

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

PRINTED: 05/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495190	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTHCARE OF WILLIAMSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 1811 JAMESTOWN ROAD WILLIAMSBURG, VA 23185		
(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: 1 Story II (000) Building Sprinkler status: Fully Sprinklered An unannounced recertification Life Safety Code survey was conducted 05/24/24 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 found not to be in compliance with the Requirements for Participation Medicare and Medicaid.	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 herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.		
K 291 SS=D	Findings include the following; Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: The Standard is not met by evidence of no testing of the Emergency lighting. Findings include: On 5/24/24 at 8 AM, per documentation review, no record of the required Emergency Light test have being performed. As per NFPA 101-7.9.3.	K 291	K 291	1. The emergency lighting test documentation was located and available on site. 2. No other issue was identified. 3. No education needs were identified. 4. No audit needs were identified as the documentation of the required emergency lighting tests was located and available on-site. 5. 6/28/24	6/28/24
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345			

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

TITLE

(X6) DATE

Raul D. [Signature]

EXECUTIVE DIRECTOR

6/28/24

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 345	Continued From page 1 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: The Standard is not met for the fire Aalrm System Findings include; On 5/24/24 ay 8 AM , it was revealed that the facility did not have test documenation from the Fire Alarm contractor of the required sensitivity testing of the Smoke Dectectors as required in NFPA 72-14.4.5.5.4	K 345	K 345 1. The test documentation from fire alarm contractor of the required sensitivity testing of the smoke detectors was located and available on site. 2. No other issue was identified. 3. No education needs were identified. 4. No audit needs were identified as the documentation of sensitivity testing of the smoke detectors was located and available on- site. 5. 6/28/24	6/28/24	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:	K 712	K 712 1. The documentation of the required fire drills for each shift was located and available on site. 2. No other issue was identified. 3. No education needs were identified. 4. No audit needs were identified as the documentation of the required fire drills for each shift was located and available on-site. 5. 6/28/24	6/28/24	

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K 712	Continued From page 2 The Standard was not met for required Fire Drills. The Findings include; On 5/24/24 at 8 AM, it was revealed by documentation review, that the facility failed to provide information on the the required fire drills for each shift. as Per NFPA 101-20	K 712			
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 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: The Standard is not met by evidence of no Fire Door inspection. Findings include; On 5/24/24 at 8 AM, it was revealed by documentation review that there was provided no record of the Fire Door inspection being performed. AS per NFPA 80	K 761	K 761		6/28/24
			<ol style="list-style-type: none"> 1. The documentation of the fire door inspection was located and available on site. 2. No other issue was identified. 3. No education needs were identified. 4. No audit needs were identified as the documentation of the fire door inspection was located and available on-site. 5. 6/28/24 		

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K 918 SS=E	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The Standard is not met by evidence of failure to</p>	K 918	<p>K 918</p> <ol style="list-style-type: none"> 1. The documentation of the transfer switch testing for the generator was located and available on site. 2. No other issue was identified. 3. No education needs were identified. 4. No audit needs were identified as the documentation of the transfer switch testing for the generator was located and available on-site. 5. 6/28/24 	6/28/24	

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K 918	Continued From page 4 test the electrical system. Findings include; On 5/24/24 at 8 AM, it was revealed that the facility did not have records of the required Transfer Switch testing for the Generator, as required in NFPA 99-6.4.4.1.2.2	K 918			
K 932 SS=D	Features of Fire Protection - Other CFR(s): NFPA 101 Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99) This REQUIREMENT is not met as evidenced by: The Standard is not met for Fire Protection. Findings include. On 5/24/24 at 9:30 AM, it was revealed that there are penerations in the ceilings of the communication room and the sprinkler control room. These peneration must be smoke tight to prevent the passage of smoke and heat in the event if a fire that may bypass the sprinkler heads.	K 932	K 932		6/28/24
			<ol style="list-style-type: none"> 1. The penetrations in the ceiling of the communication room and sprinkler control room were repaired by the Maintenance Director on 6/21/24. 2. No other issues were identified. 3. Maintenance staff was educated by Administrator on ensuring ceiling penetrations are properly smoke tight to prevent the passage of smoke and heat in the event of a fire that may bypass the sprinkler heads. 4. Ceiling inspections will be conducted by the Executive Director/Designee to ensure they are smoke tight weekly x4 weeks and then monthly x3 months. Results of the inspections will be reviewed at the monthly QAPI meeting for 3 months to sustain compliance. 5. 6/28/24 		