

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

PRINTED: 08/27/2021
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 R 08/27/2021	
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 revisit to a recertification Life Safety Code survey was conducted on 08-27-2021 of an initial survey conducted 07-06-21 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 Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)			{K 000}			
{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			{K 353}			

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

TITLE

(X6) DATE

Joe Catrambone

Administrator

9/2/2021

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: 08/27/2021
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 R 08/27/2021
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 353}	<p>Continued From page 1</p> <p>Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>_____</p> <p>b) Who provided system test</p> <p>_____</p> <p>c) Water system supply source</p> <p>_____</p> <p>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.</p> <p>Findings include: On 08-27-2021 at 1:45 pm it is observed by record review and interview with the Maintenance Director that Holly Manor sprinkler system is past due for 5 year maintenance, and Dry system 10 year maintenance. (NFPA 25 Section 5.3.1.1.1). Repairs not completed and documented during this revisit.</p> <p>a) Date sprinkler system last checked 05-24-2021 b) Who provided system test - Fire Sprinkler Service Corp c) Water system supply source - Municipal</p> <p>The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 2:10 pm</p>	{K 353}	<p>1.Fire sprinkler contractor has been contacted and scheduled to perform necessary inspection, maintenance, testing, and sprinkler head replacement.</p> <p>2.100% inspection of facility sprinkler system to ensure all sprinkler heads are in good condition and all maintenance is complete.</p> <p>3.Monthly sprinkler system inspection to ensure that all sprinkler heads are in good condition and all maintenance is complete.</p> <p>4.Quarterly review by the safety committee of quarterly inspection report.</p>	10/3/21	

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

PRINTED: 08/27/2021
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 R 08/27/2021	
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 761} {K 761} SS=E	<p>Continued From page 2</p> <p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>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 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) This REQUIREMENT is not met as evidenced by: 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: On 08-27-2021 at approximately 1:45 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. (NFPA 101 19.3.2.1 and 8.4) Repairs still pending</p> <p>At approximately 1:30 pm, it is observed that the Grace / Lee connector corridor door is missing rated fire exit latching hardware. Repairs still pending.</p>			{K 761} {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>		10/3/21

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

PRINTED: 08/27/2021
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 R 08/27/2021
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 761}	Continued From page 3 At approximately 2:00 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. Repairs still pending. The Maintenance Director witnessed this evidence by observation as well during the exit interview at approximately 2:10 pm.	{K 761}			