

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

PRINTED: 12/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

ABERDEEN GARDENS

STREET ADDRESS, CITY, STATE, ZIP CODE

**1421 ABERDEEN ROAD
HAMPTON, VA 23666**

(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
K000	INITIAL COMMENTS INITIAL COMMENTS K 000 Description of structure: one story combustible frame building Sprinkler status: fully sprinklered-Type V (000) An unannounced recertification Life Safety Code survey was conducted on 12-17-2020 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Mental Retardation. The facility was surveyed for compliance using the 2012 edition of NFPA-101, Life Safety Code (New) regulations. The facility was in compliance with the requirements for participation Medicare and Medicaid.	K000		
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance 2012 NEW 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on record review, it was revealed that a smoke detector sensitivity test had not been conducted within the first year of operation. Findings include:	K0345	The facility has contacted the fire systems contractor and requested the smoke detector sensitivity test. Due to the holiday season, the next available appointment was scheduled for the second week in January 2021 (See Attachment A)	1/18/2021

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

TITLE

(X6) DATE

Ronice Williams Residential Service Manager 12/29/2020

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: 12/21/2020
FORM APPROVED
OMB NO. 0938-039 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 • MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2020
---	---	---	---

NAME OF PROVIDER OR SUPPLIER

ABERDEEN GARDENS

STREET ADDRESS, CITY, STATE, ZIP CODE

1421 ABERDEEN ROAD
HAMPTON, VA 23666

(X4) 10 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
K0345	Continued From page 1 On December 17, 2020 between the hours of 1 pm and 3 pm, it was revealed that there was no smoke detector sensitivity report for the fire alarm system smoke detectors as required by NFPA 72, within one year of installation, and every two years thereafter. The Administrator and Supervisor confirmed these findings.	K0345	The facility has contacted the fire systems contractor and requested the smoke detector sensitivity test. Due to the holiday season, the next available appointment was scheduled for the second week in January 2021 (See Attachment A)	1/18/2021