STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G063	A. BUILDING **01** B. WING _____	**04/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS PLACE WEST	**1825 ROKEBY AVENUE** **CHESAPEAKE, VA 23320**

(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: one story, non-combustible frame building Sprinkler status: fully sprinklered. 5 Beds, complete Generator system An unannounced recertification Life Safety Code survey was conducted on 04/28/25 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Mental Retardation. The facility was surveyed for compliance using the 2012 edition of NFPA-101, Life Safety Code (Exisiting) regulations. The facility was found not to be compliance with the requirements for participation Medicare and Medicaid	K 000		
K0500	Building Services - Other CFR(s): NFPA 101 Building Services - Other 2012 EXISTING (Prompt and Slow) List in the REMARKS section any LSC Section 31.5 Building Services 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. This STANDARD is not met as evidenced by: The Standard is not met for the Emergency Generator. Findings include; On 4.28/25 at 11 AM, it was revealed that the large Emergency Generator does not have the Emergency Remote Stop swith that is required in	K0500		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G063	A. BUILDING **01** B. WING _____	**04/28/2025**

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K0500	Continued From page 1 NFPA 110 -5.6.5.1. This was fonfirmed by the Staff in Attendance.	K0500		