

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

PRINTED: 05/20/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495386	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0101 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/20/2024
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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}	<p>INITIAL COMMENTS</p> <p>Description of Structure: The structure is a 1-story protected wood frame building on a slab. The attic space is separated from the living area by a 2-hour rated horizontal assembly. The building is separated into three smoke zones.</p> <p>Construction Type: V(111)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 wet and dry pipe systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC standard recertification survey was conducted on 04/17/24 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> <p>On 5/20/24 a paper revisit was conducted, and the Facility was found to be in compliance with the Requirements for Participation for Medicare and Medicaid, demonstrate compliance with title. 42 Code of Regulations, Part 483.90 (a) et.seq(Life Safety from Fire)</p>	{K 000}			
{K9999}	<p>FINAL OBSERVATIONS</p> <p>Per review of documentation provided, there is a lack of organization of reports.</p>	{K9999}			

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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{K9999}	<p>Continued From page 1</p> <p>Documenation should include;</p> <p>Local Building and Fire inspection reports. All 3rd party inspection reports and corrections. In house daily/weekly/monthly inspection. (water, generator, electrical, HVAC, lighting) Fire doors. Fire Dampers Exit lighting Emergency lighting Generator Fire Drills Fire Alarm Sprinklers Kitchen hood cleaning. Fire Extingusher Fire stopping of penerations</p> <p>The fire drill should be held at expected and unexpected times and inder varing conditions to SIMULATE the unusal Condition that can occur. Staff was unclear of Fire Watch requirements. Staff was unclear to procedure if the Generator went into a alarm condition.</p>	{K9999}			