

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 06 - MAIN LIC B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TREASURE ISLE CARE CENTER

**1735 N TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141**

(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) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey for complaint number 2020014701 was conducted 09/22/2020 at Treasure Isle Care Center, a nursing home in North Bay Village, Florida.</p> <p>The complaint contained one (1) allegation, of which one (1) was substantiated.</p> <p>Treasure Isle Care Center is not in compliance with requirements for nursing homes.</p>	K 000		
K 511 SS=F	<p>NFPA 101 Utilities - Gas and Electric</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and staff interview, it was determined that the facility failed to maintain equipment using gas as required as evidenced by lack of documentation. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included:</p> <p>During the records review process of the facility on 09/22/2020 at 3:00 PM with the Administrator, it was revealed that (1) there was a gas leak investigation by the local Fire Department on 08/25/2020; (2) there was a gas leak investigation by equipment servicing company on 08/26/2020; (3) there was repair work completed by an</p>	K 511	<p>Preparation and/or execution of this Plan of Corrections does not constitute admission or agreement by the Provider of the items alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Corrections is prepared and/or executed solely because the provision of federal and state laws requires it.</p> <p>ACTION TAKEN TO CORRECT THE DEFICIENCY:</p> <p>The Maintenance Assistant immediately checked the pilot lights to ensure that they</p>	10/22/20

AHCA Form 3020-0001

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

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10/12/20

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K 511	Continued From page 1 equipment servicing company on 09/03/2020; and (4) there was no documentation for equipment testing and certification by a certified equipment servicing company after the repair work was completed. These findings were discussed and acknowledged by the Administrator during the exit conference. NFPA 101 (2015 Edition) 19.5.1.1, 9.1.1 NFPA 54 (2015) Chapter 8 Class III	K 511	<p>were working properly. The grid pan assembly, located underneath the pilot lights, was raised in order to ensure that the pilot lights would not be blown out by a sudden gush of wind.</p> <p>All staff was in-serviced/educated on the importance of immediate reporting of any and all gas odors in the facility to the Maintenance Director and/or designee as well as to the Administrator.</p> <p>HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED WILL BE IDENTIFIED:</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>Vendor was called in to check all gas lines in order to ensure that there was no potential gas leak.</p> <p>MEASURES PUT INTO PLACE TO ENSURE THE SAME DEFICIENT PRACTICE DOES NOT RECUR:</p> <p>Dietary Cook was in-serviced/educated on the importance of checking the pilot lights throughout the day in order to ensure that if a pilot light goes out it is immediately identified and turned back on with notification to the NHA and Maintenance Director and/or designee.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED:</p>	

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K 511	Continued From page 2	K 511	<p>Dietary Cook will perform hourly audits/visual checks of all pilot lights to ensure that they are turned on and working properly.</p> <p>CDM will conduct random weekly audits/visual checks of all pilot lights to ensure that they are turned on and working properly.</p> <p>Findings of audits will be submitted/presented by the CDM and/or designee during monthly QA&A Committee meeting x 3 months, then quarterly for three consecutive quarters.</p>	

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N 000	<p>INITIAL COMMENTS</p> <p>A monitoring visit for Emergency Environmental Control was conducted 09/22/2020 at Treasure Isle Care Center, a nursing home in North Bay Village, Florida in accordance with Florida Administrative Code 59A-4.1265.</p> <p>Although the facility does have a generator and has the ability to transfer power, verification of what Heating, Ventilating, and Air-Conditioning (HVAC) equipment is connected to the generator, or the effectiveness of cool zones was not verified. The conclusions are based on statements made by the facility staff and documentation provided by the facility.</p> <p>Generator information: 200 kilowatt (kW) front by Lobby powers facility and HVAC cooled areas of 5,546 square feet (Section 1=2,256 square feet and Section 2=3,290 square feet). 130 kilowatt (kW) located in the back of the facility by the Laundry Room, powers HVAC cooled area of 3,478 square feet (Section 3=3,478 square feet)</p> <p>There were no concerns found at the time of the survey.</p>	N 000		

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