

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>55225</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>05 - MAIN LIC</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/09/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BOCA CIEGA CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1414 59TH ST S<br/>GULFPORT, FL 33707</b> |
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| (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 |
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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 12/09/2020 at Boca Ciega Center, a nursing home in Gulfport, 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>The following is description of the deficiencies, found at the time of the visit.</p>                 | K 000 |  |         |
| K 345<br>SS=D | <p><b>NFPA 101 Fire Alarm System - Testing and Maintenance</b></p> <p>Fire Alarm System - Testing and Maintenance<br/>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br/>9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on review of the facility records and interview with the Administrator and Maintenance Director, the facility failed to maintain the Fire Alarm System. Maintaining the Fire Alarm System ensures proper operation and lessens the chance of a deleted alarm activation under hazardous</p> | K 345 | <p>1) The facility has completed annual duct detector differential pressure test and the bi-annual smoke detector sensitivity test per testing requirements on 12/15/20.</p> <p>2) The Fire Alarm System testing and</p> | 1/10/21 |

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
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| K 345  | Continued From page 1<br>conditions.<br><br>Findings included:<br><br>On 12/09/2020 between 9:30 a.m. and 12:00 p.m. during document review, the facility failed to provide evidence of the annual duct detector differential pressure test and the biennial smoke detector sensitivity test per manufacturer's testing requirements.<br><br>The findings were acknowledged by the Administrator and Maintenance Director at the 3:00 p.m. exit conference.<br><br>per NFPA 101 (2015 Edition) 19.3.4.1, 9.6, 9.6.1.3<br><br>per NFPA 72 (2013 Edition) 14.4.4, 14.4.3.2(17)(g)(5), 14.4.3.2(17)(h)<br><br>Class III                                   | K 345   | maintenance is maintained to NFPA 101 standards,<br><br>3) The maintenance director has received education related to the requirements of maintaining the Fire Alarm System to include, but not limited to, the requirement of annual duct detector differential testing and biennial smoke detector sensitivity test.<br><br>4) The Maintenance Director/Designee will audit the duct detector differential pressure testing and the smoke detector sensitivity test documentation monthly to validate tests are conducted timely. The results of the audit will be reviewed at the QA&A Committee meeting for four months for recommendations or until substantial compliance is met. |   |
| K 918<br>SS=D  | NFPA 99 Electrical Systems - Essential Electric System<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.<br>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 | K 918   |   | 1/10/21   |

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| K 918  | <p>Continued From page 2</p> <p>day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Statute or Rule is not met as evidenced by: Based on review of the facility records and interview with the Maintenance Director, it was revealed that the facility failed to maintain the generator. Written records of maintenance and testing are required to be maintained and readily available.</p> <p>Findings included:</p> <p>During document review on 12/09/2020 between 11:30 a.m. and 12:00 p.m. with the Maintenance Director, it was revealed:</p> <ol style="list-style-type: none"> <li>1) That there was no documentation of the annual fuel quality test per American Society for Testing and Materials (ASTM) standards for the emergency generator.</li> <li>2) That there was no documentation of monthly</li> </ol> | K 918   | <ol style="list-style-type: none"> <li>1) The facility has completed and received documentation of the annual fuel quality test sample on 12/10/20 for the emergency generator and documentation of the monthly conductance testing of the generator maintenance free sealed battery is complete.</li> <li>2) The facility generator is in compliance with fuel testing and conductance testing requirements.</li> <li>3) The maintenance department has received education related to the requirements of annual fuel quality test per American Society for Testing and Materials (ASTM) standards for the emergency generator as well as</li> </ol> |   |

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| K 918              | <p>Continued From page 3</p> <p>conductance testing of the generator maintenance free sealed battery.</p> <p>An interview was conducted with the Maintenance Director concurrent with the observations and confirmed the findings.</p> <p>per NFPA 99 (2015 Edition) 6.4.1.1, 6.4.1.1.14, 6.4.4.1.3, 6.4.1.1.16</p> <p>per NFPA 110 (2013 Edition) 8.1.1, 8.3, 8.3.7, 8.3.7.1, 8.3.8</p> <p>Class III</p> | K 918         | <p>documenting monthly conductance testing of the generator maintenance free sealed battery.</p> <p>4) The Maintenance Director/Designee will audit generator fuel test completion and documentation and monthly conductance testing monthly to validate compliance. The results of the audit will be reviewed at the QA&amp;A Committee meeting for four months for recommendations or until substantial compliance is met.</p> |                    |

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

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| K 000  | INITIAL COMMENTS<br><br>An unannounced Fire & Life Safety recertification survey was conducted on 12/09/2020 at Boca Ciega Center, a nursing home in Gulfport, Florida.<br>Boca Ciega Center 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.<br><br>Initial Plan Review: 1969<br>Existing<br>NFPA 220 Construction Type: II (III)<br>Number of beds: 120<br>Census: 85<br><br>The following is description of the noncompliance.  | K 000   |   |   |
| K 345<br>SS=D  | Fire Alarm System - Testing and Maintenance<br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br>This REQUIREMENT is not met as evidenced by:<br>Based on review of the facility records and interview with the Administrator and Maintenance Director, the facility failed to maintain the Fire Alarm System. Maintaining the Fire Alarm System ensures proper operation and lessens the chance of a deleted alarm activation under hazardous conditions. | K 345   | 1) The facility has completed annual duct detector differential pressure test and the bi-annual smoke detector sensitivity test per testing requirements on 12/15/20.<br><br>2) The Fire Alarm System testing and maintenance is maintained to NFPA 101 | 1/10/21   |

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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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| K 345  | Continued From page 1<br><br>Findings included:<br><br>On 12/09/2020 between 9:30 a.m. and 12:00 p.m. during document review, the facility failed to provide evidence of the annual duct detector differential pressure test and the biennial smoke detector sensitivity test per manufacturer's testing requirements.<br><br>The findings were acknowledged by the Administrator and Maintenance Director at the 3:00 p.m. exit conference.<br><br>per NFPA 101 (2012 Edition) 19.3.4.1, 9.6, 9.6.1.3<br>per NFPA 72 (2010 Edition) 14.4.5, 14.4.2.2, 14.4.2.2(14)(g)(1), 14.4.2.2(14)(g)(6)  | K 345   | standards.<br><br>3) The maintenance director has received education related to the requirements of maintaining the Fire Alarm System to include, but not limited to, the requirement of annual duct detector differential testing and biennial smoke detector sensitivity test.<br><br>4) The Maintenance Director/Designee will audit the duct detector differential pressure testing and the smoke detector sensitivity test documentation monthly to validate tests are conducted timely. The results of the audit will be reviewed at the QA&A Committee meeting for four months for recommendations or until substantial compliance is met. |                      |   |
| K 918<br>SS=D  | Electrical Systems - Essential Electric System<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.<br>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete | K 918   |   | 1/10/21              |   |

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| K 918  | <p>Continued From page 2</p> <p>simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of the facility records and interview with the Maintenance Director, it was revealed that the facility failed to maintain the generator. Written records of maintenance and testing are required to be maintained and readily available.</p> <p>Findings included:</p> <p>During document review on 12/09/2020 between 11:30 a.m. and 12:00 p.m. with the Maintenance Director, it was revealed:</p> <ol style="list-style-type: none"> <li>1) That there was no documentation of the annual fuel quality test per American Society for Testing and Materials (ASTM) standards for the emergency generator.</li> <li>2) That there was no documentation of monthly conductance testing of the generator</li> </ol> | K 918   | <ol style="list-style-type: none"> <li>1) The facility has completed and received documentation of the annual fuel quality test sample on 12/10/20 for the emergency generator and documentation of the monthly conductance testing of the generator maintenance free sealed battery is complete.</li> <li>2) The facility generator is in compliance with fuel testing and conductance testing requirements.</li> <li>3) The maintenance department has received education related to the requirements of annual fuel quality test per American Society for Testing and Materials (ASTM) standards for the emergency generator as well as documenting monthly conductance testing</li> </ol> |   |

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| K 918  | Continued From page 3<br>maintenance free sealed battery.<br><br>An interview was conducted with the Maintenance Director concurrent with the observations and confirmed the findings.<br><br>per NFPA 99 (2012 Edition) 6.4.1.1, 6.4.4.1.3, 6.4.1.1.15, 6.4.1.1.13<br>per NFPA 110 (2010 Edition) 8.3.7.1, 8.3.8 | K 918   | of the generator maintenance free sealed battery.<br><br>4) The Maintenance Director/Designee will audit generator fuel test completion and documentation and monthly conductance testing monthly to validate compliance. The results of the audit will be reviewed at the QA&A Committee meeting for four months for recommendations or until substantial compliance is met. |                      |   |



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| E 000  | Initial Comments<br><br>During the annual survey conducted on 12/09/2020 at Boca Ciega Center, a nursing home, Emergency Preparedness was reviewed. Boca Ciega Center is not in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.   | E 000   |   |                      |   |
| E 004<br>SS=D  | The following is a description of the noncompliance.<br>Develop EP Plan, Review and Update Annually CFR(s): 483.73(a)<br><br>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.<br><br>The emergency preparedness program must include, but not be limited to, the following elements:<br><br>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:<br><br>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the | E 004   |   | 1/10/21              |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BOCA CIEGA CENTER</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1414 59TH ST S<br/>GULFPORT, FL 33707</b>  |                      |   |
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| E 004  | <p>Continued From page 1</p> <p>requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide the annual review and update of their Emergency Preparedness Program (EP). Annual review and updating of the program is required to address the changing environments of the community, the facility and the facility populations.</p> <p>Findings included:</p> <p>On 12/09/2020 between 10:00 AM and 12:00 PM while reviewing the facility's EP, the facility failed to provide evidence of the annual review of all policy and procedures contained in their EP. The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review.</p> <p>Concurrent with the record review and during the exit conference at 3:00 p.m., the Administrator said that their plan would need to be reviewed and updated to meet the Federal requirements including documentation that verifies the policies and procedures have been reviewed and updated</p> | E 004   | <ol style="list-style-type: none"> <li>1) A review of the policies and procedures contained in the Emergency Preparedness Program (EP) was conducted by the facility Inter-disciplinary team (IDT).</li> <li>2) The EP has been updated to meet the annual review with no corrections or additions to policies in place.</li> <li>3) IDT received education related to maintaining the EP updated, at least annually, and/or upon indication of changing environments of the community, the facility, and the facility populations.</li> <li>4) The Maintenance Director/Designee will audit the EP monthly to validate no updates are needed related to changing environments of the community, facility, facility populations or changes in policies and procedure. The results of the audit will be reviewed at the QA&amp;A Committee meeting for four months for</li> </ol> |                      |   |

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>105271</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>12/09/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BOCA CIEGA CENTER</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1414 59TH ST S<br/>GULFPORT, FL 33707</b>                           |                      |   |
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| E 004  | Continued From page 2 on an annual basis.  | E 004   | recommendations or until substantial compliance is met.   |                      |   |