

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

PRINTED: 12/06/2022
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 12/02/2022
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			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 12-02-2022 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 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	1. Facility Director of Maintenance contacted the Sprinkler contractor to see when the previously approved repairs would be completed. The deficiencies noted on the Inspection report are scheduled to be corrected as soon as possible. The sprinkler heads were ordered and have arrived. Repairs are pending contractor scheduling. 2. The facility will review the quarterly inspection report from the sprinkler contractor and schedule all repairs for any deficiencies noted in a timely manor. 3. The sprinkler contractor will submit his quarterly report to the facility in a timely manor so that all repairs needed can be approved and scheduled in a timely manor. This quarterly report will be reviewed with the facility administrator and regional director of maintenance upon receipt. 4. The sprinkler inspection report, list of repairs needed, and the repair process will be reviewed by the safety committee. 5. 12/23/2022		
K 353 SS=E	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,	K 353			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Scrabbe, LVHA* TITLE *Interim Administrator* (X6) DATE *12/12/22*

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	<p>Continued From page 1</p> <p>maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</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 the building.</p> <p>Findings include: On 12-02-2022 at 12:00 pm it is observed by record review and interview with the Maintenance Director that Holly Manor sprinkler system had shown discrepancies on the 9-29-2022 inspection report with no documentation readily available of repairs completed. (NFPA 25 Section 5.3.1.1.1)</p> <p>a) Date sprinkler system last checked 09-29-2022 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 3:30 pm</p>	K 353			