Old Southwest Rehabilitation and Nursing
324 King George Avenue SW
Roanoke, VA. 24016
CCN #: 495156

Re: Time Limited Waiver Request

To Whom It May Concern:

Old Southwest Rehabilitation and Nursing is requesting a time limited waiver for the following K tags listed below, with an anticipated completing date of June 27, 2024, a requested extension of 90-days following our survey date of March 29, 2024.

Tags:

K761 – Maintenance, Inspection & Testing – Doors:

- Facility requesting extension to obtain door replacements. A delay is expected due to supply chain and production issues.

K932 – Features of Fire Protection – Other:

- Facility requesting extension to obtain plumbing replacement in affected area that requires replacement of fire protected ceiling panels. Plumbing is currently leaking causing continued damage to fire tiles. Plumbing repairs will be extensive and will require time to obtain materials, and complete contracted work.

We appreciate your consideration of this request.

Best Regards,

Vicki Clark
Interim Administrator
Old Southwest Rehabilitation and Nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 Construction Type: III (200) Description of structure: The facility is a single story building with a partital basement. Brick exterior walls and unprotected non- combustible construction. The dining area has wood trusses and sheathing which classifies the building as type III (200) construction. A partial basement contains support services, laundry, mechanical equipment and storage rooms. Sprinkler status: The facility is fully sprinklered with an NFPA #13 system. The system is supplied by city water and the pressure is supplemented by an electric fire pump. An unannounced standard recertification Life Safety Code survey was conducted 03/29/24 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 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		
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide	K 325		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vicki D. Clark — TITLE: Administrator — (X6) DATE: 4-9-24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 325	Continued From page 1 * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: The Standard is not met by evidence of hand sanitixer dispenser violations. Findings include; On 3/29/24 at 9 AM, it was revealed that more than one dispenser was empty. This was confirmed by the Director of Maintenance.	K 325	1). The alcochol based hand rub dispenser was filled with alcohol based hand rub solution. 2). All alcohol-based hand rub dispensers will be inspected weekly and filled as necessary. 3). The housekeeping supervisor will be educated on the requirements regarding alcohol dispensers. 4). The alcohol-based hand rub dispensers will be inspected weekly x 4 weeks and monthly x 2 months to ensure compliance. 5). Plan of action and audits will be completed by 05/13/2024.	05/13/2024
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in	K 341		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 341	Continued From page 2 accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: The Standard is not met by evidenance of the system missing a code requiremen t. Findings include; On 3/29/24 at 10 AM, it was revealed that the breaker that supplys the fire panel could not be located. This breaker must be Red in color as required in NFPA 72-760.46(b) an NFPA 110-6.5.2.4 This was confirmed by the Maintenance Staff.	K 341	1). The breaker box located on the 100 hall has been clearly marked with red for identification. 2). All other breaker boxes have been inspected by the Maintenance Director for indentification. 3). The Maintenance Director will be educated on requirements regarding breaker box identification. 4). The breaker boxes will be inspected weekly x 2 months, and then monthly to ensure proper identification. These results will be reviewed with the QAPI committee quarterly. 5). Plan of action and audits will be completed by 05/13/24.	05/13/2024
K 346 SS=D	Fire Alarm System - Out of Service CFR(s): NFPA 101 Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all	K 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 346	Continued From page 3 parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 This REQUIREMENT is not met as evidenced by: The Standard is not met by evidence of documenation review. Findings include; On 3/29/24 at 9:30 AM, it was revealed by record review a Fire Watch Plan could not be located. A plan is required to be inplace in the evident an emergency outage for the Fire Alarm of Sprinkler System happens as per NFPA 101-9.6 This was confirmed by the Maintenance Director.	K 346	1). The fire watch will be completed and in place in evidence of an emergency outage. 2). The fire watch plan will be reviewed and revised per state regulation. 3). The maintenance director will be educated on the requirements of a fire watch plan. 4). The fire watch plan will be audited weekly for four weeks and monthly for two months and then quarterly. Results of the audit will be reviewed with QAPI quarterly. 5). Plan of action and audits to be completed by 05/13/24	05/13/2024
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: The Standard is not met by evidence of Documentation Review. Findings include: On 3/29/24 at 9:30 AM, it was revealed that no documenation was located for the 12 month peroid of a semi-annual Visual inspection of the facility smoke detectors as required in NFPA 72-table 14 3.1.	K 347	1). The semi-annual visit of the facility smoke detectors will be completed by the maintenance director and documented in the record. 2). All detectors will be visually inspected by the maintenance director and repairs will be completed as necessary. 3). The maintenance director will be educated on the requirements of visually inspecting the smoke detectors. 4). The smoke detector documentation will be reviewed weekly x 4 weeks then monthly for 2 months. The results of the audit will be reviewed in QAPI. 5). Plan of action and audits will be completed by 05/13/2024	05/13/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 347	Continued From page 4 This was confirmed by the Director of Maintenance.	K 347		
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: The standard is not met by evidence of Documenation and observation of the system. Findings include: On 3/29/24 at 9:30 AM. it was reveal that e spinkler inspection report by the 3rd party vendor stated 2 major items required to be corrected. No evidence was located that thses 2 items have been corrected. Main item is a sample of the 50 year old sprinkler	K 351	1). The fifty year sprinkler heads will be tested to ensure that they are in working order. The sprinkler heads in the reception area will be placed the proper distance apart for complete coverage. Non corrected items will be corrected. 2). All sprinkler heads will be inspected by the maintenance director to ensure all are in working order. 3). The sprinkler heads testing schedule will be reviewed to ensure they are done promptly. The facility will be inspected by the maintenance director to ensure all sprinkler heads are in place. The maintenance director will be educated on sprinkler head testing in a timely manner, and regulations on distance of sprinkler head placement and proper location. 4). Audits will be completed to ensure that testing is completed in a timely manner, are in the correct location, and are the proper distance apart. This will occur weekly x 12 weeks. 5). Plan of action and audits will be completed by 05/13/2024	05/13/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 351	Continued From page 5 heads must be tested to insure that are workable. If not they must be replaced. AS oer NFPA 25-5.3.1.1 Second item is at the reception area there are sprinkler heads toclose to each other preventing complete coverage in a fire. NFPA 25 On 3/29/24 at 11 AM, it was revealed that in the Laundry there is a sprinkler head missing the escutcheon plate as required in NFPA 25 -2.2.5 This was confirmed by the Director of Maintenance.	K 351		
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 documenation review and site observation. Findings include;	K 761	1). The fire door inspections will be completed and documented in the maintenace logs. The 9 doors identified will be repaired to close properly. 2). All smoke and fire doors will be reviewed to ensure that they close properly. 3). The maintenance director will be educated on the regulation pertaining to proper fire door operations. 4). The fire doors will be audited weekly to ensure the proper closing and will be documented in the maintenance log. 5). Plan of action and audits will be completed by 06/27/24.	06/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 6 On 3/29/24 at 11 AM, it was revealed that there wa do documenation of a fire door inspection. This is required in NFPA 80 On 3/29/24 at 12 PM, it was noted 9 doors in the smoke barier failed to close propertly in storage and supply rooms. On 3/298/24 at 12 PM, it was revealed in the corridor smoke and fire doors did not close and latch as required as per NFPA 80. The Director of Maintenace stated there was a work order for replacement of the corridor doors	K 761		
K 932 SS=F	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 by evidence of missing fire stopping and ceiling tiles. Findings include; On 3/29/2,4 during the moring tour, it was revealed that a number of penerations through the ceiling through out the facility was missing the required smoke stopping.	K 932	1). The missing and/or damaged ceiling tiles will be replaced. 2). The ceiling tiles throughout the facilty will be inspected for damaged or missing tiles. 3). The maintenance director will be educated to ensure there are no damaged ceiling tiles throughout the facility. 4). The ceiling tiles will be inspected weekly x 12 weeks to ensure there are no damaged tiles this information will be presented to the QAPI committee. 5). Plan of correction and audits will be completed by 06/27/2024.	06/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

(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 932	Continued From page 7 On 3/29/24, during the morning tour it was revealed in a number of locations there was mising or damage ceiling tiles. In order for the sprinkler system to function as designed the smoke and heat shall rise and activate the sprinkler heads. With missing tiles and opening unprotected the smoke and related heat shall by pass the sprinkler head , delaying and possible preventing activation in a fire condition. This was Confirmed by the Director of Mainetenance.	K 932		