emergency. available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.5, 19.2.2.2.5.1, 19.2.2.2.6 2. The facility has only one dementia. SPECIAL NEEDS LOCKING ARRANGEMENTS unit, therefore no additional Where special locking arrangements for the reviews were needed. safety needs of the patient are used, all of the The Executive Director/ designee Clinical or Security Locking requirements are will educate pertinent staff on the being met. In addition, the locks must be Importance of NFPA 101 Egress electrical locks that fail safely so as to release upon loss of power to the device; the building is Doors specific to procedures to protected by a supervised automatic sprinkler unlock all the locks in the dementia system and the locked space is protected by a unit on the second floor in case of complete smoke detection system (or is an emergency, and will continue to constantly monitored at an attended location monitor in accordance with NFPA within the locked space); and both the spankler standards. and detection systems are arranged to unlock the 4. Any findings will be reported to the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 monthly QAPI Committee for **DELAYED-EGRESS LOCKING** further review. ARRANGEMENTS 5. Date of Compliance- 4/2/20 Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic

ARRANGEMENTS

automatic sprinkler system. 18.2.2.2.4. 19.2.2.2.4

fire detection system or an approved, supervised

ACCESS-CONTROLLED EGRESS LOCKING

Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be

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(X2) MULTIPLE CONSTRUCTION X11 PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES X0) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 01 - MAIN BUILDING 01 COMPLETED. 495327 B. WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. (X5) COMPLETION **FREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR USC/DENTIFYING INFORMATION: DAIL TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 222 Continued From page 4 K 222 permitted. 18.2.2,2,4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised K 225 automatic sprinkler system. 18.2.2.2.4. 19.2.2.2.4 1. The painted label noted on the fire This REQUIREMENT is not met as evidenced rated door on center stairway on bv: first floor will be corrected. The fire Based upon questions and observations staff did rated door, noted with holes inside not know how to unlock the doors at the nurse the stairway on the second floor in station in case of emergency. the dementia unit, will be replaced. The fire rated door to the center Findings include stair on the second floor, noted Between 10:15 AM and 3:15 PM on 2/18/2020, a. with plates on the inside of the question was asked to a staff member on how to stairway door to cover holes, will be unlock all the locks in the dementia unit on the replaced. The communications second floor in case of an emergency. The cable noted entering the stairway answer was she did not know how to do it at the and exiting the stairway, and not nurse station. associated with the stairway on the K 225 Stairways and Smokeproof Enclosures second floor, will be corrected. A K 225 SS=E CFR(s): NFPA 101 Time Limited Waiver (TLW) request is being submitted with the Plan of Stairways and Smokeproof Enclosures Correction for this tag. Stairways and Smokeproof enclosures used as 2. Additional fire rated door labels will exits are in accordance with 7.2. be reviewed for being painted. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 Additional fire rated doors will be reviewed for holes and plates covering holes. Additional stairways will be reviewed for communication cables entering and This REQUIREMENT is not met as evidenced exiting and not being associated with the stairway. Based upon observations the fire rated stairways has fire rated doors and frames that have holes in

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE, 2010000 **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PRESIX (EACH CORRECTIVE ACTION SHOULD BE OR LISC IDENTIFYING INFORMATION: 163 DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 225 Continued From page 5 K 225 The Executive Director/ designee them. There is items that are not associated with will educate the Maintenance the stairway. Director on the importance of NFPA 101 Stairways and Smokeproof Findings include Enclosures specific to maintaining fire rated fire rated stairway doors Between 10:15 AM and 3:15 PM on 2/18/2020, it labels free of paint, maintaining fire is observed that the label on the fire rated door is rated stairway doors free of holes. painted tag on center stairway on first floor. and maintaining stairways free of communication cables exiting and Between 10:15 AM and 3:15 PM on 2/18/2020, it is abserved that there is are holes in the fire rated entering and not being associated door inside the stairway on the second floor in the with the stairway, and will continue to monitor in accordance with NFPA dementia unit. standards. Between 10:15 AM and 3:15 PM on 2/18/2020, it Any findings will be reported to the is observed that there are plates on the inside of monthly QAPI Committee for the stairway door to cover holes in the fire rated further review. door to the center stair on the second floor. Date of Compliance- 5/19/2020 Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is a communications cable 1. The exit sign at the front entrance that enters the starrway and exits the stairway noted not to be self-illuminating and not associated with the stairway on the was replaced. second floor. Additional exit signs will be K 293 Exit Signage K 293 reviewed for proper self-SS=D CFR(s): NFPA 101 illumination. The Executive Director/ designee Exit Signage will educate the Maintenance 2012 EXISTING Exit and directional signs are displayed in Director on the importance of NFPA accordance with 7,10 with continuous illumination 101 Exit Signage specific to also served by the emergency lighting system. maintaining exit signs to properly 19.2.10.1 self-illuminate, and will continue to (Indicate N/A in one-story existing occupancies monitor in accordance with NFPA with less than 30 occupants where the line of exit travel is obvious.) standards. Any findings will be reported to the This REQUIREMENT is not met as evidenced monthly QAPI Committee for Based upon observations there is an exit sign further review. that is not illuminated.

5.

Date of Compliance- 4/2/20

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CUA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 B, WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION: (205) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY COMFLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) DATE TAG IAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY: K 293 | Continued From page 6 K 293 1. The fire rated soiled utility room Findings include door across from the day room noted with greater than 1/8 inch. Between 10:15 AM and 3:15 PM on 2/18/2020 it gaps, door damage, and door frame is observed that the exit sign is not self-illuminated at main entrance. holes will be replaced. The wing K 321 Hazardous Areas - Enclosure K 321 two soiled utility room fire rated SS=E| CFR(s): NFPA 101 door, noted with holes and missing plates covering the openings left. Hazardous Areas - Enclosure from hinges being removed from Hazardous areas are protected by a fire barrier the door, will be replaced. The having 1-hour fire resistance rating (with 3/4 hour. opening and penetrations noted in fire rated doors) or an automatic fire extinguishing the fire rated boiler room wall will system in accordance with 8.7,1 or 19.3,5.9. be fire stopped with a listed design When the approved automatic fire extinguishing and product. A Time Limited system option is used, the areas shall be Waiver (TLW) request is being separated from other spaces by smoke resisting submitted with the Plan of partitions and doors in accordance with 8.4. Correction for this tag. Doors shall be self-closing or automatic-closing Additional hazard room doors and and permitted to have nonrated or field-applied hazard room walls will be reviewed protective plates that do not exceed 48 inches for gaps greater than 1/8 inch, from the bottom of the door. damaged doors and frames, and Describe the floor and zone locations of improperly sealed penetrations. hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 3. The Executive Director/ designee will educate the Maintenance Area Automatic Sprinkler Director on the importance of NFPA Separation N/A 101 Hazardous Areas- Enclosure a. Boiler and Fuel-Fired Heater Rooms specific to properly maintaining b. Laundnes (larger than 100 square feet) hazard room doors gaps, doors, and c. Repair, Maintenance, and Paint Shops frames, as well as properly sealing d. Soiled Linen Rooms (exceeding 64 gallons) penetrations on and hazard room e. Trash Collection Rooms

by:

(exceeding 64 gallons)

(over 50 square feet)

Hazard - see K322)

f. Combustible Storage Rooms/Spaces

g. Laboratones (if classified as Severe

This REQUIREMENT is not met as evidenced

walls, and will continue to monitor.

n accordance with NFPA standards.

4. Any findings will be reported to the

monthly QAPI Committee for

Date of Compliance 5/19/20

further review.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER:

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

(X3) DATE SURVEY COMPLETED

495327

B. WING _

02/18/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY, STATE, ZIP CODE

NVOY OF WESTOVER HILLS		4403 FOREST HIL RICHMOND, VA 2			
(X4) ID PRECIX TAG	SUMMARY STATEMENT OF DEHICIENCIES (EACH DEHICIENCY MUST RE PRECEDED BY FULL REC OR LSC IDENTIFYING INFORMATION;	BULATORY PRECIX TAG		PROVIDER'S PLAN OF CORRECTION AGENCY DSS-REFERENCED TO THE APPROPRIATE DEHICIENCY	(XS) COMPLETIO DATE
K 321	Continued From page 7 Based upon observations hazardous areas a not maintained to provide required separation or fire resistant ratings for the hazardous are. There are fire rated doors or frames that have holes in them, fire rated walls that have penetrations and openings that are not fire stopped and have gaps that are greater that allowed according of NFPA 80 that could allowed and hot gasses to pass through the definitings include	n and as. è			
	Between 10:15 AM and 3:15 PM on 2/18/202 is observed that the fire rated door to soiled a room across from day room has gaps that are greater than 1/8 of an inch between the door frame, the door is damaged and the frame has holes in it. Between 10:15 AM and 3:15 PM on 2/18/202 is observed that there are holes in the fire ratedoor and there is no plates covering the open left from hinges being removed from the door in wing two soiled utility room.	tility e and s 0, it ed ings	K 345 1. 2.	for the antifreeze system, the missing fire alarm module cover that is not secured to the box in the old crematorium room will be repaired. Additional tamper switches and fire alarm modules will be reviewed for missing covers and being secured.	
	Between 10:15 AM and 3:15 PM on 2/18/202 is observed that the fire rated boiler room wall has an opening and penetrations that are not stopped with a listed design and product.	ĺ		Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance specific to properly maintaining the tamper switches	
	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained accordance with an approved program compl with the requirements of NFPA 70. National Electric Code, and NFPA 72. National Fire Ala	n ying	4.	and fire alarm modules, and will continue to monitor in accordance with NFPA standards.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED			
	495		3. WNG		02/18/2020			
	ENVOY OF WESTOVER HILLS 440			02/18/2020 ITADDRESS CITY, STAIL, ZIP CODE 03 FOREST HILL AVENUE CHMOND, VA 23225				
(X4) ID PREFIX TAG	(FACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES OF BE PRECEDED BY FULL REGUL ENTIFYING INFORMATION;	ATORY ID PREFIX TAG .	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REHERENCE TO TH DEFICIENCY	ON SHOULD BE COMPLETION DATE			
K 353 SS=E	available. 9.6.1.3, 9.6.1.5 NFP. This REQUIREMENT by: Based upon observat system is not maintai Findings include Between 10.15 AM at is observed that the to system has a missing module cover is missi secured to the box in Sprinkler System - Ma CFR(s): NFPA 101 Sprinkler System - Ma Automatic sprinkler at inspected, tested and with NFPA 25, Standa Testing, and Maintain Protection Systems. Fi maintenance, inspecti maintained in a secur- available. a) Date sprinkler sys b) Who provided sys c) Water system sup Provide in REMARKS for any non-required of system. 9.7.5, 9.7.7, 9.7.8, and 9.7.5, 9.7.7, 9.7.8, and 9.7.5, 9.7.7, 9.7.8, and	Records of system ance and testing are readily A 70, NFPA 72 is not met as evidenced sions that the fire alarm ned according to NFPA 72. In a 3:15 PM on 2/18/2020, is amper switch for antifreeze cover and the fire alarming and the module is not the old crematorium room. In a sintenance and Testing and standpipe systems are all maintained in accordance red for the Inspection, and of Water-based Fire tecords of system design, on and testing are allocation and readily them last checked term test. In a coverage readily source information on coverage repartial automatic sprinklet.	t K 353	K 353 1. The damaged, totally imissing at various local could allow hot gases the ceiling and could a operation of the sprint will be corrected. The pipe in the center stail floor Landing noted to down and the sprinkle deflector is not paralle ceiling will be corrected. 2. Additional sprinkler he reviewed for proper and the sprinkler be reviewed for proper and the sprinkler by the sprinkler Systemand Testing specific to the proper alignment heads, and will continuing accordance with NF Any findings will be remonthly QAPI Committuether review.	in place or ations that to pass above affect the kler system e sprinkler r at the first to be angling er head el with the ed. eads will be slignment. or designee tenance tance of NFPA Maintenance to maintaining of sprinkler sue to monitor FPA standards. exported to the			

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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

495327

B. WING_

02/18/2020

NAME OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS

STREET ADDRESS, CHY, STATE, ZIP CODE

4403 FOREST HILL AVENUE RICHMOND, VA 23225

	RICH	IMOND, VA 23	225	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETICA CATL
K 353	Continued From page 9	K 353	K 374	
	Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include		 The door chock was removed from the noted door in the smoke barrier fire rated door. The smoke barrier door and frame between the office and therapy, noted with an unlisted 	
	Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is damaged, totally in place or missing at various locations that could allow hot gases to pass above the ceiling and could		fire rated door and frame, will be replaced. The smoke barrier doors in wing three noted with a gap greater than 1/8 of an inch between the doors, the door	
	affect the operation of the sprinkler system. Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that a sprinkler pipe in the center stair at the first floor Landing is angling down and the sprinkler head deflector is not parallel with the ceiling.		coordinators are not working properly, and the door hardware is not listed will be repaired. A Time Limited Walver (TLW) request is being submitted with the Plan of Correction for this tag. 2. Additional smoke barrier doors will be reviewed for non-approved hold	
	Subdivision of Building Spaces - Smoke Barrier 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 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	K 374	open devices, and listed doors and frames. Additional cross-corridor smoke barrier doors will be reviewed for gaps greater than 1/8 inch between the doors, door coordinators working properly, and listed hardware. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces-Smoke Barrier Doors specific to properly maintaining smoke barrier doors, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for	
	by: Based upon observations the smoke barrier fire		further review. 5. Date of Compliance - 5/19/20	

Ponted: 02/25/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDENSUPPLIERICI IA IDENTIFICATION NUMBER:		13 78	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE ST COMPLE								
	49532			B. WING		02/18/2020								
	NVOY OF WESTOVER HILLS 4403 F		ADDRESS, CITY, STATE ZIP GODE 3 FOREST HILL AVENUE HMOND, VA 23225											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY YUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)		(FACH DEFICIENCY YUST BE PRECEDED BY FULL REGULATORY			(FACH DEFICIENCY YUST BE PRECEDED BY FULL REGULATORY			(FACH DEFICIENCY YUST BE PRECEDED BY FULL REGULATORY PREFIX (FACH ((FACH CORRECTIVE ACTION :	PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
K 374	Findings include Between 10:15 AM a is observed that the s	ge 10 ps between the doors the pass through the doors and 3:15 PM on 2/18/20 smake barrier fire-rated -approved hold open de	zD, it door	K 374	K 521									
	is observed that the signame between the or listed fire rated door. Between 10:15 AM a is observed that the signamer doors is great between the doors, the signamer doors is the signamer doors, the signamer doors is great between the doors.	nd 3:15 PM on 2/18/20. gap between the smoke er than 1/8 of an inch he door coordinators an the door hardware is n	a 20, it e not		 The required 4 yr. dar will be completed by a vendor. The dryer line system will be cleaned qualified vendor. There is only one required 4 yr. damper testing cleaning of the dryer is system, therefore no addreviews were needed. 	a qualified t extraction if by a irement for ig, and int extraction								
	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, a comply with 9.2 and a accordance with the specifications. 18.5.2.1, 19.5.2.1, 9.5	end air conditioning sha shall be installed in manufacturer's		K 521	3. The Executive Director/ will educate the Mainter Director on the importar 101 HVA specific to comprequired 4 yr. damper te cleaning of the dryer lint system. These items will to the facility's TELS Prev Maintenance (PM) Caled will continue to be moni accordance with NEPA st. Any findings will be repo	nance nce of NFPA pleting the sting and extraction be added ventative idar, and tored in landards. rted to the								
	by: Based upon interview	is not met as evidences is the facility does not have he	nave		monthly QAPI Committe further review. 5. Date of Compliance- 4/2									

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495327		(X2) MULTIPL A. BUILDING ((X3) DATE SURVEY COMPLETED			
				B. MNG	B. WING			02/18/2020		
NAME OF PROVIDER OR SUPPLIER ENVOY OF WESTOVER HILLS		STREET ADDRESS, CITY, STATE ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225								
(X4) IQ PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES TEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULA OR LISC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			ID PREAIX TAG		PROVIDER'S PLAN OF CORRECTOR ACTION SHO DSS-REFERENCED TO THE APP DEFICIENCY)	CULD BE	(Xd) COMPLETION DATE
	inspected and tested Also the facility does cleaning the dryer liming. Findings include: Between 10:15 AM a during review of documents the fire damper insperies every four years is not between 10:15 AM at is observed that many	within the last four year not have documentation textraction system. and 3:15 PM on 2/18/202 imentation it is observed to and testing report available at time of surfactures recommendator cleaning of dryer lint.	n for 20, d that s irvey.	K 521	K 712	The type of weather and information, noted miss	ing on some			
	Fire Drills Fire drills include the signal and simulation conditions. Fire drills a unexpected times und least quarterly on each with procedures and it of established routine conducted between 9 coded announcement audible alarms. 19.7.1.4 through 19.7 This REQUIREMENT by: Based upon observations.	are held at expected ander varying conditions, ash shift. The staff is familis are purely where drills are purely with a support of the condition of the condit	d liar art of		3.	of the Fire Evacuation Divill be corrected. Additional Fire Evacuation Reports will be reviewed type of weather and time the drills. The Executive Director/will educate the Mainter Director on the important 101 Fire Drills specific to recording the required in on the Fire Evacuation D and will continue to more accordance with NFPA stany findings will be reportantly QAPI Committee further review. Date of Compliance- 4/2	on Drill d for the les during designee nance nce of NFPA properly information orill Reports, nitor in tandards. orted to the les for			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:

495327

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

(X3) DATE SURVEY COMPLETED

B. WING _

02/18/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY, STATE ZIP CODE

ENVOY OF WESTOVER HILLS

4403 FOREST HILL AVENUE

X4) (D REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULANCE INFORMATION)	1,000,00	(5	PROVIDER'S PLAN OF CORRECTION. ACH CORRECTIVE ACTION SHOULD BE	(X5) DOMPLETICS DATE
		TAG	CRO	ISS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	XI
K 712	Continued From page 12	K 712	1.	The annual generator inspection	
		es lu		and testing report will be acquired	
	Between 10:15 AM and 3:15 PM on 2/18/2020		K 918	from the facility's generator	T.
	during review of documentation of the fire drills is observed that not all of the information is in			vendor. The required 3 yr. 4hr.	Ĭ.
	fire evacuation drill reports. The type of weather			generator load bank test will be	
	and some of the times are missing on some of			completed by a qualified vendor.	
	the reports.			Documentation of the weekly	
K 018	Electrical Systems - Essential Electric Syste	1000		emergency generator inspections	
	CFR(s): NFPA 101	K 918		will be completed.	21
33-0	011(0), IN 17 101		2.	2. C.	
	Electrical Systems - Essential Electric System		٤.	and redained attitudi	
	Maintenance and Testing			generator inspection, and one	
	The generator or other alternate power source	i i		required 3 yr. 4 hr. generator load	
	and associated equipment is capable of supply	ring		bank test, therefore no additional	
	service within 10 seconds. If the 10-second			reviews were needed. Additional	
	criterion is not met during the monthly test, a			weekly generator inspection	
	process shall be provided to annually confirm t	his		reports will be reviewed for missing	
	capability for the life safety and critical branche	es.		documentation	
	Maintenance and testing of the generator and		3.	The Executive Director/ designee	
i	transfer switches are performed in accordance with NFPA 110.	1		will educate the Maintenance	
1	Generator sets are inspected weekly, exercise	4		Director on the importance of NFPA	
1	under load 30 minutes 12 times a year in 20-40			101 Electrical Systems- Essential	1
1	day intervals, and exercised once every 36			Electrical System specific to	
-	months for 4 continuous hours. Scheduled test			maintaining documentation of the	
- 1	under load conditions include a complete			required annual generator	
	simulated cold start and automatic or manual			inspection, the required 3 yr. 4 hr.	
	transfer of all EES loads, and are conducted by			generator load bank test, and	
	competent personnel. Maintenance and testing				
1	stored energy power sources (Type 3 EES) are	e in		weekly emergency generator	
	accordance with NFPA 111. Main and feeder			inspections. These items will be	
	circuit breakers are inspected annually, and a			added to the facility's TELS PM	
	program for periodically exercising the components is established according to			Calendar, and will continue to be	
	manufacturer requirements. Written records of			monitored in accordance with NFPA	
1	maintenance and testing are maintained and			standards.	
	readily available. EES electrical panels and		4.	Any findings will be reported to the	60
	circuits are marked, readily identifiable, and	1		monthly QAPI Committee for	
	separate from normal power circuits. Minimizing	g		further review.	
	the possibility of damage of the emergency pov	ver	5.	Date of Compliance- 4/2/20	

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(X2) MUITIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES. X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 495327 B. WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAFE, ZIP CODE **ENVOY OF WESTOVER HILLS** 4403 FOREST HILL AVENUE RICHMOND, VA 23225 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SCMPLETION. TAG OR LSC IDENTIFYING INFORMATION). DATE TAG DEFICIENCY) K 918 Continued From page 13 K 918 source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced Based upon review of documentation that there is not complete documentation of the testing and inspection of the emergency generator according NFPA 110. Findings include Findings include K 919 Between 10:15 AM and 3:15 PM on 2/18/2020. 1. The flexible rubber cord noted during review of documentation it is observed that running above the ceiling to the the annual emergency generator testing and nurse call station control panel by inspection report is not available at time of nurse's station second floor North survey. wing will be corrected. The missing cover on thermostat temperature control for water heater in the Between 10:15 AM and 3:15 PM on 2/18/2020, basement will be replaced. The during review of documentation it is observed that junction box for the motor of the the emergency generator testing and inspection elevator hydraulic gump noted not report that the generator has been run under load completely closed, and the noted for four hours within the last three years is not exposed wire connections, will be available at time of survey. corrected. The Junction box noted to be unsecured, and the wiring and box noted to be not approved for Between 10:15 AM and 3:15 PM on 2/18/2020. the type of construction of the during review of documentation it is observed that building, will be corrected. The as of 12/10/2019 that the reports for the weekly noted labeling of electrical systems inspections of the emergency generator was not for the circuits that feed the available at time of survey. disconnect, and what circuits that the disconnect feeds, will be K 919 Electrical Equipment - Other K 919 properly abeled. SS=D CFR(s): NFPA *01 2. Additional areas above the ceiling Electrical Equipment - Other will be reviewed for flexible List in the REMARKS section any NFPA 99

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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

495327

B. WING ___

02/18/2020

NAME OF PROVIDER OR SUPPLIER **ENVOY OF WESTOVER HILLS**

STREET ADDRESS, CITY, STATE, ZIP CODE

4403 FOREST HILL AVENUE

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY HULL REGULA)	FORY PREFIX		COMPLETION
TAG	OR LIST IDENTIFYING INFORMATION)	TAG		DATE
K 919	Continued From page 14 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. Findings include Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that flexible rubber cord running above the ceiling to the nurse call station control panel by nurses station second floor North wing 4. Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that cover is missing on thermostat temperature control for water heater in the basement. Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is a junction box for the motor of the elevator hydraulic pump is not completely closed and there are exposed wire connections. Between 10:15 AM and 3:15 PM on 2/18/2020 it is observed that Junction box not secured properly and the wiring and box is not approved for the type of construction of the building. Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that Junction box not secured properly and the wiring and box is not approved for the type of construction of the building.	K 919	cordage. Additional water heaters will be reviewed for missing thermostat temperature control covers. Additional junction boxes will be reviewed for being properly closed, exposed wiring, being properly secured and being approved for the type of construction of the building. Additional electrical system circuits that feed disconnects will be reviewed for proper labeling. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Equipment- Other specific to properly maintaining flexible cordage above ceilings, water heater thermostat temperature control covers, junction boxes and electrical system disconnect circuit labeling, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- 4/2/20	

DEPARTMENT OF HEALTH AND HUMAN SE	RVICES
CENTERS FOR MEDICARE & MEDICAID SE	RVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA, IOEN HEIGATION NUMBER:			CONSTRUCTION - MAIN BUILDING 01	(X3) DATE S COMPL	URVEY ETED
		495327		B. WING	70	02	18/2020
ENVOY OF WESTOVER HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FÖREST HILL AVENUE RICHMOND, VA 23225					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIES STIBE PRECEDED BY FULL REC SENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(Xb) COMP, STION DATE
K 919	does not note what c	ge 15 ircuits feeds the disconrect feeds, t the disconnect feeds,	nect	K 919			