

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

PRINTED: 01/31/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>TUSKAWILLA NURSING AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1024 WILLA SPRINGS DR WINTER SPRINGS, FL 32708</b>	
(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
E 000	Initial Comments  During the recertification survey conducted on December 17, 2019 at Tuskawilla Nursing and Rehab Center, a nursing home in Winter Springs, Florida the Emergency Preparedness Program was reviewed.  Tuskawilla Nursing and Rehab Center is not in compliance with the Emergency Preparedness rule per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
E 035 SS=E	LTC and ICF/IID Sharing Plan with Patients CFR(s): 483.73(c)(8)  *[For ICF/IIDs at §483.475(c):] [(c) The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years.] The communication plan must include all of the following:  *[For LTC Facilities at §483.73(c):] [(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:  (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	E 035		1/26/20
			1. No residents found to be affected by	

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

TITLE

(X6) DATE

Electronically Signed

01/23/2020

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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E 035	<p>Continued From page 1</p> <p>failed to develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws. The communication plan must include all of the following: (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives, per 483.73(c)(8) and 483.475(c)(9).</p> <p>Findings:</p> <p>During the review of records on December 17, 2019 at approximately 1:45 p.m. with the Administrator, the Emergency Preparedness plan was reviewed for compliance. The method for sharing information about emergency plans with families and their representatives could not be located in the text of the plan. Interview with the Administrator, at that time, revealed that the families and the residents were informed as part of the intake process that is conducted for each resident. No documentation could be located for review that would indicate that the facility had developed a method for communicating emergency plans with the residents and their families.</p> <p>These findings were reconfirmed with the Administrator during the exit conference at 2:30 p.m.</p>	E 035	<p>alleged deficient practice.</p> <p>2. Letter regarding facility emergency plans and what to expect in the event of an emergency sent to current residents/responsible party.</p> <p>3. Education to facility staff by Administrator/designee regarding letter sent to residents/responsible party regarding emergency plans and what to expect in the event of an emergency. Letter regarding facility emergency plans and what to expect in the event of an emergency placed in Facility Admission and Financial Agreement for new admits.</p> <p>4. Random monthly audits will be conducted by Director of Admissions/designee to validate that emergency plan letter is included in Facility Admission and Financial Agreement. Results of audits will be reviewed during QA&amp;A Committee monthly for three months by Maintenance Director/designee. QA&amp;A Committee will review audits and make recommendations based on outcomes and will determine need for further auditing beyond three months.</p>	
K 000	<p>FAC 483.73(c)(8), 483.475(c)(9)</p> <p>INITIAL COMMENTS</p> <p>An unannounced Fire &amp; Life Safety recertification survey was conducted on December 17, 2019 at Tuskwilla Nursing and Rehabilitation Center, a</p>	K 000		

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K 000	Continued From page 2 nursing home in Winter Springs, Florida.  Tuskawilla Nursing and Rehabilitation is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 Edition) requirements for nursing homes.  Initial Plan Review: 1994 NFPA 220 Construction Type: II (222) Number of Beds: 98 Census: 78  The facility was found not in compliance at the time of this survey.	K 000			
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101  Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or	K 914		1/26/20	

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K 914	<p>Continued From page 3 area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to follow its policy of annual electrical testing. Per NFPA 99 Ch. 10.5.2.1.1, "The facility shall establish policies and protocols for the type of test and intervals for testing for patient care-related electrical equipment." And, NFPA 99 Ch 6.3.2.1 establishes that "Installation shall be in accordance with NFPA 70."</p> <p>Findings:</p> <p>During the tour of the building on December 17, 2019 at approximately 1:00 p.m. the therapy gym was entered and the electrical devices in the patient care area were observed. An electrically operated table used in therapy was observed to feature an electrical safety test sticker. The sticker showed a date of 2017, a period of more than one year. Interview with the maintenance director, at that time revealed that the inspection interval was one year and that the contractor may have neglected to attach a sticker. The written inventory of electrical devices did not include a recent inspection of the table.</p> <p>At approximately 1:45 p.m. the beauty salon was entered and the electrical connections were observed. Two plastic power strips were observed to connect heat producing devices including a portable hair dryer.</p> <p>NFPA 70, NFPA 99 Ch 10.5.2.1.1, NFPA 99 Ch 6.3.2.1</p>	K 914	<p>1. No residents found to be affected by alleged deficient practice. Plastic power strips removed immediately from beauty salon and beautician educated.</p> <p>2. Audits completed by Guardian Angels/designee for power strips and no other issues noted. Maintenance Director audited patient-related electrical equipment in therapy gym to ensure testing was completed annually and electrical safety stickers current and in tact. No other issues noted. Contractor conducted and passed electrical safety test on electrically operated table on January 2, 2020 and updated sticker placed on equipment. Education completed by Maintenance Director to facility staff regarding use of power strips not being allowed in facility. Education to Maintenance Staff by Administrator regarding testing of patient care-related electrical equipment to be completed on an annual basis and ensuring electrical safety stickers current and in tact.</p> <p>3. Education to newly hired facility staff regarding use of power strips not being allowed in facility. Random weekly audits to be conducted by Guardian Angels/designee for four weeks, then monthly thereafter to validate there are no power strips in assigned areas. Monthly audits to be conducted by Maintenance Director/designee to validate</p>		

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K 914	Continued From page 4	K 914	<p>patient-related electrical equipment in therapy gym is completed annually and electrical safety stickers are in tact and current.</p> <p>4. Results of audits will be reviewed during QA&amp;A Committee monthly for three months by Maintenance Director/designee. QA&amp;A Committee will review audits and make recommendations based on outcomes and will determine need for further auditing beyond three months.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>75909</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01, 05</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2019</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety re-licensure survey was conducted on December 17, 2019 at Tuskawilla Nursing and Rehabilitation Center, a nursing home in Winter Springs, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015 Edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C.) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2015 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>Tuskawilla Nursing and Rehabilitation Center was not in compliance at the time of survey.</p>	K 000		
K 914 SS=D	<p><b>NFPA 99 Electrical Systems - Maintenance and Testing</b></p> <p>Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per</p>	K 914		1/26/20

AHCA Form 3020-0001

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

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NAME OF PROVIDER OR SUPPLIER  
**TUSKAWILLA NURSING AND REHAB CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1024 WILLA SPRINGS DR  
WINTER SPRINGS, FL 32708**

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K 914

Continued From page 1

6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.

6.3.4 (NFPA 99)

This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to follow its policy of annual electrical testing. Per NFPA 99 Ch. 10.5.2.1.2, "All patient care-related electrical equipment shall be tested in accordance with 10.3.5.3..." And, NFPA 99 Ch 6.3.2.1 establishes that "Installation shall be in accordance with NFPA 70."

Findings:

During the tour of the building on December 17, 2019 at approximately 1:00 p.m. the therapy gym was entered and the electrical devices in the patient care area were observed. An electrically operated table used in therapy was observed to feature an electrical safety test sticker. The sticker showed a date of 2017, a period of more than one year. Interview with the maintenance director, at that time revealed that the inspection interval was one year and that the contractor may have neglected to attach a sticker. The written inventory of electrical devices did not include a recent inspection of the table.

At approximately 1:45 p.m. the beauty salon was entered and the electrical connections were observed. Two plastic power strips were observed to connect heat producing devices including a portable hair dryer.

NFPA 70, NFPA 99 Ch 10.5.2.1.2, 10.3.5.3, NFPA

K 914

1. No residents found to be affected by alleged deficient practice. Plastic power strips removed immediately from beauty salon and beautician educated.

2. Audits completed by Guardian Angels/designee for power strips and no other issues noted. Maintenance Director audited patient-related electrical equipment in therapy gym to ensure testing was completed annually and electrical safety stickers current and in tact. No other issues noted. Contractor conducted and passed electrical safety test on electrically operated table on January 2, 2020 and updated sticker placed on equipment. Education completed by Maintenance Director to facility staff regarding use of power strips not being allowed in facility. Education to Maintenance Staff by Administrator regarding testing of patient care-related electrical equipment to be completed on an annual basis and ensuring electrical safety stickers current and in tact.

3. Education to newly hired facility staff regarding use of power strips not being allowed in facility. Random weekly audits to be conducted by Guardian Angels/designee for four weeks, then monthly thereafter to validate there are no

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K 914	Continued From page 2  99 Ch 6.3.2.1	K 914	power strips in assigned areas. Monthly audits to be conducted by Maintenance Director/designee to validate patient-related electrical equipment in therapy gym is completed annually and electrical safety stickers are in tact and current.  4. Results of audits will be reviewed during QA&A Committee monthly for three months by Maintenance Director/designee. QA&A Committee will review audits and make recommendations based on outcomes and will determine need for further auditing beyond three months.	