DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 CONDET SIEMEY CONDET SIEMEY

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| TEMENT OF DEFICIENCIES PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED |
| | 105910 | B. WING | 11/24/2020 |

| | ROVIDER OR SUPPLIER EEF NURSING & REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET MIAMI, FL 33157 | |
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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) COMPLETIO DATE |
| E 000 | Initial Comments | E 00 | 0 | |
| | During an unannounced Fire & Life Safety recertification survey conducted on 11/23/2020-11/24/2020 at Coral Reef Nursing & Rehabilitation Center, a nursing home in Miami, Florida, Emergency Preparedness was reviewed. | | | |
| | Coral Reef Nursing & Rehabilitation Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities. | | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

1 E

(X6) DATE

Electronically Signed

12/26/2020

Any deficiency statement ending with an asteriak (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safequards 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 unsing 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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PRINTED: 02/09/2021

| CENTER | S FOR MEDICARE & | MEDICAID SERVICES | | | | | NO. 0938-0391 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPL(ER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED | | | ATE SURVEY DMPLETED |
| | | 105910 | B. WING | | | | 11/24/2020 |
| NAME OF PROVIDER OR SUPPLIER CORAL REEF NURSING & REHABI | | ILITATION CENTER | • | 986 | EET ADDRESS, CITY, STATE, ZIP CODE 9 SW 152ND STREET NMI, FL 33157 | | |
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| K 000 | survey was conducted at Coral Reef Nursing nursing home in Miar Coral Reef Nursing & in compliance with 42 CFR 486.307, and Ni. Association (NFPA) 1 requirements for nurs Initial Plan Review: 1 Existing NFPA 220 Constructi Number of beds: 180 Census: 135 | e & Life Safety recertification d 11/23/2020 to11/24/2020 g & Rehabilitation Center, a ni, Florida. Rehabilitation Center is not CFR 483 Subpart B, 42 attional Fire Protection 01 (2012 edition) ing homes. 1995 with addition in 2010 on Type: Type II (111) | к | 000 | | | |
| K 345 SS=D | Fire Alarm System - 1 CFR(s): NFPA 101 Fire Alarm System - 1 A fire alarm system is accordance with an a with the requirements Electric Code, and NI and Signaling Code. acceptance, mainten available. 9.6.1.3, 9.6.1.5, NFP, This REQUIREMENT by: Based on records re was determined that fire alarm testing and evidenced by lack of performance of fire al | ance and testing are readily | к | 345 | | | 12/31/20 |

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

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.

12/26/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A BUILDING 01 - MAIN FED 105910 R MING 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REFE NURSING & REHABILITATION CENTER MIAMI, FL 33157 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 345 Continued From page 1 K 345 deficiency could affect all occupants of the facility in case of a fire or other emergency. Findings included: During the records review process of the facility between 10:30 AM and 4:30 PM on 11/23/2020 with the Administrator and between 10:30 AM and 2:00 PM on 11/24/2020 with the Maintenance Director, it was revealed that there was no documentation for the performance of fire alarm duct detector airstream sampling using a method acceptable to the manufacturer or published instructions. The report dated 05/09/2019 was provided during survey. During the Staff Interview between 10:30 am and 4:30 PM on 11/23/2020 and between 10:30 AM and 2:00 PM on 11/24/2020, both, the Administrator and the Maintenance Director acknowledged that there was no documentation for the performance of fire alarm duct detector airstream sampling using a method acceptable to the manufacturer or published instructions. They provided a report dated 05/09/2019 during survey. NFPA 101 (2012 Edition) 19.3.4.1, 9.6 NFPA 72 (2010 Edition) Chapter 14 Table 14.4.2.2 K 363 Corridor - Doors K 363 12/31/20 SS=D CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than

required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core

Facility ID: 111356

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| | | 105910 | B. WING | | | 11/24/2020 |
| | ROVIDER OR SUPPLIER EEF NURSING & REHAB | ILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET MIAMI, FL 33157 | | 11)27/2020 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE |
| к 363 | wood or other materia at least 20 minutes. Exsonke compartments the passage of smok to rooms containing fil materials have positive to rooms containing fil materials have positive to rooms containing fil materials have positive to reduce the requirements do not a do not contain filamming the requirements do not a do not contain filamming the requirements do not contain filamming when a force of 5 lbf impediment to the clo devices that release v pulled are permitted. of unlimited height are materials in complian smoke compartment window assemblies a sprinklered compartment window assemblies a sprinklered compartment frames in window assemblies a sprinklered compartment frames in window assemblies a protection ratings, auterials in the protection ratings, auterials in the protection ratings, auterials and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the protection ratings and the protection ratings are provided to the | al capable of resisting fire for loors in fully sprinklered are only required to resist Corridor doors and doors ammable or combustible re latching hardware. Roller by CMS regulation. These apply to auxiliary spaces that able or combustible material, ottom of door and floor iding 1 inch. Powered doors a are permissible if provided of keeping the door closed s applied. There is no sing of the doors. Hold open when the door is pushed or Nonrated protective plates a permitted. Door frames made of steel or other ce with 8.3, unless the s sprinklered. Fixed fire re allowed per 8.3. In lents there are no lents there are no lents residence of glass or flere resistance of glass or | K | 363 | | |

maintain the smoke / fire doors as required as evidenced by a door not latching and a door held open. This deficiency could affect all occupants of

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 01 - MAIN FED 105910 R MING 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REFE NURSING & REHABILITATION CENTER MIAMI, FL 33157 SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 3 K 363 the facility in case of a fire or other emergency. Findings included: During the Life Safety Survey tour of the facility between 2:00 PM and 6:00 PM on 11/24/2020 with the Maintenance Director, it was observed as follows: On 11/24/2020 at 2:41 pm Patient Room N21: door was not latching properly. It was repaired during survey. On 11/24/2020 at 2:46 PM Hospice Team Room next to Patient Room N23: door had a self-closing device, and it was held open with a wood wedge. The wood wedge was removed during survey. On 11/24/2020 during the Staff Interview between 2:00 PM and 6:00 PM, the Maintenance Director acknowledged that (1) Patient Room N21 door was not latching properly; and (2) Hospice Team Room next to Patient Room N23 door had a self-closing device, and it was held open with a wood wedge. The Maintenance Director repaired the door and removed the wood wedge during survey. These findings were also acknowledged by the Administrator during the exit conference. NFPA 101 (2012 Edition) 19.3.6.3.5 K 712 Fire Drills K 712 12/31/20 SS=D | CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm

signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at

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PRINTED: 02/09/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STA

| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | OMB NO. 0938- |
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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED | (X3) DATE SURVEY |
| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | | COMPLETED |

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| CALIDAD SUMMARY STATESHEY OF DEFICIENCES PREFX PREFX PREFX FROM INCESS PLAN OF CONSECTION CONSE |
| least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REGUIREMENT is not met as evidenced by: Based on records reviewed and staff interview, it was determined that the facility failed to perform fire drills 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. Findings included: During the records review process of the facility between 10:30 AM and 4:30 PM on 11/23/2020 with the Administrator and between 10:30 AM and 2:00 PM on 11/2/2020 with Maintenance |
| odocumentation for fire drills performed in 2020 2nd Quarter / 3rd Shift, 3rd Quarter / 1st Shift, and in 2019 4th Quarter / 1st Shift, During the Staff Interview between 10:30 AM and 4:30 PM on 11/23/2020 and between 10:30 AM and 2:00 PM on 11/23/2020, both, the Administrator and the Maintenance Director acknowledged that there was no documentation for fire drills performed in 2020 2nd Quarter / 3rd |

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| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | OMB NO. 0938-0391 |
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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED | (X3) DATE SURVEY |
| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | | COMPLETED |

105910 B. WING 11/24/2020

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

| CORAL REEF NURSING & REHABILITATION CENTER | | | 9869 SW 152ND STREET MIAMI FL 33157 | | | |
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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) COMPLETION DATE | |
| K 771 | Continued From page 5 | K 7 | 771 | | | |
| K 771 SS=D | Engineer Smoke Control Systems CFR(s): NFPA 101 | K 7 | 771 | | 12/31/20 | |
| | Engineer Smoke Control Systems 2012 EXISTING When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premises. 19.7.7 This RECUIREMENT is not met as evidenced by: Based on records review and staff interview, it was determined that the facility failed to perform fire dampers testing and maintenance as required as evidenced by lack of documentation for the performance of fire dampers test. This deficiency could affect all occupants of the facility in case of a fire or other emergency. Findings included: | | | | | |
| | During the records review process of the facility between 10:30 AM and 4:30 PM on 11/23/2020 with the Administrator and between 10:30 AM and 2:00 PM on 11/24/2020 with the Maintenance Director, it was revealed that there was no documentation for the performance of fire dampers test within the last 4 years. A report dated 09/20/2016 was provided during survey. During the Staff Interview between 10:30 AM and 4:30 PM on 11/23/2020 and between 10:30 AM and 2:00 PM on 11/23/2020 both, the Administrator and the Maintenance Director acknowledged that there was no documentation for the performance of fire dampers test within the last 4 years. They provided a report dated 09/20/2016. | | | | | |

Facility ID: 111356

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| NAME OF P | ROVIDER OR SUPPLIER | | • | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| CORALR | EEF NURSING & REHAB | ILITATION CENTER | | | MIAMI, FL 33157 | | |
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| K 771 | Continued From page | 6 | к | 77 | 1 | | : |
| | NFPA 101 (2012 Editi | on) 19.7.7.1 | | | | | |
| K 921 SS≃D | | - Testing and Maintenanc | к | 92 | 1 | | 12/31/20 |
| | Requirements The physical integrity current, and touch ou portable patient-care (PCREE) is performe Testing intervals are e protocols. All PCREE is tested in accordanc before being put into or modification. Any s electrical appliance s with NFPA 99 as a co manuals, instructions by the manufacturer i required by 10.5-1, requi | rrent tests for fixed and related electrical equipment d as required in 10.3. stablished with policies and used in patient care rooms e with 10.3.5.4 or 10.3.6 service and after any repair ystem consisting of several demonstrates compliance mplete system. Service and procedures provided notude information as and are considered in the gram for electrical equipment tenance manuals are readily labels and condensed on the appliance are ectrical equipment tests, itons is maintained for a onstrate compliance in acitify a policy. Personnel siting, maintenance and use is receive continuous | | | | | |

Based on record review, observations, and staff

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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVE |
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| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | | COMPLETED |

105910 B. WING 11/24/2020

| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| CORAL R | EEF NURSING & REHABILITATION CENTER | | MIAMI, FL 33157 | | |
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| K 921 | Continued From page 7 interview, it was determined that the facility failed to maintain electrical equipment as required as evidenced by lack of testing documentation. This deficiency could affect occupants of the facility in case of a fire or other emergency. Findings included: During the records review process of the facility between 10:30 AM and 4:30 PM on 11/23/2020 with the Administrator and between 10:30 AM and 2:00 PM on 11/24/2020 with the Maintenance Director, it was revealed that there was no documentation for electrical equipment testing since Annual Report dated 04/11/2019. During the Staff Interview between 10:30 AM and 4:30 PM on 11/22/2020 and between 10:30 AM and 4:30 PM on 11/22/2020 and between 10:30 AM and 4:30 PM on 11/22/2020 and between 10:30 AM and 2:00 PM on 11/24/2020, both, the Administrator and the Maintenance Director acknowledged that there was no documentation for electrical equipment testing since Annual Report dated 04/11/2019. NFPA 99 (2012 Edition) 10.5.2.1 | K 92 | 21 | | |

12/31/20

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 000 INITIAL COMMENTS K 000 An unannounced Fire & Life Safety re-licensure survey was conducted on 11/23/2020 to11/24/2020 at Coral Reef Nursing & Rehabilitation Center, a nursing home in Miami, 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. The following is description of the deficiencies

found at the time of the survey. K 345 NFPA 101 Fire Alarm System - Testing and

SS=D Maintenance

Fire Alarm System - Testing and Maintenance 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.

9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72

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 perform fire alarm testing and maintenance as required as evidenced by lack of documentation for the performance of fire alarm duct detector airstream

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

TITLE (X6) DATE

12/26/20 Electronically Signed

K 345

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 345 Continued From page 1 K 345 sampling using a method acceptable to the

Findings included:

During the records review process of the facility between 10.30 AM and 4.30 PM on 11/23/2020 with the Administrator and between 10.30 AM and 2.00 PM on 11/24/2020 with the Maintenance Director, it was revealed that there was no documentation for the performance of fire alarm duct detector airstream sampling using a method acceptable to the manufacturer or published instructions. The report dated 05/09/2019 was provided during survey.

manufacturer or published instructions. This deficiency could affect all occupants of the facility in case of a fire or other emergency.

During the Staff Interview between 10:30 AM and 4:30 PM on 11/22/2020 and between 10:30 AM and 2:00 PM on 11/24/2020, both, the Administrator and the Maintenance Director acknowledged that there was no documentation for the performance of fire alarm duct detector airstream sampling using a method acceptable to the manufacturer or published instructions. They provided a report dated 05/09/2019 during survey.

NFPA 101 (2015 Edition) 19.3.4.1, 9.6 NFPA 72 (2013 Edition) Chapter 14 Table 14.4.3.2

Class III

K 363 SS=D NFPA 101 Corridor - Doors

Corridor - Doors

STATE FORM

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K 363

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If continuation sheet 2 of 9

12/31/20

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 2 K 363 2015 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and

permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.

floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations (only for Federal survey citation) only on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are

19.3.6.3. 42 CFR Parts 403, 418, 460, 482, 483,

Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.

2015 NEW

Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 3 K 363 covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with self-latching and positive latching hardware. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations (only for Federal survey citation) on corridor doors and rooms containing flammable or combustible materials. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc. This Statute or Rule is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to properly maintain the smoke / fire doors as required as evidenced by a door not latching and a door held open. This deficiency could affect all occupants of

Findings included:

During the Life Safety Survey tour of the facility between 2:00 PM and 6:00 PM on 11/24/2020 with the Maintenance Director, it was observed as follows:

the facility in case of a fire or other emergency.

On 11/24/2020 at 2:41 PM Patient Room N21: door was not latching properly. It was repaired during survey.

On 11/24/2020 at 2:46 PM Hospice Team Room

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 4 K 363 next to Patient Room N23: door had a self-closing device, and it was held open with a wood wedge. The wood wedge was removed during survey. During the Staff Interview between 2:00 PM and 6:00 PM on 11/24/2020, the Maintenance Director acknowledged that (1) Patient Room N21 door was not latching properly; and (2) The Hospice Team Room next to Patient Room N23 door had a self-closing device, and it was held open with a wood wedge. He repaired the door and removed the wood wedge during survey. These findings were also acknowledged by the Administrator during the exit conference. NFPA 101 (2015 Edition) 19.3.6.3.5 Class III K 712 NEPA 101 Fire Drills K 712 12/31/20 SS=D Fire Drille Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected

was determined that the facility failed to perform

times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used

This Statute or Rule is not met as evidenced by: Based on records review and staff interview, it

instead of audible alarms. 18.7.1, 19.7.1, 4.7

STATE FORM caso 88D721 If continuation sheet 5 of 9

11/24/2020

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
(X2) MULTIPLE CONSTRUCTION
(X3) DATE SURVEY
COMPLETED

NAME OF PROVIDER OR SUPPLIER

111356

STREET ADDRESS, CITY, STATE, ZIP CODE

| NAME OF PROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STA | ITE, ZIP CODE | 1 |
|------------------------------|---|--|----------------------|--|--------------------------|
| CORAL RI | EEF NURSING & REHABILITATION CENTER | 9869 SW 15 MIAMI, FL | 52ND STREET 33157 | • | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU 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 712 | Continued From page 5 fire drills as required as evidenced by lack of documentation. This deficiency could affect at occupants of the facility in case of a fire or of emergency. Findings included: During the records review process of the fac- between 10:30 AM and 4:30 PM on 11/23/2C with the Administrator and between 10:30 AM 2:00 PM on 11/24/2020 with the Maintenanco Director, it was revealed that there was no documentation for fire drills performed in 20:2 2nd Quarter / 3rd Shift, 3rd Quarter / 1st Shift, and in 2019 4th Quarter / 1st Shift, During the Staff Interview between 10:30 AM 4:30 PM on 11/23/2020 and between 10:30 AM 4:30 PM on 11/23/2020 both, the Administrator and the Maintenance Director acknowledged that there was no documental for fire drills performed in 20:20 2nd Quarter / Shift, 3rd Quarter / 1st Shift, and in 2019 4th Quarter / 1st Shift. NFPA 101 (2015 Edition) 19.7.1.4 through 19.7.1.7 Class III | all her lility 4 and e e e e e e e e e e e e e e e e e e e | K 712 | | |
| ₭ 771 SS=D | NFPA 101 Engineer Smoke Control Systems Engineer Smoke Control Systems | | K 771 | | 12/31/20 |
| | 2015 EXISTING When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premise | s. | | | |

AHCA Form 3020-0001

STATE FORM 88D721 H continuation sheet 6 of 9

| Agency f | or Health Care Adminis | tration | | | | |): 02/09/2021 1 APPROVED |
|--------------------------|---|--|--------|---------------------------------|--|----------------------|-----------------------------|
| STATEMENT | FOR DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: 0 | CONSTRUCTION 5 - MAIN LIC | (X3) DATE S COMPL | |
| | | 111356 | | B. WING | | 11/2 | 4/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | STRE | ETADDR | RESS, CITY, STA | TE, ZIP CODE | | |
| CORAL R | EEF NURSING & REHAB | LITATION CENTER | SW 15 | 2ND STREET 33157 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE |
| K 771 | Continued From page | 6 | | K 771 | | | de la constanta |
| | 19.7.7 | | | | | | and the second |
| | Standard for Smoke 0 | accordance with NFPA 92, | | | | | |
| | Based on records rev was determined that t fire dampers testing a as evidenced by lack performance of fire da | s not met as evidenced by: lew and staff interview, it he facility failed to perform and maintenance as required of documentation for the impers test. This deficiency ints of the facility in case of ncy. | | | | | |
| | Findings included: | | | | | | |
| | between 10:30 AM ar with the Administrator 2:00 PM on 11/24/202 Director, it was reveal documentation for the dampers test within the dated 08/20/2016 was During the Staff Interv | performance of fire to last 4 years. A report to provided during survey, liew between 10:30 AM and to and between 10:30 AM | | | | | |

08/20/2016.

Administrator and the Maintenance Director acknowledged that there was no documentation for the performance of fire dampers test within the last 4 years. They provided a report dated

NFPA 101 (2015 Edition) 19.7.7.1

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC 111356 B. WING __ 11/24/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

| CORAL R | ORAL REEF NURSING & REHABILITATION CENTER 9869 SW 152ND STREET MIAMI, FL 33157 | | | | | | | | |
|--------------------------|--|---|--|--|--|--|--|--|--|
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIC | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | | | | | |
| K 771 | Continued From page 7 | K 771 | | AL PART AND ADDRESS AND ADDRES | | | | | |
| | Class III | | | and | | | | | |
| K 921 SS=D | NFPA 99 Electrical Equipment - Testing and Maintenanc | K 921 | | 12/31/20 | | | | | |
| | Electrical Equipment - Testing and Maintenar Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipm (PCREE) is performed as required in 10.3. Tasting intervals are established with policies protocols. All PCREE used in patient care rot is tested in accordance with 10.3.5.4 or 10.3: before being put into service and after any re or modification. Any system consisting of seve electrical appliances demonstrates compliane with NFPA 99 as a complete system. Service manuals, instructions, and procedures provid by the manufacture include information as required by 10.5.3.1.1 and are considered in development of a program for electrical equipment maintenance. Electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are reavialable, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personn responsible for the testing, maintenance and of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.8, 10.5.8 (NFPA 99) | nent and sms 6 pair eral be t ddlll adily by: | | | | | | | |
| AHCA Form 3 | 200 0004 | | | | | | | | |

| Agency f | or Health Care Adminis | tration | | | | : 02/09/2021 APPROVED |
|--------------------------|--|---|---------------------------------|--|-----------------------|--------------------------|
| STATEMENT | F OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: 0 | CONSTRUCTION 5 - MAIN LIC | (X3) DATE S COMPLI | |
| | | 111356 | B. WING | | 11/2 | 4/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| CORAL R | EEF NURSING & REHAB | ILITATION CENTER 9869 SW 1 | 52ND STREET 33157 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | XTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE |
| K 921 | to maintain electrical evidenced by lack of the deficiency could affect case of a fire or other. Findings included: During the records research to the definition of the defi | mined that the facility failed aquipment as required as esting documentation. This toccupants of the facility in emergency. view process of the facility id 4:30 PM on 11/23/2020 and between 10:30 AM and 20 with the Maintenance ed that there was no ctrical equipment testing | K 921 | | | |
| | 4:30 PM on 11/23/202 and 2:00 PM on 11/24 Administrator and the acknowledged that the | Maintenance Director ere was no documentation nt testing since Annual 019. | | | | |

6590

PRINTED: 02/09/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED STA

| ENTERS FOR MEDICARE & I | VIEDICAID SERVICES | | ONB NO. 0936-03 |
|---|---|--|-------------------------------|
| TEMENT OF DEFICIENCIES PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED |
| | 105910 | B. WING | 4410410000 |

105910 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION

(X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) E 000 Initial Comments E 000 During an unannounced Fire & Life Safety recertification survey conducted on 11/23/2020-11/24/2020 at Coral Reef Nursing & Rehabilitation Center, a nursing home in Miami, Florida, Emergency Preparedness was reviewed. Coral Reef Nursing & Rehabilitation Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73. Requirement for Long-Term Care Facilities.

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

Electronically Signed

12/26/2020

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.

AND

TITLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A BUILDING 01 - MAIN FED 105910 R MING 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REFE NURSING & REHABILITATION CENTER MIAMI, FL 33157 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOURD RE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 000 INITIAL COMMENTS K 000 An unannounced Fire & Life Safety recertification survey was conducted 11/23/2020 to 11/24/2020 at Coral Reef Nursing & Rehabilitation Center, a nursing home in Miami, Florida. Coral Reef Nursing & Rehabilitation 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. Initial Plan Review: 1995 with addition in 2010 NFPA 220 Construction Type: Type II (111) Number of beds: 180 Census: 135 The following is description of the noncompliance. K 345 Fire Alarm System - Testing and Maintenance K 345 12/31/20 SS=D CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NEPA 70. National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code, Records of system acceptance, maintenance and testing are readily available 9613 9615 NEPA 70 NEPA 72 This REQUIREMENT is not met as evidenced K345 Based on records reviewed and staff interview, it was determined that the facility failed to perform Corrective action: fire alarm testing and maintenance as required as Differential pressure testing on all smoke evidenced by lack of documentation for the duct detectors was conducted on performance of fire alarm duct detector airstream November 25, 2020. sampling using a method acceptable to the

manufacturer or published instructions. This LABORATORY DIRECTOR'S OR PROVIDER/SLIPPLIER REPRESENTATIVE'S SIGNATURE

12/26/2020

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.

Electronically Signed

Identification of residents having potential

TITLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A BUILDING 01 - MAIN FED 105910 R MING 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REFE NURSING & REHABILITATION CENTER MIAMI, FL 33157 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOURD RE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 345 Continued From page 1 K 345 deficiency could affect all occupants of the facility to be affected: in case of a fire or other emergency. All residents have the potential to be affected when smoke duct detector Findings included: differential are nor conducted. During the records review process of the facility Measures/systems changes to prevent between 10:30 AM and 4:30 PM on 11/23/2020 reoccurrence. with the Administrator and between 10:30 AM and An in-service was conducted by the 2:00 PM on 11/24/2020 with the Maintenance administrator with the maintenance Director, it was revealed that there was no director to ensure that the duct detector documentation for the performance of fire alarm differential testing will be conducted duct detector airstream sampling using a method annually as required by NFPA. acceptable to the manufacturer or published Monitoring of corrective action: instructions. The report dated 05/09/2019 was Maintenance director will ensure that the provided during survey. duct detector differential testing will be conducted annually. All findings will be During the Staff Interview between 10:30 am and discussed in the next QAPI meetings. 4:30 PM on 11/23/2020 and between 10:30 AM and 2:00 PM on 11/24/2020, both, the Administrator and the Maintenance Director acknowledged that there was no documentation for the performance of fire alarm duct detector airstream sampling using a method acceptable to the manufacturer or published instructions. They provided a report dated 05/09/2019 during survey. NFPA 101 (2012 Edition) 19.3.4.1, 9.6 NFPA 72 (2010 Edition) Chapter 14 Table 14422 K 363 Corridor - Doors K 363 12/31/20 SS=D CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than

required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core

Facility ID: 111356

PRINTED: 02/09/2021

| | | ID HUMAN SERVICES | | | | | M APPROVED |
|--------------------------|--|--|--------------------|------|---|-------------------|----------------------------|
| | | MEDICAID SERVICES | 2000 N. E. E. E. | | | | 0. 0938-0391 |
| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | DISTRUCTION MAIN FED | (X3) DATE COMP | PLETED |
| | | 105910 | B. WING_ | | | 11/ | 24/2020 |
| NAME OF PE | ROVIDER OR SUPPLIER | | | STRI | EET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | 9869 | SW 152ND STREET | | |
| CORAL RI | EEF NURSING & REHAB | ILITATION CENTER | | MIA | MI, FL 33157 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETION DATE |
| к 363 | at least 20 minutes. Exemple 20 minutes. Exemple 20 minutes are prohibited for comes containing fill materials have positive latches are prohibited requirements do not ado not contain flamma Clearance between becovering is not excee complying with 7.2.1. with a device capable when a force of 5 lbf impediment to the clo devices that release to pulled are permitted, of unlimited height are meeting 19.3.6.3.6 are shall be labeled and materials in complian smoke compartment window assemblies a sprinklered compartment in window assemblies a frame of frames in window assemblies and 485 Show in REMARKS opportection ratings, au etc. This REQUIREMENT by: | al capable of resisting fire for obors in fully sprinklered or obors in fully sprinklered a read only required to resist e. Corridor doors and doors ammable or combustible re latching hardware. Roller by CMS regulation. These apply to auxiliary spaces that able or combustible material, ottom of door and floor ding 1 inch. Powered doors 9 are permissible if provided of keeping the door closed is applied. There is no sing of the doors. Hold open when the door is pushed or Nonrated protective plates e permitted. Dutch doors e permitted. Dutch doors e permitted. Dutch doors e permitted. Dutch doors e permitted. Su, unless the is sprinklered. Fixed fire re allowed per 8.3. In tents there are no fire resistance of glass or | K | 363 | K363 | | |
| | | acility failed to properly | | ١. | Corrective Action: | | |

evidenced by a door not latching and a door held

open. This deficiency could affect all occupants of

On November 24, 2020 N21 door was not

latching properly, it was immediately

PRINTED: 02/09/2021

| DEFAILL | VICINI OF HEALTHAN | ID HOMMIN SERVICES | | | FORM APPROVED |
|--------------------------|--|--|---------------------|--|---|
| CENTER | S FOR MEDICARE & | MEDICAID SERVICES | | | OMB NO. 0938-0391 |
| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | LE CONSTRUCTION 01 - MAIN FED | (X3) DATE SURVEY COMPLETED |
| | | 105910 | B. WING | | 11/24/2020 |
| NAME OF PR | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| | EF NURSING & REHAB | W TATION SENTER | | 9869 SW 152ND STREET | |
| CORAL RI | EF NURSING & REHAD | ILITATION CENTER | | MIAMI, FL 33157 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETION |
| K 363 | Findings included: During the Life Safety between 2:00 PM and with the Maintenance follows: On 11/24/2020 at 2:4 door was not latching during survey. On 11/24/2020 at 2:4 next to Patient Room device, and it was he The wood wedge war On 11/24/2020 during 2:00 PM and 6:00 PM acknowledged that (1 | a fire or other emergency. / Survey tour of the facility 16:00 PM on 11/24/2020 Director, it was observed as 11 pm Patient Room N21: properly. It was repaired 6 PM Hospice Team Room N23: door had a self-closing Id open with a wood wedge, s removed during survey. In the Staff Interview between In the Maintenance Director Patient Room N21 door erity, and (2) Hospice Team | К 36 | repaired. On November 24, 2020 the hospice team room had a self-closing device and it was held open with a we wedge. The wood wedge was remov immediately. Identification of residents having pote to be affected: All residents have the potential to be affected: All residents have the potential to be affected when doors are not latching property and self-closing doors are no open with wood wedge. Measures/systems changes to prever reoccurrence: An in-service was conducted by the administrator with the maintenance department to ensure that all doors at latching properly and self-closing doo are not held open with door wedge. Corrective action: Maintenance director/designee will conduct random weekly audits for the | ood ed nitial nit re re |
| | self-closing device, as wood wedge. The Ma the door and removes survey. These finding | Room N23 door had a nd it was held open with a initenance Director repaired the wood wedge during is were also acknowledged during the exit conference. | | three month to ensure that all doors properly latch and that self-closing do are not held open with a door wedge, findings will be discussed in the next to QAPI meetings. | All |
| K 712 SS=D | NFPA 101 (2012 Edi Fire Drills CFR(s): NFPA 101 | tion) 19.3.6.3.5 | K 71 | 2 | 12/31/20 |
| | signal and simulation | transmission of a fire alarm of emergency fire are held at expected and | | | *************************************** |

unexpected times under varying conditions, at

Facility ID: 111356

PRINTED: 02/09/2021 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A BUILDING 01 - MAIN FED 105910 R MING 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REFE NURSING & REHABILITATION CENTER MIAMI, FL 33157 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 712 Continued From page 4 K 712 least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced Based on records reviewed and staff interview, it F712 was determined that the facility failed to perform Corrective Action: fire drills as required as evidenced by lack of Fire drills were conducted and on all three documentation. This deficiency could affect all shifts. The fire drill documentation was occupants of the facility in case of a fire or other updated tor reflect the fire drills emergency. conducted. Findings included: Identification of residents having potential to be affected: During the records review process of the facility All residents have the potential to be between 10:30 AM and 4:30 PM on 11/23/2020 affected fire drills are not conducted and with the Administrator and between 10:30 AM and there is lack of documentation 2:00 PM on 11/24/2020 with the Maintenance Measures/systems changes to prevent Director, it was revealed that there was no documentation for fire drills performed in 2020 reoccurrence: 2nd Quarter / 3rd Shift, 3rd Quarter / 1st Shift, An in-service was conducted by the and in 2019 4th Quarter / 1st Shift. administrator with the maintenance department to ensure that all fire drills are During the Staff Interview between 10:30 AM and conducted during their appropriate time 4:30 PM on 11/23/2020 and between 10:30 AM frame and all documentation regarding and 2:00 PM on 11/24/2020, both, the fire drills is updated accordingly. Administrator and the Maintenance Director acknowledged that there was no documentation Corrective action: for fire drills performed in 2020 2nd Quarter / 3rd Maintenance director/designee performed Shift, 3rd Quarter / 1st Shift, and in 2019 4th fire drills during scheduled time and all fire Quarter / 1st Shift. drills are documented accordingly. All findings will be discussed in the next two NFPA 101 (2012 Edition) 19.7.1.4 through QAPI meetings.

| | | ID HUMAN SERVICES | | | | FORM | M APPROVED |
|---------------|-------------------------------------|---|--------------|-----|---|-------------------|--------------------|
| | | MEDICAID SERVICES | _ | | | | 0. 0938-0391 |
| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | CONSTRUCTION 1 - MAIN FED | (X3) DATE COMP | SURVEY |
| | | 105910 | B. WING | | | 11/ | 24/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | | | S' | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | 98 | 869 SW 152ND STREET | | |
| CORAL R | EEF NURSING & REHAB | ILITATION CENTER | | м | IAMI, FL 33157 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID. | | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFI TAG | | (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | COMPLETION DATE |
| K 771 | Continued From page | 5 | к | 771 | | | |
| K 771 | Engineer Smoke Con | | | 771 | | | 12/31/20 |
| SS=D | CFR(s): NFPA 101 | aro Cyotomo | '` | | | | 1201120 |
| | Engineer Smoke Con 2012 EXISTING | trol Systems | | | | | |
| | When installed, engir | soored emoke control | | | | | |
| | systems are tested in | | | | | | |
| | established engineeri | | | | | | |
| | documentation is mai | | | | | | |
| | 19.7.7 | • | | | | | |
| | This REQUIREMENT | is not met as evidenced | | | | | |
| | by: | | | | | | |
| | Based on records re | view and staff interview, it | | | K771 | | |
| | | the facility failed to perform | | | Corrective action: | | |
| | | and maintenance as required | | | The fire dampers testing and | | |
| | | of documentation for the | | | maintenance was conducted on | | |
| | | ampers test. This deficiency | | | November 25, 2020. | | |
| | | ants of the facility in case of | | | 1d-466-4 fid-4- bi | 41-1 | |
| | a fire or other emerge | ency. | | | Identification of residents having poten to be affected: | tiai | |
| | Findings included: | | | | All residents have the potential to be | | |
| | r monigo moradoa. | | | | affected when the fire damper testing a | and | |
| | During the records re | view process of the facility | | | maintenance are not conducted every | | |
| | | nd 4:30 PM on 11/23/2020 | | | years. | | |
| | with the Administrator | and between 10:30 AM and | | | - | | |
| | 2:00 PM on 11/24/20: | 20 with the Maintenance | | | Measures/systems changes to prevent | | |
| | Director, it was revea | led that there was no | | | reoccurrence: | | |
| | documentation for the | | | | An in-service was conducted by the | | |
| | | ne last 4 years. A report | | | administrator with the maintenance | | |
| | dated 08/20/2016 wa | s provided during survey. | | | director to ensure that the fire dampen are tested and maintained every four | ers | |
| | During the Staff Inter- | view between 10:30 AM and | | | years. | | |
| | | 20 and between 10:30 AM | | | Monitoring of corrective action: | | |
| | and 2:00 PM on 11/2- | | | | Maintenance director will ensure that the | | |
| | | Maintenance Director | | | fire dampeners and maintenance will be | | |
| | | ere was no documentation | | | conducted every four years All findi | ngs | |
| | for the performance of | of fire dampers test within | | | will be discussed in the next QAPI | | |

the last 4 years. They provided a report dated

| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | FORM | 0: 02/09/2021 MAPPROVED 0: 0938-0391 |
|--------------------------|--|--|-------------------|-----|--|-----------|--|
| STATEMENT (| OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION 11 - MAIN FED | (X3) DATE | |
| | | 105910 | B. WING | | | 11/ | 24/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | | | - 8 | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| CORAL R | EEF NURSING & REHAB | ILITATION CENTER | | 1 | 9869 SW 152ND STREET WIAMI, FL 33157 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| K 771 | Continued From page | 96 | к | 771 | | | |
| K 921 SS=D | NFPA 101 (2012 Editi Electrical Equipment CFR(s): NFPA 101 | on) 19.7.7.1 - Testing and Maintenanc | к | 921 | | | 12/31/20 |
| | Requirements The physical integrity current, and touch cu portable patient-care (PCREE) is performe Testing intervals are e protocols. All PCREE is tested in accordance before being put into or modification. Any s electrical appliances v with NFPA 9 as a co manuals, instructions by the manufacturer i required by 10.5.3.1. development of a pro equipment maintenar instructions and main available, and safety operating instructions legible. A record of el repairs, and modifical period of time to dem | rrent tests for fixed and related electrical equipment d as required in 10.3. stablished with policies and used in patient care rooms re with 10.3.5.4 or 10.3.6 service and after any repair ystem consisting of several demonstrates compliance mplete system. Service and procedures provided notude information as and are considered in the gram for electrical equipment tenance manuals are readily labels and condensed on the appliance are estrical equipment tests, itons is maintained for a onstrate compliance in actify 5 policy. Personnel sing, maintenance and use is receive continuous | | | | | |

by:

This REQUIREMENT is not met as evidenced

Based on record review, observations, and staff

PRINTED: 02/09/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN FED

| | | 105910 | B. WING | | 11/24/2020 |
|--------------------------|--|--|---------------------|--|--------------------------|
| IAME OF F | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| ODALD | EEF NURSING & REHAB | II ITATION CENTED | 9 | 869 SW 152ND STREET | |
| ORAL R | EEF NURSING & REHAD | ILITATION CENTER | | MAMI, FL 33157 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETIC |
| K 921 | to maintain electrical evidenced by lack of deficiency could affect case of a fire or other Findings included: During the records rebetween 10:30 AM ar with the Administrator 2:00 PM on 11/24/20/ Director, it was reveal documentation for elesince Annual Report of During the Staff Interval 3:0 PM on 11/22 Administrator and the acknowledged that the | mined that the facility failed equipment as required as testing documentation. This to occupants of the facility in emergency. view process of the facility in emergency. view process of the facility at 4:30 PM on 11/23/2020 and between 10:30 AM and 20 with the Maintenance led that there was no octrical equipment testing lated 04/11/2019. view between 10:30 AM and 20 and petween 10:30 AM and 20 AM and | к 921 | Corrective Action: On December 9, 2020 the electrical testing of both fixed and portable met equipment was conducted. Binders located in the maintenance office. Identification of residents having pole to be affected: All residents have the potential to be affected when electrical testing and maintenance are not conducted. Met equipment both fixed and portable the kept in binders located in the maintenance office. Measures/systems changes to prever reoccurrence: An in-service was conducted by the administrator with the maintenance director to ensure that the electrical testing of fixed and portable medical testing of fixed and portable medical testing of fixed and portable medical equipment will be conducted annually. Monitoring of corrective action: Maintenance director will ensure that electrical testing of fixed and portable medical equipment will be conducted annually. All findings will be discus in the next QAPI meetings. | ntial lical t will |

Facility ID: 111356

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 000 INITIAL COMMENTS K 000 An unannounced Fire & Life Safety re-licensure survey was conducted on 11/23/2020 to11/24/2020 at Coral Reef Nursing & Rehabilitation Center, a nursing home in Miami, 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. The following is description of the deficiencies found at the time of the survey. K 345 NFPA 101 Fire Alarm System - Testing and K 345 12/31/20 SS=D Maintenance Fire Alarm System - Testing and Maintenance

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.

9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72

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 perform fire alarm testing and maintenance as required as evidenced by lack of documentation for the performance of fire alarm duct detector airstream

Corrective action: Differential pressure testing on all smoke duct detectors was conducted on November 25, 2020.

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

(X6) DATE 12/26/20 Electronically Signed

STATE FORM if continuation sheet 1 of 9 88D721

K345

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 345 Continued From page 1 K 345 sampling using a method acceptable to the manufacturer or published instructions. This Identification of residents having potential deficiency could affect all occupants of the facility to be affected: All residents have the potential to be in case of a fire or other emergency. affected when smoke duct detector Findings included: differential are not conducted. During the records review process of the facility Measures/systems changes to prevent between 10:30 AM and 4:30 PM on 11/23/2020 reoccurrence: with the Administrator and between 10:30 AM and An in-service was conducted by the 2:00 PM on 11/24/2020 with the Maintenance administrator with the maintenance Director, it was revealed that there was no director to ensure that the duct detector documentation for the performance of fire alarm differential testing will be conducted duct detector airstream sampling using a method annually as required by NFPA. acceptable to the manufacturer or published Monitoring of corrective action: instructions. The report dated 05/09/2019 was Maintenance director will ensure that the provided during survey. duct detector differential testing will be conducted annually. . All findings will be During the Staff Interview between 10:30 AM and discussed in the next_QAPI meetings. 4:30 PM on 11/23/2020 and between 10:30 AM and 2:00 PM on 11/24/2020, both, the Administrator and the Maintenance Director acknowledged that there was no documentation for the performance of fire alarm duct detector airstream sampling using a method acceptable to the manufacturer or published instructions. They provided a report dated 05/09/2019 during survey.

AHCA Form 3020-000

SS=D

14.4.3.2

Class III

K 363 NFPA 101 Corridor - Doors

Corridor - Doors

NFPA 101 (2015 Edition) 19.3.4.1, 9.6 NFPA 72 (2013 Edition) Chapter 14 Table

STATE FORM 88D721 H continuation sheet. 2 of 9

K 363

12/31/20

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 2 K 363 2015 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations (only for Federal survey citation) only on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted.

etc. 2015 NEW

permitted.

Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are

Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3. 42 CFR Parts 403, 418, 460, 482, 483, Show in REMARKS details of doors such as fire protection ratings, automatics closing devices,

Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor

STATE FORM caso 88D721 If continuation sheet 3 of 9 Agency for Health Care Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: 05 - MAIN LIC

| | | 111356 | | B. WING | | 11/24/2020 |
|--------------------------|--|--|---------------------------------|---------------------|---|------------------|
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STA | ITE, ZIP CODE | |
| CORAL D | EEF NURSING & REHAB | U ITATION CENTED | 9869 SW 15 | 52ND STREET | • | |
| CURALR | EEF NUKSING & REHAB | ILITATION CENTER | MIAMI, FL | 33157 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE COMPLETE |
| K 363 | Continued From page | 3 | | K 363 | | |
| | impediment to the clo devices that release v pulled are permitted. Doors shall be provid positive latching hard plates of unlimited he doors meeting 18.3.6 latches are prohibited for Federal survey cit rooms containing flan materials. 18.3.6.3, 42 CFR Par and 485 Show in REMARKS o protection ratings, aut This Statute or Rule | ding 1 Inch. There is no sing of the doors. Hold with the door is pushed ed with self-latching and ware. Nonrated protect light are permitted. Dut 3.6 are permitted. Dut by CMS regulations (o ation) on corridor doors unable or combustible tis 403, 418, 460, 482, 4 letails of doors such as tomatic closing devices, is not met as evidenced. | open d or d ve h h er nly and | | Macca | |
| | determined that the fit maintain the smoke / evidenced by a door open. This deficiency the facility in case of it Findings included: During the Life Safety between 2:00 PM and with the Maintenance follows: On 11/24/2020 at 2:4 door was not latching during survey. | is and staff interview, it is all staff interview, it is consistent of the transfer of the tra | s held this of cy. ity 0 ed as | | K363 Corrective Action: On November 24, 2020 N21 door was latching properly, it was immediately repaired. On November 24, 2020 the hospice team room had a self-closing device and it was held open with a wowedge. The wood wedge was remove immediately. Identification of residents having poter to be affected: All residents have the potential to be affected when doors are not latching properly and self-closing doors are hel open with wood wedge. Measures/systems changes to preven reoccurrence: | od d ttial |

PRINTED: 02/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 05 - MAIN LIC B MING 111356 11/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152ND STREET CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 363 Continued From page 4 K 363 next to Patient Room N23: door had a self-closing An in-service was conducted by the device, and it was held open with a wood wedge. administrator with the maintenance The wood wedge was removed during survey. department to ensure that all doors are latching properly and self-closing doors During the Staff Interview between 2:00 PM and are not held open with door wedge. 6:00 PM on 11/24/2020, the Maintenance Director Corrective action: acknowledged that (1) Patient Room N21 door Maintenance director/designee will was not latching properly; and (2) The Hospice conduct random weekly audits for the next Team Room next to Patient Room N23 door had three month to ensure that all doors a self-closing device, and it was held open with a properly latch and that self-closing doors wood wedge. He repaired the door and removed are not held open with a door wedge. All the wood wedge during survey. These findings findings will be discussed in the next two were also acknowledged by the Administrator QAPI meetings. during the exit conference. NFPA 101 (2015 Edition) 19.3.6.3.5 Class III K 712 NEPA 101 Fire Drills K 712 12/31/20 SS=D Fire Drille Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures

and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used

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 perform

instead of audible alarms 18.7.1, 19.7.1, 4.7

STATE FORM cnso 88D721 If continuation sheet 5 of 9

F712

Corrective Action:

11/24/2020

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
(X1) PROVIDERSUPPLIERCIA
(DENTIFICATION NUMBER:
(

A. BUILDING: 05 - MAIN LIC COMPLETED

NAME OF PROVIDER OR SUPPLIER

111356

STREET ADDRESS, CITY, STATE, ZIP CODE

| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
|------------------------------|--|--|---------------------|--|--------------------------|--|--|
| CORAL RI | EEF NURSING & REHABILITATION CENTER | 9869 SW 15 | 2ND STREET | | | | |
| OUNTER | EL HONOIRO & ALIGADICIATION DENTER | MIAMI, FL 3 | 33157 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY TU REGULATORY OR LSC IDENTIFYING INFORMATIC | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFIGIENCY) | (X5) COMPLETE DATE | | |
| K 712 | Continued From page 5 | | K 712 | | manne | | |
| | fire drills as required as evidenced by lack of documentation. This deficiency could affect a cocupants of the facility in case of a fire or ot emergency. Findings included: During the records review process of the facility in the facility in the facility in the facility with the Administrator and between 10:30 AM and 4:30 PM on 11/23/20 with the Maintenanco Director, it was revealed that there was no documentation for fire drills performed in 202 2nd Quarter / 3rd Shift, 3rd Quarter / 1st Shift and in 2019 4th Quarter / 1st Shift. During the Staff Interview between 10:30 AM 4:30 PM on 11/23/20/20 and between 10:30 AM 4:30 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 fad and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 AM 4:30 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and between 10:30 of and 2:00 PM on 11/23/20/20 and 2:00 PM on | all ther sility with and e e e e e e e e e e e e e e e e e e e | | Fire drills were conducted and on all three shifts. The fire drill documentation was updated to reflect the fire drills conducted. Identification of residents having potential to be affected: All residents have the potential to be affected fire drills are not conducted and there is lack of documentation Measures/systems changes to prevent reoccurrence: An in-service was conducted by the administrator with the maintenance department to ensure that all fire drills are conducted during their appropriate time frame and all documentation regarding fire drills is updated accordingly. Corrective action: Maintenance director/designee performed fire drills during scheduled time and all fire drills during scheduled time and all fire drills are uncommended accordingly. All findings will be discussed in the next two QAPI meetings. | | | |
| K 771 SS=D | NFPA 101 Engineer Smoke Control Systems | | K 771 | | 12/31/20 | | |
| | Engineer Smoke Control Systems | | | | | | |
| | 2015 EXISTING When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premises | s . | | | | | |

AHCA Form 3020-0001

STATE FORM 699 88D721 H continuation sheet 6 of 9

| | or Health Care Adminis | | | | FORM | .02/09/2021 APPROVE |
|--------------------------|---|---|---------------------|---|----------------------------|--------------------------|
| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: I | ECONSTRUCTION D5 - MAIN LIC | (X3) DATE SU COMPLE | |
| | | | | | | |
| | | 111356 | B. WING | | 11/24 | 1/2020 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | ATE, ZIP CODE | | |
| | | 9869 SW 1 | 52ND STREET | • | | |
| CORAL R | EEF NURSING & REHAB | ILITATION CENTER MIAMI, FL | 33157 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | XTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE |
| K 771 | Continued From page | 6 | K 771 | | oranaran. | |
| | 19.7.7 | | | | - | |
| | Standard for Smoke (| accordance with NFPA 92, | | | | |
| | Based on records rev was determined that fire dampers testing a as evidenced by lack performance of fire discould affect all occup a fire or other emerge. Findings included: During the records re between 10:30 AM ar with the Administration 2:00 PM on 11/24/20. Director, it was revea documentation for the dampers test within it | view process of the facility id 4:30 PM on 11/23/2020 and between 10:30 AM and 20 with the Maintenance ed that there was no | | K771 Corrective action: The fire dampers testing and mainten was conducted on November 25, 202 Identification of residents having potent to be affected: All residents have the potential to be affected when the fire damper testing maintenance are not conducted every years. Measures/systems changes to prever reoccurrence: An in-service was conducted by the administrator with the maintenance director to ensure that the fire damper are tested and maintained every four | 0. ntial and four | |

AHCA Form 3020-0001

08/20/2016.

During the Staff Interview between 10:30 AM and

4:30 PM on 11/23/2020 and between 10:30 AM

acknowledged that there was no documentation

for the performance of fire dampers test within

the last 4 years. They provided a report dated

and 2:00 PM on 11/24/2020, both, the

NFPA 101 (2015 Edition) 19.7.7.1

Administrator and the Maintenance Director

STATE FORM 88D721 If continuation sheet 7 of 9

vears.

meetings.

Monitoring of corrective action:

will be discussed in the next QAPI

Maintenance director will ensure that the

fire dampeners and maintenance will be

conducted every four years. . All findings

11/24/2020

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER CLIA
AND PLAN OF CORRECTION

IDENTIFICATION NUMBER:
A BUILDING: 05 - MAIN LIC

(X2) MULTIPLE CONSTRUCTION
A BUILDING: 05 - MAIN LIC

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORAL REFE NURSING & REHABILITATION CENTER

111356

9869 SW 152ND STREET

| CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL 33157 | | | | | | | | |
|--|--|---------------------|---|--|--|--|--|--|
| (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) | (XS) COMPLETE DATE | | | | |
| K 771 | Continued From page 7 | K 771 | | And to be desired to be desired. | | | | |
| | Class III | | | none control of the c | | | | |
| K 921 SS=D | NFPA 99 Electrical Equipment - Testing and Maintenanc | K 921 | | 12/31/20 | | | | |
| | Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment metal period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 (NFPA 99) This Statute or Rule is not met as evidenced by: Bassed on record review, observations, and staff | | K921 | | | | | |
| | and the second s | | | Yana and Andreas | | | | |

| PRINTED: 02/09/202 FORM APPROVE FORM APPROVE | | | | | | | | | | | |
|---|---|--------------------------|--|---|------------------|------|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | | | | | | |
| AND PLAN | AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: 05 - MAIN LIC | | COMPLI | ETED | | | | | |
| | | | | | | | | | | | |
| 111356 | | | B. WING | | 11/24/2020 | | | | | | |
| NAME OF D | ROVIDER OR SUPPLIER | PTDEET ADD | DEED CITY OTHER TID COOP | | | | | | | | |
| 9869 SW 152ND STREET | | | | | | | | | | | |
| CORAL REEF NURSING & REHABILITATION CENTER MIAMI, FL. 33157 | | | | | | | | | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | 4D | PROVIDER'S PLAN OF CORRECTION | N | (X5) | | | | | |
| PREFIX | | | PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP | BE | COMPLETE | | | | | | |
| TAG | | | | CROSS-REFERENCED TO THE APPROPR DEFICIENCY | RIATE | DATE | | | | | |
| ***** | | | | | | | | | | | |
| K 921 | Continued From page 8 | | K 921 | 4 A A A A A A A A A A A A A A A A A A A | | | | | | | |
| | interview, it was determined that the facility failed | | | Corrective Action: | | | | | | | |
| | to maintain electrical equipment as required as | | | On December 9, 2020 the electrical | | | | | | | |
| | evidenced by lack of testing documentation. This | | | testing of both fixed and portable medical | | | | | | | |
| | deficiency could affect occupants of the facility in | | | equipment was conducted. Binders | | | | | | | |
| | case of a fire or other emergency. | | | located in the maintenance office. Identification of residents having potential to be affected: | | | | | | | |
| | | | | | | | | | | | |
| | Findings included: | | | | | | | | | | |
| | | | | All residents have the potential to be | | | | | | | |
| | During the records review process of the facility | | | affected when electrical testing and | | | | | | | |
| | between 10:30 AM and 4:30 PM on 11/23/2020 | | | maintenance are not conducted. Medical | | | | | | | |
| | with the Administrator and between 10:30 AM and 2:00 PM on 11/24/2020 with the Maintenance | | | equipment both fixed and portable test will be kept in binders located in the | | | | | | | |
| | Director, it was revealed that there was no | | | maintenance office. | | | | | | | |
| | documentation for electrical equipment testing | | | Measures/systems changes to prever | | | | | | | |
| | since Annual Report of | | | reoccurrence: | | | | | | | |
| | Since Annual Nepoli dated 04/11/2015. | | | An in-service was conducted by the | | | | | | | |
| | During the Staff Interview between 10:30 AM and | | | administrator with the maintenance | | | | | | | |
| | 4:30 PM on 11/23/2020 and between 10:30 AM | | | director to ensure that the electrical to | esting | | | | | | |
| | and 2:00 PM on 11/24 | 1/2020, both, the | | of fixed and portable medical equipme | ent | | | | | | |
| | Administrator and the Maintenance Director | | | will be conducted annually. | | | | | | | |
| | | ere was no documentation | | Monitoring of corrective action: | | | | | | | |
| | | nt testing since Annual | | Maintenance director will ensure that | | | | | | | |
| | Report dated 04/11/20 | 019. | | electrical testing of fixed and portable | | | | | | | |
| | | | | medical equipment will be conducted | | | | | | | |
| | NFPA 99 (2015 Editio | n) 10.5.2.1.2 | | annually All findings will be discus- in the next QAPI meetings. | 3ed | | | | | | |
| | Class III | | | in the next WAPI meetings. | | | | | | | |
| | Omos III | | | | | | | | | | |
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