

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

PRINTED: 06/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495422	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER DOCKSIDE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 74 MIZPAH ROAD LOCUST HILL, VA 23092	
(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 Single story masonry building of Type II(111) construction. Fully sprinklered, Facility has storage tank from well for sprinkler system and fire pump. Fire alarm system with smoke detection, Generators for both the existing and new wings. An unannounced Life Safety Survey was conducted on 06/07/24 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.	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 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	Corrective Action: Inspection of 42,000 gallon tank completed on 6/13/24. Identification of Deficient Practice and Corrective Action(s): The facility has determined that all residents in the facility have the potential to be affected. Inspection of 42,000 gallon water tank completed on 6/13 /24 by Southern Corrosion. Any/all negative findings will be communicated to the Administrator for corrective action within 45 days of findings.	

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 REQUIREMENT is not met as evidenced by: The Standard is not met for the private water system holding tank for the Fire Supersion system. Findings include; On 6/7/24 at 8 AM, it was revealed by documentation review, that no record was provided for the required inspection and maintenance on the 42 Thousand Gal. water storage take. Per NFPA depending if the tank is internal coated or not a 5 or 3 yaer test is required. and an exterior inspection is required see NFPA 25 section 9 for Water Storage Tank requirements. Table 9.1 list the items that must be tested from daily to 5 years. On 6/7/24 it was revealed that the facility failed to have documenation on the fire pump maintenance of the 5 year test for Obstruction Investigation as per NFPA 25 Chapter 13 This was confirmed by the Director of Manintenance.	K 353	Systemic Changes: The administrator or designee has in-serviced maintenance on 6/7/24 on Water Storage Tank Requirements . The Maintenance Director will schedule Water Tank Inspections every 5 years for Test for Obstruction Investigation. Aggregate findings of these audits will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. The administrator is responsible for maintaining compliance Completion Date: 7/30/24	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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.	K 918	Corrective Action: Required emergency lighting fixture obtained and placed in the Electrical Transfer Switch Room on 6/11/24	

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K 918	<p>Continued From page 2</p> <p>Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The Standard is not met for the emergency lighting requirements</p> <p>Findings include;</p> <p>On 6/7/24 at 9 AM it was revealed that the Electrical transfer switch room for the existing generator does not have the required emergency battery lighting fixture. AS per NFPA 99-6.4.2.2.3.2</p>	K 918	<p>Identification of Deficient Practice and Corrective Action(s):</p> <p>The facility has determined that all residents in the facility have the potential to be affected.</p> <p>One Electrical Transfer Switch Room was founded without having the required emergency battery lighting. This was obtained and put in place by maintenance on 6/11/24. Any/all negative findings will be communicated to the Administrator for corrective action within 45 days of findings</p> <p>Systemic Changes:</p> <p>The administrator or designee has been in-serviced maintenance on 6/7/24 on Emergency Lighting NFPA99-6.4.2.2.3.2.</p> <p>The Maintenance Director will audit Electrical Transfer Switch Room for having the emergency lighting and functioning weekly x 12 weeks.</p> <p>Aggregate findings of these audits will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. The administrator is responsible for maintaining compliance</p> <p>Completion Date: 6/20/24</p>		

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K 918	Continued From page 3 This was confirmed by the maintenance director.	K 918			