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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495339	A. BUILDING 01 - MAIN BUILDING 0101 B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

(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 main facility is a one story building with a construction type of II (000) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03-08-2019 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 findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies cited herein. To remain in compliance with all Federal and State regulations, the facility has or will take the following actions set forth in the following plan of correction. The alleged deficiencies cited have been or will be corrected by the dates indicated.	
K 281 SS=E	Illumination of Means of Egress CFR(s): NFPA 101 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based upon observation and interview, the facility failed to maintain battery operated electric lights. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03-08-2019 at 1:45 pm, it is observed that hallway egress light #18A did not operate on DC power.	K 281	1.Work order submitted for the repair of light #18A. Batteries were found defective and were replaced. Light has been tested and is working correctly. 2. Safety Manager and Assistant Admin checked all egress lights for proper functioning. 3.All egress lights will be inspected monthly for 30 seconds to ensure lights are properly functioning. 4. Safety Committee will review monthly safety inspections to ensure continued compliance of all egress lights.	4/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: PRESIDENT / CEO — (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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	495339	A. BUILDING 01 - MAIN BUILDING 0101 B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

(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 281	Continued From page 1 The Safety Manager witnessed this evidence through inspection and observation on 03-08-2019 at 3:00 PM during the exit interview.	K 281		
K 331 SS=E	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). This REQUIREMENT is not met as evidenced by: Based upon observations of the suspended ceiling system and other ceilings have components that are not maintained according to manufacturer's installation recommendations.This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03-08-2019 at 2:30 pm, it is observed that the Server Room has missing ceiling tile.. The Safety Manager witnessed this evidence through inspection and observation on 03-08-2019 at 3:00 PM during the exit interview.	K 331	1.The missing ceiling tile was replaced. 2. Safety Manger inspected all areas in the building to ensure there were no other missing tiles. 3. Safety Manager will perform quarterly visual inspections for missing ceiling tile. 4. Safety Committee will review inspections quarterly to ensure continued compliance.	4/21/19

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	495339	A. BUILDING 02 - MOORE CENTER B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

(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 main facility is a one story building with a construction type of V (111) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03-08-2019 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 findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies cited herein. To remain in compliance with all Federal and State regulations, the facility has or will take the following actions set forth in the following plan of correction. The alleged deficiencies cited have been or will be corrected by the dates indicated.	
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: Based upon interviews and observations of the fire alarm system reports that there are components that are not maintained according to NFPA 72. This has the ability to affect all occupants in the effected compartment of the building. Findings include	K 345	1. Inspection will be scheduled with the fire alarm contractor. 2. The sensitivity of all smoke detectors in the building will be checks per regulatory requirements. 3. Annual inspections will be scheduled with the fire alarm contractor. Inspection reports will be reviewed by the Safety Manager at the time of the inspection to ensure proper documentation. 4. Safety Committee will review inspection reports annually to ensure continued compliance.	4/21/19

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

President / CEO

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	495339	A. BUILDING 02 - MOORE CENTER B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

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K 345	Continued From page 1 On 03-08-2019 at approximately 2:45 pm, it is observed on Mitchell Wade Associates' completed annual fire alarm inspection on 01-29-2019 has no documentation of the smoke detector sensitivity measurements. The Safety Manager witnessed this evidence through observation on 03-08-2019 at 3:00 PM during the exit interview.	K 345		
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire rated smoke barrier as required by the Life Safety Code. This has the ability to effect all occupants in the building. Findings include On 03-08-2019 at approximately 11:45 am, it is observed by inspection that the ceiling area in the basement mechanical room has unprotected conduit and wire penetrations or with an approved	K 372	1. Penetration will be properly sealed. 2. Education will be provided to maintenance staff on the proper technique to seal penetrations. When contractors are on site, Safety Manager will review areas where work was performed to ensure any penetration has been properly sealed. 3. Safety Manager will perform quarterly inspections of the basement and mechanical rooms to proper penetration sealing. 4. Safety Committee will review inspections quarterly to ensure continued compliance.	4/21/19

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	495339	A. BUILDING 02 - MOORE CENTER B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

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K 372	Continued From page 2 listed product (LSC 8.3.5.1) The Safety Manager witnessed this evidence by interview and observation on 03-08-2019 at approximately 3:00 pm during the exit interview.	K 372		

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	495339	A. BUILDING 03 - NEW WING B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

(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 main facility is a one story building with a construction type of V (111) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03-08-2019 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 findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies cited herein. To remain in compliance with all Federal and State regulations, the facility has or will take the following actions set forth in the following plan of correction. The alleged deficiencies cited have been or will be corrected by the dates indicated.	
K 223 SS=F	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based upon observation and interview, the facility failed to maintain doors with self-closing devices.	K 223	1. Doors identified will be repaired to proper function. 2. Safety Manager will inspect all doors in the facility for proper self-closing and latching. 3. Safety Manager will perform monthly inspections on all doors assemblies. 4. Safety Committee will review inspections quarterly for continued compliance.	4/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President / CEO — (X6) DATE

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	495339	A. BUILDING 03 - NEW WING B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

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K 223	Continued From page 1 This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03-08-2019 at 1:30 pm, it is observed that the following doors did not self-close and latch: Electrical Room Door at Brantley cross corridor doors, Attic Access door in the Pool Mechanical Room, and Attic Door. The Safety Manager witnessed this evidence through inspection and observation on 03-08-2019 at 3:00 PM during the exit interview.	K 223		
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire dampers in accordance with the Life Safety Code (9.2.1) and NFPA 90A, 90B, and 80. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 03-08-2019 at approximately 1:00 PM, it is observed that the fire damper access panels do	K 521	1. Service contractor will be scheduled to perform fire damper inspections. 2. Safety Manager will identify all fire dampers in the building and label each. 3. Safety Manager will verify that all identified dampers are inspected by the contractor. 4. Safety Committee will review annual inspections for continued compliance.	4/21/19

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	495339	A. BUILDING 03 - NEW WING B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

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K 521	Continued From page 2 not contain the proper signage of "Fire Damper" in 1" letters. On 03-08-2019 at approximately 1:15 PM, it is observed that documentation is not readily available of the latest fire damper inspections completed or scheduled as found in sprinkler riser /attic access room and attic. The Safety Manager witnessed this evidence by interview and observation on 03-08-2019 at approximately 3:00 pm during the exit interview.	K 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495339	A. BUILDING 04 - DAYROOM LTC UNIT B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR NURSING HOME	2003 COBB STREET FARMVILLE, VA 23901

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K 000	INITIAL COMMENTS Description of structure: The main facility is a one story building with a construction type of V (111) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 03-08-2019 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 is in compliance with the Requirements for Participation Medicare and Medicaid.	K 000		

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

PRESIDENT / CEO

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