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

Printed: 05/21/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER CRI SUPPLIER ALBEMARLE HEALTH AND REMABILITATION CENTS  STREET ADDRESS CITY, STATE, ZEP CODE  1540 FOUNDERS PLACE CHARLOTTESVILLE, VA 22992  (PACH DEPLICABLY THIN MAY SEPRENCEDIBLE OF FLAR REGULATORY TAG  INITIAL COMMENTS  WHERE THE REGULATORY TAG  INITIAL COMMENTS  WHERE THE REGULATORY TAG  INITIAL COMMENTS  K 000  INITIAL COMMENTS  Sprinkler status Fully Sprinklered, NFPA 13 System, Quick Response Heads.  An unannounced recrification Life Safety Code survey was conducted Off/10/2018 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 Tille 42 Code or Regulations, 483. 70(a) et seq Life Safety from Fire.)  SSS=F  CFR(s). NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standing of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing and maintained in a secure location and readily available.  a) Date sprinkler system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A BUILDING 01 - MAIN BUILDING			(X3) DATE SURVEY COMPLETED					
ALBEMARLE HEALTH AND REHABILITATION CENT  INT JO SUMMARY STATEMENT OF DEFICIENCIES PREKEN (EACH DEPICIENCY WILET BE PRECEDED BY FILL REQUILATIONY TAG  INITIAL COMMENTS  K 000 INITIAL COMMENTS  K 000 INITIAL COMMENTS  Construction Type: V(III)  Sprinkler status: Fully Sprinklered, NFPA 13 System, Quick Response Heads.  An unannounced recertification LIfe Safety Code survey was conducted 05/10/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. 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 353 Sprinkler System - Maintenance and Testing Automatic sprinkler and standipipe systems are inspected, tested, and maintained in accordance with NPA 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  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler  To submary trace and submarities of Correction 5-17-18.  Sprinkler Objection Systems are inspection, and the submarities of the securities of the submarities of the submariti	495420			B. WING			05/10/2018					
PREFIX TAG  ROUSE DEPATPHING INFORMATION TAG  ROUSE OF DEPATPHING INFORMATION TAG  ROUSE DEPATPHING INFORMATION TO THE STATEMENT OF THE STATEMENT OF THE AGE OF THE AG	NAME OF PROVIDER OR SUPPLIER  ALBEMARLE HEALTH AND REHABILITATION CENTE  STREET ADDRESS, CITY, STATE, ZIP CODE  1540 FOUNDERS PLACE											
Description of Structure: This is a 1 story, fully sprinklered building of protected construction.  Construction Type: V(III)  Sprinkler status: Fully Sprinklered, NFPA 13 System, Quick Response Heads.  An unannounced recertification Life Safety Code survey was conducted 05/10/2018 in accordance with 42 Code of Federal Regulation, Part 483. Requirements for Long Term Care Facilities. The facility was not in compliance with Title 42 Code of Regulations, the facility was not in compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)  K 353 SS=F  CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained of water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained on a secure location and readily available.  a) Date sprinkler system lest  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		D BE COMPLI	ETION			
LYBORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	к 353 SS=F	Description of Structus prinklered building of Construction Type: V Sprinkler status: Fully System, Quick Responsively was conducted with 42 Code of Feder Requirements for Long facility was surveyed LSC 2012 Existing regard to the compliance with Participation Medical The findings that follow non-compliance with Regulations, 483.70(Fire.)  Sprinkler System - M CFR(s): NFPA 101  Sprinkler System - M Automatic sprinkler a inspected, tested, an with NFPA 25, Stand Testing, and Maintain Protection Systems. maintenance, inspection maintenance, inspection in a secular analysis of the sprinkler system survivalence of the system survivalence	ure: This is a 1 story, fure of protected construction of protected construction (IIII)  y Sprinklered, NFPA 13 onse Heads.  ertification Life Safety Code 05/10/2018 in accorderal Regulation, Part 48 and Term Care Facilities for compliance using the equilations. The facility with the Requirements for reand Medicaid.  but demonstrate Title 42 Code of a) et seq (Life Safety for laintenance and Testing and standpipe systems and maintained in according and testing are relocation and testing are relocation and readily stem last checked stem test pply source  S information on coverator partial automatic spring in the standpipe system of the control of the standard for the control of the system destion and testing are relocation and readily stem last checked	Code lance 3: . The ne vas om are ance e ign,	K 353	correction do not consulted alleged of To remain federal and center has set forth correction allegation deficiency corrected indicated indicated allegation deficiency corrected indicated allegation deficiency corrected indicated allegation deficiency allegation	n are not an admission enstitute an agreement eficiencies herein in compliance with all not state regulations, the staken or will take the in the following plan of in. The fo	to and with the le actions  f 's eged will be lon 5- r and  will be ng and ee to be to be dings. 17-18.				

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

Printed: 05/21/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION 01 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED				
495420				B. WING		05/10/2018				
NAME OF PROVIDER OR SUPPLIER  ALBEMARLE HEALTH AND REHABILITATION CENTI  CHARLOTTESVILLE, VA 22902										
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	(X5) COMPLETION DATE				
K 353	9.7.5, 9.7.7, 9.7.8, and This REQUIREMENT by: Based upon observating facility failed to test a sprinkler system. The occupants of the build. The findings include: On 05/10/2018 at approbative of the displayment of the Cabove the drop-in certain of the 100 corridor. The Facility Maintena Administrator witness interview and observed.	Id NFPA 25 I is not met as evidence tions and interviews the and maintain the building is has the ability to affect ding.  Proximately 2:57 PM it was to cable and other wiring PVC fire sprinkler pipir ling near patient room a smoke barrier doors.  Ince Director and	g fire ct all was g	K 353						