

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

PRINTED: 07/07/2021
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 01 - MAIN BUILDING 0101 B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2021
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 main "Holly Manor" wing is a one story building with a construction type of II (000) which was accepted 06-01-1999; The "Moore Center" wing is a one story building with a construction type of V (111) which was accepted 02-11-2005; The "New" wing is a one story building with a construction type of V (111) which was accepted 02-15-2011; and The "Dayroom" wing is a one story building with a construction type of V (111) which was accepted 03-02-2016 Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 07-06-2021 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			
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5	K 161			
Construction Type <i>Joe Catrambone</i>		Administrator		7/13/2021	
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 161	Continued From page 1 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 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 by: Based upon observations there is damaged or missing fire proofing, openings in fire rated assemblies that are not repaired, fire rated roof ceiling and floor ceiling assemblies that are not maintained, and penetrations that are not fire stopped to maintain the required fire resistance	K 161	1.Remove the non- conforming UL listed fire stopping product used in the rated wall assembly above the corridor doors near Room 112 and replace with UL listed fire stopping product. 2.100% inspection of facility at all fire walls to ensure UL listed product is used. 3.Quarterly firewall penetration inspections to verify that all fire stopping product is UL listed. 4.Quarterly review by the safety committee.	8/19/21	

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K 161	Continued From page 2 ratings of the assemblies. This has the potential to affect all occupants of the smoke compartment. Findings include: On 07-06-2021 at approximately 10:55 am, it is observed that a non-comforting UL listed fire stopping product is used in the rated wall assembly above the corridor doors near Room 112. The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 3:30 pm	K 161			
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the exit discharge from exits. This has the potential to affect all occupants of the smoke compartment. Findings include: On 07-06-2021 at approximately 12:30 pm, it is observed that the exit near Room 199 has a discharge to the public way which does not have a hard packed all-weather travel surface and the gate has a locking device which is installed on the	K 271	1. Install illuminated exit signs to direct exit traffic from the exit near Room 199 to an exit arranged in accordance with 7.7, providing a hard packed all-weather level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation, that shall be maintained free of obstructions. 2. 100% inspection of facility exits to ensure that all exits comply with relevant regulations. 3. Annual inspection of all emergency exits to ensure that all exits comply with relevant regulations.	8/19/21	

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K 271	Continued From page 3 outside and not easily openable. The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 3:30 pm	K 271	4. Annual review by the safety committee of annual inspection report		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the sprinkler system maintenance and testing. This has the potential to affect all occupants of that wing. Findings include: On 07-06-2021 at 2:45 pm it is observed by record review and interview with the Maintenance Director that Holly Manor sprinkler system is past	K 353	1. Fire sprinkler contractor has been contacted and scheduled to perform necessary inspection, maintenance, testing, and sprinkler head replacement. 2. 100% inspection of facility sprinkler system to ensure all sprinkler heads are in good condition and all maintenance is complete. 3. Monthly sprinkler system inspection to ensure that all sprinkler heads are in good condition and all maintenance is complete. 4. Quarterly review by the safety committee of quarterly inspection report.	8/19/21	

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K 353	Continued From page 4 due for 5 year maintenance, and Dry system 10 year maintenance. (NFPA 25 Section 5.3.1.1.1) At approximately 11:50 am, it is observed that sprinkler heads located in the pool and pool storage area are tarnished and escutcheons corroded. a) Date sprinkler system last checked 05-24-2021 b) Who provided system test - Fire Sprinkler Service Corp c) Water system supply source - Municipal The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 3:30 pm	K 353			
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to ensure that all electrical and electrical equipment is being installed, maintained, and operated according to NFPA 70 and NFPA 54. This has the ability to affect all	K 511	1.All findings will be corrected to ensure that all electrical and electrical equipment is installed, maintained, and operated according to NFPA 70, NFPA 72, NFPA 110, NPFA 101 and NFPA 54. 2.100% inspection of facility electrical and electrical equipment to ensure that all electrical and electrical equipment is installed, maintained, and operated according to NFPA 70, NFPA 72, NFPA 110, NPFA 101 and NFPA 54.	8/19/21	

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K 511	Continued From page 5 occupants of the building. Findings include: On 07-06-2021 at approximately 10:50 am, it is observed that flexible cord is found through the ceiling tile in multiple nourishment rooms to wall mounted security/IT equipment. At approximately 12:50 pm, it is observed that Panel "B2" Breaker 25 does not have a "fire alarm circuit" with red marking. (NFPA 72, 10.5.5.2.3) At approximately 11:20 am, it is observed that the generator remote manual stop station is missing from both units and not labeled. (NFPA 110, 5.6.5.6 & 5.6.5.6.1) At approximately 2:35 pm, it is observed that multiple bathroom exhaust fans to be non-operational as by example in Rooms 134 and 141. The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 3:30 pm.	K 511	3. Annual electrical and electrical equipment inspection to ensure that all electrical and electrical equipment is installed, maintained, and operated according to NFPA 70, NFPA 72, NFPA 110, NPFA 101 and NFPA 54. 4. Annual review by the safety committee of annual inspection report.		
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and	K 761			

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K 761	<p>Continued From page 6</p> <p>testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations and interviews the facility failed to maintain installed fire door assemblies. This has the ability to affect all occupants of that smoke compartment. (NFPA 101, 8.3.3.1)</p> <p>Findings include:</p> <p>On 07-06-2021 at approximately 12:45 pm, during our walk through of the facility, it was observed that the Grace Nurse Station - Soiled Utility door has gap between the door and frame which is greater than 1/8 inch, door has holes as well as holes in the frame.</p> <p>At approximately 12:30 pm, it is observed that the Grace / Lee connector corridor door is missing rated fire exit latching hardware.</p> <p>At approximately 1:00 pm, it is observed that "Push to exit" signage is missing from the Trash Exit. Courtyard adjacent does not have an exit sign displaying exit from the courtyard area.</p> <p>At approximately 1:25 pm, it is observed that one of the rated and labeled laundry doors failed to latch and the other is missing or broken rated hardware.</p> <p>The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 3:30 pm with the</p>	K 761	<p>1.All finding will be corrected to ensure compliance with NFPA 80.</p> <p>2.100% inspection and testing of facility fire door assemblies, and maintenance where necessary, to insure compliance with NFPA 80.</p> <p>3.Annual fire door assembly inspection, testing, and maintenance as needed, to insure compliance with NFPA 80.</p> <p>4.Annual review by the safety committee of annual inspection report.</p>	8/19/21	

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K 761	Continued From page 7 Administrator.	K 761			
K 914 SS=E	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations and interviews the facility failed to record receptacle testing in accordance with the Life Safety Code and NFPA 99. This has the ability to affect all occupants in the effected compartment of the building. Findings include On 07-06-2021 at approximately 3:00 pm, through observation and interview that receptacle testing per NFPA 99 is not being documented per	K 914	1. Testing will be performed of all receptacles at patient bed locations in accordance with NFPA 99. 2. 100% testing of all receptacles at patient bed locations in accordance with NFPA 99. 3. Annual testing of all receptacles at patient bed locations in accordance with NFPA 99. 4. Annual review by the safety committee of annual inspection report.	8/19/21	

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K 914	Continued From page 8 Section 6.3.4.2. No data available for review or readily available. The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 3:30 pm	K 914			