

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

Printed: 03/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495339	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - GRACE WING B. WING _____	(X3) DATE SURVEY COMPLETED R 03/16/2017
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Grace Wing is a one story building with a partial basement with a construction type of V (111) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Life Safety Code revisit to the standard survey conducted on 1/27/17 was conducted on 3/16/17, 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 Health Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B	{K 000}		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing 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. 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 system.	K 353		

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

TITLE

(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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K 353	Continued From page 1 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Based upon observations and interviews of the sprinkler system that the required maintenance of the system is not being maintained. Findings include On 3/16/17 between 1:00 PM and 4:30 PM it a question was asked if the glycol system has had the repairs completed and the answer was that the system has not had the repairs noting the concentration and temperature that the system will be without freezing that was noted on the sprinkler inspection report dated 9-23-16 and 6-30-16 for glycol system.	K 353	Sprinkler Company will replace the system so that the actual concentration can be obtained. No other areas affected. Safety Manager will review quarterly reports from contractor to ensure compliance to the reporting requirements. Safety Committee will monitor quarterly for compliance.	03/31/17	

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{K 000}	INITIAL COMMENTS Description of structure: The facility is a one story with a construction type of II (000) Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Life Safety Code revisit to the standard survey conducted on 1/27/17 was conducted on 3/16/17, 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 Health Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B	{K 000}			
{K 324} SS=E	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.	{K 324}			

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{K 324}	<p>Continued From page 1</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This Standard is not met as evidenced by: Based upon observation the kitchen hood has a hole in in the hood that is not sealed.</p> <p>Findings include</p> <p>Between 1:00 PM and 4:30 PM on 3/16/17 it is observed that there are holes in the kitchen exhaust hood that are not welded shut or sealed with a listed sealing fitting.</p>	{K 324}	<p>Holes will be covered fire rated screws and plugs.</p> <p>No other areas affected</p> <p>Hood will be inspected monthly by safety manager.</p> <p>Safety Committee will monitor quarterly for compliance.</p>	03/31/17