PRINTED: 06/23/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 ST

ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG 01, 05	(X3) DATE SURVEY COMPLETED		
105520		B. WING		05/13/2021		
IAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY STATE ZIP CODE			

CONSULA	TE HEALTH CARE OF BRANDON		761 VICTORIA ST BRANDON, FL 33510			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
E 000	Initial Comments	E 00	0			
	During the Recertification survey conducted on 05/13/2021 at Consulate Health Care of Brandon, a nursing home, Emergency Preparedness was reviewed. Consulate Health Care of Brandon is not in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73 Requirement for Long-Term Care Facilities.					
	The following is a description of the noncompliance.					
E 015 SS=F		E 01	5	6/11/21		
	§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b) (1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.625(b)(1)					
	[[b] Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:					
	(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following:					
	(A) Temperatures to protect patient health and					

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

(X6) DATE Electronically Signed 06/07/2021

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.

AN

DEPARTMENT OF HEAD						FORM	06/23/2021 MAPPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ECONSTRUCTION 11, 05	(X3) DATE	
		105520	B. WING			05/	13/2021
NAME OF PROVIDER OR SUPPL	IER			1	TREET ADDRESS, CITY, STATE, ZIP CODE		
CONSULATE HEALTH CAR	E OF B	RANDON			01 VICTORIA ST BRANDON, FL 33510		
PREFIX (EACH DE	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
provisions. (B) Emergenci. (C) Fire detect systems. (D) Sewage ar "For Inpatient Policies and pu (6) The following in the following: (iii) The provision by provisions. (iiii) The provision of the following: (iiii) The provision of the following: (iii) The provision of the following: (b) Alternate s following: (1) Temperatus safety and for provisions. (2) Emergency. (3) Fire detect systems. (C) Sewage ar This REGUIRE by: Based on rectacility falled to Preparedness procedures for patients. The	the safeth of th	e and sanitary storage of g. inguishing, and alarm e disposal. e at §418.113(b)(6)(iii):] ess. additional requirements for attent care facilities only, edures must address the ubsistence needs for nd patients, whether they place, include, but are not g: calc, and pharmaceutical of energy to maintain the rotect patient health and e and sanitary storage of g. inguishing, and alarm	E	015	The facility: s Federal Emergency Prograredness Plan (Fed EPP) will be updated with documentation (identifyin the new 50kW generator that powers I Heatling, Ventilation, and Air Condition (HVAC) for the 100 & 200 hall resident rooms.	he ing	

There is only one required Fed EPP,

		ID HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES	1				0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		CONSTRUCTION 1, 05	(X3) DATE COMP	SURVEY PLETED
		105520	B. WING			05/	13/2021
NAME OF P	ROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE		
CONSULA	TE HEALTH CARE OF B	PANDON			01 VICTORIA ST		
CONCOL	TE TIERETT GAILE OF B	TUTTO		В	RANDON, FL 33510		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 015	Findings include: On 05/13/2021 at 9:1 the facility failed to id- generator that powers and Air Conditioning (hall resident rooms in plan. An interview wa	5 a.m. during record review, entify the new 60 kW sthe Heating, Ventilation, HVAC) for the 100 & 200 to their emergency powers conducted with the concurrent with the record the findings.	E	015	therefore no additional reviews were needed. The Executive Director educated the Maintenance Director and Director of Clinical Services on the importance of - CR 483.73(b)(1) Subsistence Needs Staff and Patients specific to including documentation identifying the new 60k generator that powers the Heating, Venilation, and Air Conditioning (HVAC for the 100 & 200 hall resident rooms., a will continue to monitor in accordance vithe standard. Any findings will be reported to the monthly QAPI Committee for further review.	for W C) and	
E 023 SS=F	CFR(s): 483.73(b)(5) \$403.748(b)(5), \$416 \$441.184(b)(5), \$480 \$483.73(b)(5), \$483.5 \$485.86(b)(3), \$485.5 \$485.86(b)(4), \$486 \$494.62(b)(4), \$486 \$494.62(b)(4), \$486 \$194.62(b)(4), \$486 \$1	or Medical Documentation 3.54(b)(4), §418.113(b)(3), 84(b)(6), §482.15(b)(5), 75(b)(5), §484.102(b)(4), 225(b)(5), §485.727(b)(3), 3.60(b)(2), §491.12(b)(3), edures. The [facilities] must nt emergency preparedness es, based on the emergency graph (a) of this section, risk appl (a)(1) of this section, on plan at paragraph (c) of cies and procedures must	E	023	review.		6/11/21

be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the

Facility ID: 62917

PRINTED: 06/23/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES EORM ARREOVED

CENTERS FOR MEDICARE & MEDICAID SERVICES O							
FATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05	(X3) DATE SURVEY COMPLETED				
	105520	B. WING	05/13/2021				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 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 023 Continued From page 3 F 023 policies and procedures must address the following:] (5) or (3),(4),(6)] A system of medical documentation that preserves patient information. protects confidentiality of patient information, and secures and maintains availability of records. *[For RNHCIs at §403.748(b):] Policies and procedures. (5) A system of care documentation that does the following: Preserves patient information. (ii) Protects confidentiality of patient information. (iii) Secures and maintains the availability of records. *(For OPOs at \$486,360(b):) Policies and procedures. (2) A system of medical

documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records. This RECUREMENT is not met as evidenced Based on record review and interview with the

maintenance director, the facility failed to incorporate Emergency Preparedness Program (EPP) policies and procedures for the preservation, protection, and transfer of patient records including the security and availability of those records. This in the event of an emergency including an emergency requiring an evacuation would leave caregivers without the information necessary to provide for the medical needs of the patient and would leave the patients personal health information vulnerable to unauthorized access Findings included:

The facility's Fed EPP will be updated with documentation of a plan that preserves patient information, protects confidentiality, and secures and maintains availability of records.

There is only one required Fed EPP, therefore no additional reviews were needed

The Executive Director educated the Maintenance Director and Director of Clinical Services on the importance of 42 CFR 483.73(b)(5)- Policies/ Procedures for Medical Documentation specific to

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED 0. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE	
		105520	B. WING _			05	13/2021
	ROVIDER OR SUPPLIER	RANDON		70	REET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ST RANDON, FL 33510		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 030 SS=F	facility's EPP, there we patient information, co for the availability of r conducted with the m concurrent with the re the findings. per 42 CFR 483,73(b Names and Contact I CFR(s): 483,73(c)(1), §416, §431,73(c)(1), §418, §431,73(c)(1), §443, §443,73(c)(1), §443, §443,73(c)(1), §443, §443,73(c)(1), §443, §44	5 a.m. while reviewing the ras no plan for preserving onfidentiality, and providing records. An interview was aintenance director scord review and confirmed	EG		maintaining documentation of a plan the preserves patient information, protects confidentiality, and secures and maintain availability for ecords, and secures and maintains availability of records, and we continue to monitor in accordance with standard. Any findings will be reported to the monthly QAPI Committee for further review.	ins I	6/11/21
	emergency preparedr that complies with Fe						
	(1) Names and contar following: (i) Staff. (ii) Entities providing : (iii) Patients' physiciar (iv) Other [facilities]. (v) Volunteers.	services under arrangement.					

*[For Hospitals at §482.15(c) and CAHs at

Facility ID: 62917

CENTER STATEMENT OF WID PLAN OF NAME OF PI	S FOR MEDICARE & DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER ITE HEALTH CARE OF B SUMMARY ST (EACH DEFICIENCY	ID HUMAN SERVICES MEDICALD SERVICES (X1) PROVIDERSUPPERFICUA IDENTIFICATION NUMBER 105520 RANDON ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCI DENTIFING INFORMATION)	(X2) MUL A. BUILD B. WING ID PREFI	S' 74 B	TREET ADDRESS, CITY, STATE, ZIP CODE 19 VICTORIA ST PROVIDERS JAN OF CORRECTION (EACH CORRECTION A DATON SHOULD IS CROSS-REFERENCE TO THE APPROPRIE CROSS-REFERENCE TO THE APPROPRIE	FORM OMB NO (X3) DATE COMP 05/): 06/23/2021 MAPPROVED): 0938-0391 SURVEY LETED 13/2021
E 030	include all of the follor (1) Names and contar following: (i) Staff. (ii) Entitles providing (iii) Patients' physicial (iv) Other (hospitals a (v) Volunteers. *[For RNHCIs at §402 communication plan if following: (1) Names and contar following: (1) Staff.	nmunication plan must wing: ct information for the services under arrangement. In a constant of the constant of the constant of the ct information for the services under arrangement.	E	030			
	plan must include all (1) Names and contact following: (i) Staff.	ct information for the services under arrangement. ns. 18. 113(c):] The must include all of the ct information for the					

(iii) Patients' physicians.

(ii) Entities providing services under arrangement.

Facility ID: 62917

CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES			FORM A	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION 01, 95	(X3) DATE SU COMPLE	
		105520	B. WING		05/13	3/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CONSULA	TE HEALTH CARE OF B	RANDON		701 VICTORIA ST BRANDON, FL 33510		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 030	(iv) Other hospices. "[For HHAs at §484.1] plan must include all [1] Names and conta following: (i) Staff. (ii) Entitles providing (iii) Patients' physicia (iv) Volunteers. "[For OPOs at §486.3] plan must include all [2] Names and conta following: (i) Staff. (ii) Entitles providing (iii) Volunteers. (iv) Other OPOs. (v) Transplant and do Lonation Service Are	02(c):] The communication of the following: et information for the services under arrangement. is. 60(c):] The communication of the following: et information for the services under arrangement.	E 03	0		
	maintenance director a communication plair Preparedness Progra names and contact in residents' physicians. emergency would lea the lack of medical ar particularly during a to other facilities. Findings included:	m (EPP) that included the formation of staff and This in the event of an ve residents vulnerable from		The facility's Fed EPP will be update with documentation of staff and physicontact information. There is only one required Fed EPP, therefore no additional reviews were needed. The Executive Director educated the Maintenance Director and Director of Clinical Services on the importance or CFR 483.75- Names and Contact Information specific to maintaining documentation of staff and physician	cian	

facility's EPP, there was no list of staff and

physician contact information. An interview was

contact information, and will continue to

monitor in accordance with the standard.

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, 05 105520 R MING 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 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 030 Continued From page 7 F 030 conducted with the maintenance director concurrent with the record review and confirmed Any findings will be reported to the monthly QAPI Committee for further the findings. review. per 42 CFR 483.73(c)(1)(i)(iii) K 000 INITIAL COMMENTS K 000 An unannounced Fire & Life Safety recertification survey was conducted 05/13/2021 at Consulate Health Care of Brandon, a nursing home in Brandon, Florida. The Facility is not in compliance with 42 CFR 483,90 (a), and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012 edition) requirements for nursing homes. Initial Plan Review: 2005 New or Existing: Existing NFPA 220 Construction Type: II (211) Number of heds: 120 Census: 113 The following is a description of the noncompliance. K 200 Means of Egress Requirements - Other K 200 6/11/21 SS=D CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.

18.2, 19.2

		ID HUMAN SERVICES					APPROVED
	S FOR MEDICARE & I	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA	(9/2) 8/(4)	TIEV P	E CONSTRUCTION	(X3) DATE	0. 0938-0391
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD				LETED
		105520	B. WING			05/	13/2021
NAME OF PR	ROVIDER OR SUPPLIER		•	8	STREET ADDRESS, CITY, STATE, ZIP CODE		
CONCILLA	TE HEALTH CARE OF B	DANDON		7	101 VICTORIA ST		
CONSULA	HE HEALTH CARE OF B	KANDON		E	BRANDON, FL 33510		
(X4) ID		ATEMENT OF DEFICIENCIES	dt dt	_	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
TAG	REGULATURY OR I	SC IDENTIFYING INFORMATION	TAG		DEFICIENCY)	(IE	
			-		-		
K 200	Continued From page	. 8	V	200			
11 200	Continued I form page		, K	200			
	This DECUMPENENT	is not met as evidenced					
	by:	is not met as evidenced					
		ns and interview, the facility			The exit doors located by rooms 114,		
		doors in accordance with			216, and the administrator's office note	ed l	
	NFPA 101. Failure to	maintain exit doors in an			to not be latching when in the closed		
	emergency could allo	w smoke/fire to enter the			position will be corrected.		
	building.						
					Additional exit doors will be reviewed for	or	
	The findings include:				proper latching in the closed position.		
		en the hours of 12:45 p.m.					
		the facility tour with the			The Executive Director/ designee will		
		it was found that exit doors			educate the Maintenance Director on the		
	located by rooms 114				importance of NFPA 101 Means of Egr	ess	
		were found with the door en position preventing the			Requirements- Other specific to maintaining exit doors to properly latch	. fan	
		hen in the closed position.			the closed position, and will continue to		
	doors from latering w	nen in the closed position.			monitor in accordance with NFPA	<i>'</i>	
	An interview was con-	ducted with the maintenance			standards.		
		th the observations and			our au au		
	confirmed the findings	š.			Any findings will be reported to the		
					monthly QAPI Committee for further		
	per NFPA 101 (2012)	Edition) 19.2.2.2.1,			review.		
	7.2.1.5.10						
	(Photographic Eviden						
K 211	Means of Egress - Ge	eneral	K	211			6/11/21
SS≃D	CFR(s): NFPA 101						
	Means of Egress - Ge	1					
		corridors, exit discharges,					
		cesses are in accordance					
	with Chapter 7, and the						
		ed free of all obstructions to					
		ergency, unless modified by					
	18/19.2.2 through 18/						
	18.2.1, 19.2.1, 7.1.10						

This REQUIREMENT is not met as evidenced

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		ID HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES					0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		CONSTRUCTION 1, 05	(X3) DATE COMP	PLETED
		105520	B. WING _			05/	13/2021
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				71	01 VICTORIA ST		
CONSULA	TE HEALTH CARE OF B	RANDON		В	RANDON, FL 33510		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFID	,	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION
PREFIX TAG		SC (DENTIFYING INFORMATION)	TAG	`	CROSS-REFERÊNCED TO THE APPROPRI DEFICIENCY)		DATE
K 211	Continued From page	9	ка	211			
	by:						
		n and interview, the facility			The overgrown vegetation observed		
		ess pathways free from			blocking the clear means of egress fro		
		dance with NFPA 101.			the west Victoria exit will be corrected.		
		t corridors could impede the			The plastic barriers noted to be		
	egress of building occ	cupants in an emergency.			obstructing the 300 corridor were removed.		
	Findings include:						
	1) On 05/13/2021 bet	ween the hours of 12:45			Additional means of egress will be		
	p.m. and 4:15 p.m. ov	vergrown vegetation was			reviewed for blockage by vegetation, a	ind	
	observed blocking the	e clear means of egress			additional corridors will be reviewed fo	r	
	from the west Victoria	exit.			being obstructed by plastic barriers.		
	2) It was also observe	ed that the 300 corridor was					
		barriers attached to the			The Executive Director/ designee will		
	corridor walls and cei	ling with duct tape.			educate the Maintenance Director on t importance of NFPA 101 Means of	he	
	An intension was non	ducted with the maintenance			Egress- General specific to maintaining		
		ith the observations and			means of egress and corridors free of	3	
	confirmed the finding				obstructions, and will continue to moni	tor	
		stated that the facility did			in accordance with NFPA standards.		
		afety measures in place and					
		astic barrier was of fire rated			Any findings will be reported to the		
	material.				monthly QAPI Committee for further review.		
	per NFPA 101 (2012 7.5.1.1, 4.6.10	Edition) 19.2.1, 7.1.10.1,			leview.		
	(Photographic Evider	ce Obtained)					
K 224	Horizontal Sliding Do		K 2	224			6/11/21
SS=D	CFR(s): NFPA 101						
	Horizontal-Sliding Do						
		ors permitted by 7.2.1.14 that					
		sing are limited to a single					
		latch or other mechanism to					
	ensure the door will n						
	Horizontal-sliding dod	ors serving an occupant load					

fewer than 10 shall be permitted, providing all of

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05			(X3) DATE SURVEY COMPLETED	
		105520	B. WING _			05/	13/2021
	ROVIDER OR SUPPLIER	RANDON		701 VI	ET ADDRESS, CITY, STATE, ZIP CODE CTORIA ST NDON, FL 33510	, ,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 224	the following criteria a o Area served by the contents. Door is operable special knowledge or o Force required to direction of travel is it set the door in motion of 15 lbf to close or ope o Assembly is appropriate or of the content of 15 lbf to close or ope o Assembly is appropriate or other mechanism trebound. 19.2.2.2.10 This REQUIREMENT by: Based on observation failed to maintain hor accordance with NFF Findings include: On 05/13/2021 between 41.15 p.m. the rigil siding doors failed to force when the emery demonstrated by the An interview was condirector concurrent we confirmed the finding of the finding doors of the concurrent we confirmed the finding.	are met: e door has no high hazard from either side without effort. operate the door in the sss than or equal to 30 lbf to and less than or equal to to and less than or equal to to and less than or equal to or and less than or equal to or and or equal to to the required width opriately fire rated, and osing or automatic-closing or 7.2.1.8, and installed per to latch, the door has a latch to ensure the door will not it is not met as evidenced in and interview, the facility zontal sliding doors in A 101. The standard of the front horizontal open without excessive pency release function was Maintenance Director. ducted with the maintenance the the observations and	K2	Till experience of the control of th	he right leaf of the front horizontal iding doors that failed to open withou cossive force when the emergency lease function was demonstrated will prected. he facility only has one set of horizon iding doors, therefore no additional views were needed. he Executive Director/ designee will ducate the Maintenance Director on 1 portance of NFPA 101 Horizontal sliding ports, and will continue to monitor in coordance with NFPA standards. In yfindings will be reported to the onthly QAPI Committee for further	ll be Ital	

DDINTED: 06/23/2021

		ID HUMAN SERVICES				FOR	APPROVED
		MEDICAID SERVICES					0. 0938-0391
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION 1, 05	(X3) DATE COME	SURVEY PLETED
		105520	B. WING			05.	13/2021
NAME OF P	ROVIDER OR SUPPLIER	•		5	TREET ADDRESS, CITY, STATE, ZIP CODE		
CONCILLA	TE HEALTH CARE OF B	TANDON		71	01 VICTORIA ST		
CONSULA	HE HEALTH CARE OF B	RANDON		В	RANDON, FL 33510		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 224	Continued From page	e 11	к	224			
K 353 SS=D	Sprinkler System - M CFR(s): NFPA 101	aintenance and Testing	к	353	review.		6/11/21
	Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain	ing of Water-based Fire Records of system design, ion and testing are e location and readily stem last checked					
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This REQUIREMENT by: Based on observatio failed to maintain the in accordance with N Findings include: On 05/13/2021 during hours of 12.45 p.m. a observed that: 1) 6 of 6 sprinklers wi	is not met as evidenced in and interview, the facility automatic sprinkler system FPA 101. g the facility tour between the			The sprinklers noted to be loaded with foreign material in the drive through canopy, front porch entrance, in the laundry area, and on the Victoria lobby porch will be corrected. Additional sprinkler heads will be review for loading. The Executive Director/ designee will		
	porch entry	ere loaded with lint in the			educate the Maintenance Director on the importance of NFPA 101 Sprinkler	he	

System- Maintenance and Testing specific

	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OI						
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05			(X3) DATE SURVEY COMPLETED	
		105520	B. WING			05/	13/2021
NAME OF PR	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
CONSULA	TE HEALTH CARE OF B	RANDON			01 VICTORIA ST RANDON, FL 33510		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFD TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 353	Continued From page	e 12	кз	353			
	the Victoria lobby por				to maintaining sprinkler heads free of loading, and will continue to monitor in accordance with NFPA standards.		
		ducted with the maintenance ith the observations and s.			Any findings will be reported to the monthly QAPI Committee for further review.		
	9.7, 9.7.5	Edition) 19.3.5, 19.3.5.1, dition) 5.2.1, 5.2.1.1.1,					
K 372 SS≖D		g Spaces - Smoke Barrie	КЗ	372			6/11/21
	Subdivision of Buildin Construction 2012 EXISTING	g Spaces - Smoke Barrier					
	fire resistance rating a be permitted to termin Smoke dampers are penetrations in fully d an approved sprinkler	not required in duct ructed HVAC systems where r system is installed for					
	barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechan	adjacent to the smoke					
	in REMARKS. This REQUIREMENT by:	is not met as evidenced					
	failed to maintain the construction in accord	n and interview, the facility continuity of smoke barrier dance with NFPA 101.			The smoke barrier penetrations noted the wall in Social Services, the 400 hal medication room, the nurses charting room penetration by doorknob, Dietary	dry	
	Findings include: On 05/13/2021 during	the facility tour between the			storage, the Maintenance office storage room, and in the ceiling above the	е	

hours of 12:45 p.m. and 4:15 p.m. smoke barrier

penetrations were observed in the following

generator annunciator panel will be

corrected utilizing listed and rated fire

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105520	B. WING _			05/	13/2021
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
CONSULA	TE HEALTH CARE OF B	RANDON			1 VICTORIA ST RANDON, FL 33510		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 372	4 Dietary dry storage 5) Maintenance office 6) Employee lounge in 7) In ceiling above ge unsealed penetration. An interview was condirector concurrent wit confirmed the finding: Per NFPA 101 (2012 8.5.2 HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, a comply with 9.2 and a coordance with the r specifications. 18.5.2.1, 19.5.2.1, 9.2	ices In room In room In penetration by door knob In storage room In ad a recessed electrical In refrigerator plugged into In reator annunciator panel - s In the observations and In the observation of the observations and In the observation of t	KS		stopping materials. The missing outlet cover noted on the recessed outlet in the Employee lounge with refrigerator plug into it will be replaced. Additional smoke barriers will be review for unsealed penetrations and outlets missing covers. The Executive Director/ designee will educate the Maintenance Director on a limportance of NFPA 101 Subdivision or Building Spaces- Smoke Barrier Construction specific to properly sealin smoke barrier penetrations, and maintaining proper covers on electroacutels, and will continue to monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review.	ne ged ved ne f	6/11/21
	This REQUIREMENT	is not met as evidenced					

Based on observations and interview, the facility

The improperly vented portable spot

		ID HUMAN SERVICES	FORM APPROVED				
		MEDICAID SERVICES	1			OMB NO. 0938-0391	
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05			(X3) DATE SURVEY COMPLETED	
		105520	B. WING			05/	13/2021
NAME OF PE	OVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
CONCILLA	TE HEALTH CARE OF B	DANDON		7	01 VICTORIA ST		
CONSULA	IE REALIN CARE OF D	KANDON		В	RANDON, FL 33510		
(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 B CROSS-REFERÊNCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 521	Continued From page	14	к	521	·		
	failed to maintain the	Heating, Ventilation, and Air			cooler noted in the Maintenance office		
		system in accordance with			was removed,		
	The findings include:				There was only one portable spot cool- in use at the facility, therefore no additional reviews were needed.	er.	
	On 05/13/2021 betwee	en 12:45 p.m. and 4:15 p.m.			additional reviews were needed.		
		with the maintenance			The Executive Director/ designee will		
		ed that the facility had			educate the Maintenance Director on t	he	
	installed a portable sp	oot cooler in the facility			importance of NFPA 101 HVAC specifi	c to	
	maintenance office. F				properly venting portable spot coolers		
	revealed the facility a				when in use, and will continue to monit	or	
		the suspended ceiling into			in accordance with NFPA standards.		
	the interstitial space to ceiling and the drywa	etween the suspended			Any findings will be reported to the		
	centing and the drywa	H.			monthly QAPI Committee for further		
		ducted with the maintenance ith the observations and s.			review.		
	per NFPA 101 (2012 per NFPA 90A (2012	Edition) 19.5.2, 9.2, 4.6.12.1 Edition) 4.2.4, 4.3.1,					
	4.3.11.2.1						
	per NFPA 90B (2012	Edition) 4.3.7					
	(Photographic eviden	ce obtained)					
K 914	Electrical Systems - N	Maintenance and Testing	K-	914			6/11/21
SS=D	CFR(s): NFPA 101						
	Hospital-grade recept locations and where canesthesia is adminis installation, replacem testing is performed a	feep sedation or general tered, are tested after initial ent or servicing. Additional					

listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line

		ID HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_				0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 11, 95	(X3) DATE SURVEY COMPLETED	
		105520	B. WING			05/13/2021	
NAME OF P	ROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE		
	TE	TANDON		7	01 VICTORIA ST		
CONSULA	TE HEALTH CARE OF B	KANDON		В	BRANDON, FL 33510		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
К 914	intervals of less than actuating the LIM less which activates both LIM circuits with auto manual test is perforr equal to 12 months. L 6.3.3.3.2 after any relectric distribution sy maintained of require repairs or modification area tested, and resu maintained of require repairs or modification area tested, and resu for the control of	wh), if installed, are tested at or equal to 1 month by switch per 6.3.e.3.6, s.6, sixual and audible alarm. For mated self-testing, this ned at intervals less than or .IM circuits are tested per bair or renovation to the stem. Records are do tests and associated	к	914	The annual receptacle test will be completed and properly dated. There is only one required annual receptacle test, therefore no additional reviews were needed. The Executive Director/ designee will educate the Maintenance Director on timportance of NFPA 101 Electrical Systems-Maintenance and Testing specific to completing and properly dath he receptacle testing annually. This if will be added to the facility's TELS Preventative Maintenance (PM) Calen and will continue to be monitored in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review.	he ing em	

Agency f	or Health Care Adminis	tration				D: 06/23/2021 MAPPROVED
STATEMENT	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1, 05	(X3) DATE S COMPL	
		62917	B. WING		05/1	13/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STAT	TE, ZIP CODE		
		701 VICT	ORIA ST			
CONSULA	TE HEALTH CARE OF B	RANDON BRANDO	N, FL 33510			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			4D	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFIC(ENCY)		COMPLETE DATE
N 132 SS=I	59A-4.1265 FAC Eme Control	ergency Environmental	N 132			6/11/21
	594-4 1265 Emergen	cy Environmental Control				
	for Nursing Homes.	oy Environmental Solidor				
	(1) DETAILED NURS	ING HOME EMERGENCY				
		nursing home shall prepare				
), to serve as a supplement				
		Emergency Management				
		rgency power in the event of ectrical power in that nursing				
		the following information:				
		a sufficient alternate power				
		erator(s), maintained at the				
	nursing home, to ensu	ure that current licensees of				
		equipped to ensure the				
		health, safety, welfare, and				
		n of ninety-six (96) hours in				
		of primary electrical power.				
		ratures in resident occupied ined by the licensee to				
		ined by the licensee to is of residents, but shall not				
		1) degrees Fahrenheit.				
		erature must be maintained				
		etermined by the nursing				
	home of sufficient size	e to maintain all residents				
	safely at all times and	is appropriate for the care				
		requirements. For planning				1
		n thirty (30) net square feet				
		provided. This may include				
		an the entire nursing home if				
		omprehensive emergency ludes relocating residents to				Į.
		g where the health, safety,				
	welfare, and comfort					
		d by this rule. The plan shall				
		garding the area(s) within				

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will be maintained.

necessary to maintain the safe indoor air LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

the nursing home where the required temperature

2. The alternate power source for the equipment

TITLE (X6) DATE Electronically Signed 06/07/21

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	3/2021 ROVE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST BRANDON, FL. 33510 PREFIX TAG N 132 Continued From page 1 temperature required by this rule may be provided by the essential electrical system required by the roll abuilding locder for NFA District Consecution or onsite optional standby system as defined by NFPA 70 National Electrical Code supplying normal power to the nursing home maintained on sort as all times when the building is occupied. If an optional standby system is used, it must be connected and maintained in accordance with the manufacturer's recommendations. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3, Each nursing home is unique in size; the types of care provided, the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly,		
CONSULATE HEALTH CARE OF BRANDON DATE Continued From Page 1	1	
CONSULTE HEALTH CARE OF BRANDON BRANDON, FL 33510		
PREADON, FL 33510 PREFIX SUMMARY STATEMENT OF DEFICIENCIES D PROVIDERS PLAN OF CORRECTION CACHE PREFIX PREF		
PREFIX TAG REACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG REQULATORY OR LSC IDENTIFYING INFORMATION) N 132 Continued From page 1 temperature required by this rule may be provided by the essential electrical system required by the Florida Building Code for Nursing Home design and construction or onsite optional standby system as defined by NFPA 70 National Electrical Code supplying normal power to the nursing home maintained onsite at all times when the building is occupied. If an optional standby system is used, it must be connected and maintained in accordance with the manufacturer's recommendations. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each nursing home is unique in size; the types of care provided, the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly,		
temperature required by this rule may be provided by the essential electrical system required by the Florida Building Code for Nursing Home design and construction or onsite optional standby system as defined by NFPA 70 National Electrical Code supplying normal power to the nursing home maintained onsite at all times when the building is occupied. If an optional standby system is used, it must be connected and maintained in accordance with the manufacturer's recommendations. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each nursing home is unique in size; the types of care provided, the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and steffing characteristics. Accordingly,	X5) PLETE ATE	
provided by the essential electrical system required by the Florida Building Code for Nursing Home design and construction or onsite optional standby system as defined by NFPA 70 National Electrical Code supplying normal power to the nursing home maintained onsite at all times when the building is occupied. If an optional standby system is used, it must be connected and maintained in accordance with the manufacturer's recommendations. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each nursing home is unique in size; the types of care provided, the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and steffing farracteristics. Accordingly,		
equipment that may be used to maintain the safe indoor air temperature required by this rule for a minimum of ninety-six (98) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the nursing home required to operate the systems and equipment. a. A nursing home in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by		

necessary.

occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is

b. Facilities located on a single campus with other facilities licensed by the Agency under common ownership, may share fuel, alternative power resources, and resident space available on the

STATE FORM 7CKW21 If continuation sheet 2 of 21

Agency f	or Health Care Adminis	tration): 06/23/2021 1 APPROVEE
	T OF DEFICIENCIES		/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICA	TION NUMBER:	A. BUILDING: 0	11, 05	COMPL	ETED
				l		ı	
		62917		B. WING		05/1	3/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			701 VICTO				
CONSULA	ATE HEALTH CARE OF B	RANDON	BRANDON				
(X4) ID PREFIX TAG) ID SUMMARY STATEMENT OF DEFICIENCIES FEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE		
N 132	Continued From page	2		N 132			
	campus if such resou support the requirem residents, as specified regarding how resoun necessary movement described in the eme c. A multistory facility emergency managem residents to a higher event, must place its, and all necessary and safely operate in a lot flooding or storm surg (b) The acquisition of maintenance of that the same the total the same than the same than the support the same than the same	ents of each fa d in this rule. It ces will be sh. of residents r gency power whose comp lent plan is to floor during a alternative por ditional equipn cation protecte ge damage. sufficient fuel uel onsite at the	acility's Details ared and any nust be clearly plan. rehensive move move dicod or surge wer source nent so it can ad from , and safe te facility, to				
	ensure that in the eve electrical power there for the alternate powe paragraph (1)(a), to p critical systems, and maintain safe indoor, described in this rule after the loss of electu- declared state of eme include information re storage. 1. A nursing home loc declared state of eme Section 262.36, F.S., power delivery must	is sufficient for source requipment neither source requipment source requipment source requipment and are requered in an are requered area put that may improve uninety-secure ninety-	uel available ired in y systems, cessary to es as (96) hours ring a lain shall ource and fuel ea in a pursuant to act primary six (96) hours				

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rule.

fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 2. A nursing home must store a minimum of seventy-two (72) hours of fuel onsite. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel requirement under this

STATE FORM 7CKW21 If continuation sheet 3 of 21

Agency fr	or Health Care Adminis	stration				ED: 06/23/2021 RM APPROVED
STATEMENT	or meanin Care Adminis FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: 01,			SURVEY
		62917	B. WING		05	/13/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	. ZIP CODE		
		701 VIC	TORIA ST			
CONSULA	ATE HEALTH CARE OF B	RANDON BRAND	ON, FL 33510			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE
N 132	Continued From page	e 3	N 132			u-
		or other regulations that				į
		site fuel storage for the				i.
		on and the nursing home s to piped natural gas, then				E.
		s to piped natural gas, then st develop a plan that				É
		nsite fuel storage allowable				
		equiation and a reliable				-
		maximum additional fuel at				
	least 24 hours prior to	depletion of onsite fuel.				i i
	(c) The acquisition of	services necessary to				
		test the equipment and its				
	functions to ensure th					
		nate power source installed				la constant de la con
	in the nursing home. (2) SUBMISSION OF	THE DIAN				
		ne licensed prior to the				i.
		rule shall submit its plan to				i.
		management agency for				i i
	review and approval	within thirty (30) days of the				E .
	effective date of the r	ule. Nursing Home plans				i.
	previously received a					
		ER17-1, F.A.C., will require				
	resubmission only if of					1
		home shall submit the plan				i.
	license.	ile prior to obtaining a				i i
		sing home that undergoes				
	additions, modificatio					
		struction or renovations that				
		of the systems or equipment				i.
		home's compliance with this				É
		lan and submit it to the local				i i
		nent agency for review and				Catholic Cat
	approval.					-

(3) PLAN REVIEW. Architectural and engineering plans are subject to review by the Agency's Office of Plans and Construction. The local emergency management agency shall review the emergency power plan for compliance with the subsection

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 (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) N 132 Continued From page 4 N 132 and may rely on the technical review of the Office of Plans and Construction. Once the review is complete, the local emergency management agency shall: (a) Report deficiencies in the plan to the nursing home for resolution. The nursing home must resubmit the plan within ten (10) business days. (b) Report approval or denial of the plan to the Agency and the nursing home. (4) APPROVED PLANS. (a) Each nursing home must maintain a copy of its plan in a manner that makes the plan readily available at the licensee's physical address for review by the authority having jurisdiction. If the plan is maintained in an electronic format, nursing home staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request, (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the nursing home shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The nursing home shall submit a consumer friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the nursing home emergency power plans on its website within ten (10) business days of the

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under this rule.

plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (5) IMPLEMENTATION OF THE PLAN. (a) Each nursing home licensed prior to the effective date of this rule shall, no later than June 1, 2018 have implemented the plan required

STATE FORM FOR 7CKW21 If continuation sheet 5 of 21

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 (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) N 132 Continued From page 5 N 132 (b) The Agency shall grant an extension up to January 1, 2019 to providers in compliance with paragraph (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Nursing homes granted an extension must keep the Agency apprised of progress on a monthly basis to ensure there are no unnecessary delays. (c) During the extension period, a nursing home must make arrangements pending full implementation of its plan that the residents are housed in an area that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours. 1. A nursing home not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the nursing home, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. A nursing home located in an evacuation zone pursuant to Chapter 252, F.S., must either: a. Fully and safely evacuate its residents prior to the arrival of the event, or

home.

 b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the nursing

(d) Each new nursing home shall implement the plan prior to obtaining a license. (e) Each nursing home that undergoes any additions, modifications, alterations, refurbishment, reconstruction or renovations that

STATE FORM cnso 7CKW21 If continuation sheet 6 of 21

Agency f	or Health Care Adminis	tration				: 06/23/2021 APPROVED
STATEMENT	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: 01,		(X3) DATE SURVEY COMPLETED	
		62917	B. WING		05/1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
CONSULA	ATE HEALTH CARE OF B	PANDON 701 VICT	ORIA ST			
0011002	TE TIERETTI GAILE OF B	BRANDO	N, FL 33510			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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)	CORRECTIVE ACTION SHOULD BE COMPLI REFERENCED TO THE APPROPRIATE DATE	
N 132	Continued From page	6	N 132			
	affecting the nursing it affecting the nursing it subsequent with the c (f) The Agency may re State Fire Marshal to ensure implementation with this rule. (6) POLICIES AND PI (a) Each nursing hom implement written pol ensure that each nurs and immediately active the atternate power so for the operation of the The procedures shall ensure that residents complications from he include a contingency to a safe facility if the to keep the residents location within the nur indoor air temperature becomes compromise (b) Each nursing hom policies and procedur them readily available address for review by jurisdiction. If the policies maintained in an election maintained in an election within the nursing hom policies and procedur them readily available maintained in an election.	completion of construction sequest cooperation from the conduct inspections to nof the plan in compliance ROCCEDURES. e shall develop and icies and procedures to imp domain and procedures to imp tome can defectively ate, operate and maintain surce and any fuel required e alternate power source, be resident-focused to do not experience at exposure, and shall righan to transport residents current nursing home's plan in a safe and comfortable sing home at or below the required by this rule dd. e shall maintain its written es in a manner that makes at the licensee's physical the authority having lies and procedures are tronic format, nursing home wailable to access the				

requested information.

(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and all parties authorized in writing or by law.

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 (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) N 132 Continued From page 7 N 132 (7) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency may seek any remedy authorized by Chapter 400, Part II, or Chapter 408, Part II, F.S., including but not limited to, license revocation, license suspension, and the imposition of administrative fines (8) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Nursing homes whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Once the plan has been approved, the nursing home shall submit the plan as an addendum with any future submissions for approval of its Comprehensive Emergency Management Plan. (9) NOTIFICATION. (a) Within three (3) business days, each nursing home must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the nursing home following review by the State Fire Marshal or the Agency's Office of Plans and

Construction.

representative on file.

(b) The nursing home shall keep a copy of each written or electronic notification sent by the nursing home to the resident and resident's

This Statute or Rule is not met as evidenced by: Based on record review and interview with the

maintenance director and administrator, it was

revealed that the facility failed to provide a

The Emergency Environmental Control

Comprehensive Emergency Management

Plan (EECP) section of the facility's

Agency f	or Health Care Adminis	tration				: 06/23/2021 I APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01, 05	(X3) DATE SURVEY COMPLETED	
		62917	B. WING		05/1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
CONSULA	ATE HEALTH CARE OF B	RANDON 701 VICTO BRANDO	ORIA ST N, FL 33510			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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
N 132	Continued From page	8	N 132			
	Comprehensive Eme to address emergenc loss of primary electric Findings included: On 05/13/2021 betwe a.m., a review of the 1 Emergency Managen generator/cooling pla 1) The facility failed to cool zones for the res 2) The facility failed to cool zones. 3) The facility failed to coolers, the number of cool the 300 and 400 did 10 to 10	en 9:15 a.m. and 11:30 acility's Comprehensive nent Plan (CEMP) and the nevent Plan (CEMP) and the nevente Plan (CEMP) and the nevente he following: provide documentation that ses in the building, and the the areas to be used as idents and staff. provide documentation of relocated to and within the provide documentation of relocated to and within the joint plan of the provide of spot coolers required to patient areas. have spot coolers onsite, incorporate infectious their emergency power an anon-site and available during all shifts, to rio the generator, to enable visit he manual transfer of		Plan (CEMP) will be updated with documentation to identify the cool zor the building, the net square footage o areas to be used as cool zones for the residents and staff, how residents will relocated to and within the cool zones newly installed alternate power source emergency heating and cooling, incorporation of indectious control measures, and trained on-site individa vailable during all shifts to be able transfer power to the generator, to enthe HVAC cool zones via the manual transfer of power during an emergency. There is only one requirement for new generator project F.A.C. 59A-4.1265, therefore no additional reviews were needed. The Executive Director/ designee will educate the Maintenance Director on importance of F.A.C. 59A-4.1265. Emergency Environmental Control sp. to properly maintaining documentatio the facility's EECP and updating when needed. Annual Review of the facility's TIPM Calendar, and will continue to be monitored in accordance with the standard.	f the eed to be some the eed to eed t	
		ator concurrent with the firmed the findings.		Any findings will be reported to the monthly QAPI Committee for further review.		

6550

Class II

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: 01, 05 B. WING ___ 62917 05/13/2021

		62917		D. 11110		05/1	3/2021		
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDI	ADDRESS, CITY, STATE, ZIP CODE					
CONSULA	TE HEALTH CARE OF B	RANDON	701 VICTOR						
			BRANDON,						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE		
K 000	Continued From page	9		K 000					
K 000	INITIAL COMMENTS			K 000					
	a nursing home in Bra accordance with Natic Association (NFPA) 1 applicable requirement Marshal's Rules and I Administrative Code (69A-53, F.A.C. 59A-4 400 Part II, and F.S. 6 Fire Protection Assoc (2018 edition) known Prevention Code and	ate Health Care of Brai andon, Florida in onal Fire Protection and 101 (2018 edition) its of Florida State Fire Regulations, Florida F.A.C) 69A-3, F.A.C. , and Florida Statutes (333.0215, adopting Nat iation (NFPA) 1 and 10 as the Florida Fire	F.S.) ional 1						
	Date Opened: 2005 Bldg. Type: II (211) Square Footage: 39,0 Smoke Compartment Floor Levels: 1 Generator: 80 kW, 60 Licensed Bed: 120 Census: 113 Fully Sprinklered: Yes Fire Alarm: Yes, moni	s: 8 kW							
	The following is described found at the time of the	ription of the deficiencie ne visit.	ıs						
K 200 SS=D	NFPA 101 Means of E Other	Egress Requirements -		K 200			6/11/21		
	18.2 and 19.2 Means	uirements - Other section any LSC Secti of Egress requirement the provided K-tags, bi	s that						

AHCA Form 3020-0001

6/11/21

STATEMEN	or Health Care Adminis OF DEFICIENCIES OF CORRECTION	tration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01, 05		
		62917	B. WING		05/1	3/2021
	ROVIDER OR SUPPLIER	701 VICTO	DRESS, CITY, ST	ATE, ZIP CODE		
CONSULA	ATE HEALTH CARE OF B	RANDON BRANDO	N, FL 33510			
(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	(X5) COMPLETE DATE
K 200	citation, should be inc 18.2, 19.2 This Statute or Rule Based on observatior failed to maintain exit NFPA 101. Failure to emergency could allo building. The findings include: On 05/13/2021 betwee and 4:15 p.m. during maintenance director located by rooms 11/4 administrator's office latch locked in the op doors from latching w An interview was con-	ation, along with the Code or NFPA standard sluded. is not met as evidenced by; is and interview, the facility doors in accordance with maintain exit doors in an w smoke/fire to enter the en the hours of 12:45 p.m. the facility tour with the .it was found that exit doors . 216, and the were found with the door en position preventing the hen in the closed position. ducted with the maintenance th the observations and s.	K 200	The exit doors located by rooms 114, and the administrator's office noted to be latching when in the closed positio be corrected. Additional exit doors will be reviewed proper latching in the closed position. The Executive Director' designee will educate the Maintenance Director on importance of NFPA 101 Means of Eg Requirements-Other specific to maintaining exit doors to properly latch closed position, and will continue monitor in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review.	not n will for the gress h in	

AHCA Form 3020-0001

SS≃D

Class III

(Photographic Evidence Obtained) K 211 NFPA 101 Means of Egress - General

> Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to

Means of Egress - General

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K 211

PRINTED: 06/23/2021 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: 01. 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) K 211 | Continued From page 11 K 211 full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility The overgrown vegetation observed failed to ensure egress pathways were free from blocking the clear means of egress from obstructions in accordance with NFPA 101. the west Victoria exit will be corrected. Barriers placed in exit corridors could impede the The plastic barriers noted to be egress of building occupants in an emergency. obstructing the 300 corridor were removed. Findings include: On 05/13/2021 between the hours of 12:30 p.m. Additional means of egress will be and 4:15 p.m. the 300 corridor was found reviewed for blockage by vegetation, and obstructed by plastic barriers attached to the additional corridors will be reviewed for corridor walls and ceiling with duct tape. An being obstructed by plastic barriers. interview was conducted with the maintenance director concurrent with the observations and The Executive Director/ designee will confirmed the findings. In addition, the educate the Maintenance Director on the importance of NFPA 101 Means of maintenance director stated that the facility did not have interim life safety measures in place and Egress- General specific to maintaining did not know if the plastic barrier was of fire rated means of egress and corridors free of obstructions, and will continue to monitor. material in accordance with NFPA standards. Per NFPA 101 (2018 Edition) 19.2.1, 7.1.10.1, 7.5.1 1. 4.6.10 Any findings will be reported to the Florida Administrative Code 59A-4.134(1)-(4) & monthly QAPI Committee for further Florida Building Code (2020) 7th edition Section review.

AHCA Form 3020-000

SS=D

450.1. Class III

(Photographic Evidence Obtained)

Horizontal-sliding doors permitted by 7.2.1.14 that are not automatic-closing are limited to a single

K 224 NFPA 101 Horizontal Sliding Doors

Horizontal-Sliding Doors

STATE FORM 699 7CKW21 If continuation sheet 12 of 21

K 224

6/11/21

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCULA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING: 01, 05						PRINTED: 06/23/202: FORM APPROVE (X3) DATE SURVEY COMPLETED		
		62917	B. WING		05/13/2021			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST BRANDON, FL 33510							
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	CORRECTIVE ACTION SHOULD BE COMP REFERENCED TO THE APPROPRIATE DA			
K 224	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		K 224	The right leaf of the front horizontal st doors that falled to open without exce force when the emergency release function was demonstrated will be corrected. The facility only has one set of horizone was the context of the contex	ssive			

AHCA Form 3020-0001

sliding doors failed to open without excessive force when the emergency release function was

An interview was conducted with the maintenance

demonstrated by the Maintenance Director.

director concurrent with the observations and

per NFPA 101 (2018 Edition) 19.2.2.2.1, 7.2.1,

confirmed the findings.

7.2.1.5, 7.2.1.4.5.1

Class III

STATE FORM caso 7CKW21 If continuation sheet 13 of 21

sliding doors, therefore no additional

The Executive Director/ designee will

Doors specific to maintaining proper function of the front horizontal sliding

doors, and will continue to monitor in

accordance with NFPA standards.

Any findings will be reported to the

educate the Maintenance Director on the

importance of NFPA 101 Horizontal Siding

reviews were needed.

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) K 224 | Continued From page 13 K 224 monthly QAPI Committee for further review. K 353 NFPA 101 Sprinkler System - Maintenance and K 353 6/11/21 SS=D | Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25. Standard for the Inspection. Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Statute or Rule is not met as evidenced by: Based on record review, observation and, The sprinklers noted to be loaded with

NFPA 101.

porch entry

Findings include:

4:15 p.m. it was observed that: 1) 6 of 6 sprinklers were loaded with foreign

interview, the facility failed to maintain the

automatic sprinkler system in accordance with

On 05/13/2021 during the record review and the

facility tour between the hours of 9:45 p.m. and

material in the drive through canopy and front

STATE FORM 7CKW21 If continuation sheet 14 of 21

foreign material in the drive through

canopy, front porch entrance, in the

for loading.

laundry area, and on the Victoria lobby porch will be corrected.

The Executive Director/ designee will

importance of NFPA 101 Sprinkler

educate the Maintenance Director on the

Additional sprinkler heads will be reviewed

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: 01, 05 62917 B. WING_ 05/13/2021

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

CONSULA	TE HEALTH CARE OF BRANDON	/ICTORIA ST NDON, FL 33510		
(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
PREFIX TAG	IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTEYING INFORMATION) Continued From page 14 2) 3 of 5 sprinklers were loaded with lint in the laundry area 3) 4 of 4 sprinklers loaded with foreign material on the Victoria lobby porch 4) No evidence was produced for the 5-year hydrostatic test of the fire department connection (FDC) An interview was conducted with the maintenance director concurrent with the observations and confirmed the findings. per NFPA 101 (2018 Edition) 19.3.5, 19.3.5.1, 9.7, 9.7.1.1, 9.11.1 per NFPA 25 (2017 Edition) 5.2.1, 5.2.1.1.1 (5) Class III NFPA 101 Subdivision of Building Spaces - Smoke Barrier Subdivision of Building Spaces - Smoke Barrier Construction 2015 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where a approved sprinkler systems in isnstalled for	PREFIX TAG K 353	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
	smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. 2015 NEW Smoke barriers shall be constructed to provide at			

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STATE FORM caso 7CKW21 If continuation sheet 15 of 21

Agency f	or Health Care Adminis	tration				06/23/2021 APPROVE
STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPE.	E CONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01, 05	COMPLE	TED
			1			
		62917	B. WING		05/13	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
CONCIL	ATE HEALTH CARE OF B	701 VICT	ORIA ST			
CONSULA	TE REALIN CARE OF B	BRANDO	N, FL 33510			
(X4) ID		ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		DATE
1110		<i>"</i>		DEFICIENCY)		
K 372	Continued From page	15	K 372			
	least a one hour fire r	esistance rating and			-	
		ance with 8.5. Smoke			-	
	barriers shall be perm	nitted to terminate at an				
	atrium wall. Smoke da	ampers are not required in			-	
	duct penetrations of fi	ully ducted HVAC systems.			-	
	18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3				-	
	Describe any mechan	ical smoke control system			1	
	in REMARKS.					
	This Statute or Rule	is not met as evidenced by:				
		and interview, the facility		The smoke barrier penetrations note		
	failed to maintain the	continuity of smoke barrier		the wall in Social Services, the 400 ha	ille	
	construction in accord	dance with NFPA 101.		medication room, the nurses charting		
	Findings include:			room penetration by doorknob, Dietar storage, the Maintenance office storage		
	On 05/13/2021 during the facility tour between			room, and in the ceiling above the	,	
		nd 4:15 p.m. penetrations in		generator annunciator panel will be	-	
	smoke barriers were	observed in the following		corrected utilizing listed and rated fire		
	areas:	-		stopping materials. The missing outle	et	
	1) Wall in Social Serv	ices		cover noted on the recessed outlet in	the	
	2) 400 hall medication			Employee lounge with refrigerator plu	gged	
		om penetration by door knob		into it will be replaced.	-	
	4) Dietary dry storage				1	
	5) Maintenance office			Additional smoke barriers will be revie	wed	
		nad a recessed electrical		for unsealed penetrations and outlets		
		rith refrigerator plugged into		missing covers.	-	
	it					
		nerator annunciator panel -		The Executive Director/ designee will		
	unsealed penetrations	5		educate the Maintenance Director on		

An interview was conducted with the maintenance

Per NFPA 101 (2018 Edition) 19.3.7.3, 8.5, 8.5.1,

director concurrent with the observations and

confirmed the findings.

8.5.2, 8.5.2.1

Class III

Building Spaces- Smoke Barrier

smoke barrier penetrations, and maintaining proper covers on electrical

Construction specific to properly sealing

outlets, and will continue to monitor in

accordance with NFPA standards.

Any findings will be reported to the monthly QAPI Committee for further

review.

6/11/21

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) K 521 NEPA 101 HVAC K 521 6/11/21 SS=D HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications 18.5.2.1. 19.5.2.1. 9.2 This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility The improperly vented portable spot failed to maintain the Heating, Ventilation, and Air cooler noted in the Maintenance office Conditioning (HVAC) system in accordance with was removed. NFPA 101. There was only one portable spot cooler in The findings include: use at the facility, therefore no additional reviews were needed. On 05/13/2021 between 12:45 p.m. and 4:15 p.m. during the facility tour with the maintenance The Executive Director/ designee will director, it was observed that the facility had educate the Maintenance Director on the installed a portable soot cooler in the facility importance of NFPA 101 HVAC specific to maintenance office. Further investigation properly venting portable spot coolers revealed the facility attached the air duct to when in use, and will continue to monitor exhaust the air through the suspended ceiling into in accordance with NFPA standards the interstitial space between the suspended ceiling and the drywall. An interview was Any findings will be reported to the conducted with the maintenance director monthly QAPI Committee for further concurrent with the observations and confirmed review. the findings.

SS=D Doors

431121

Class III

per NFPA 101 (2018 Edition) 19.5.2, 9.2, 4.6.12.1 per NFPA 90A (2018 Edition) 4.2.4, 4.3.1,

per NFAP 90B (2018 Edition) 4.3.7

(Photographic evidence obtained)

K 761 NFPA 101 Maintenance Inspection & Testing -

STATE FORM cnso 7CKW21 If continuation sheet 17 of 21

K 761

Agency fr	or Health Care Adminis	tration): 06/23/2021 1 APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		62917	B. WING		05/13/2021	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE		
CONSULA	ATE HEALTH CARE OF B	RANDON 701 VICTO BRANDOI	RIA ST I, FL 33510			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	IOULD BE COMPLETE	
K 761	Continued From page	17	K 761			
	Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (NFPA 101) 5.2, 5.2.3 (NFPA 80)					
	Based on record reviet failed to maintain the accordance with NFP Findings include: On 05/13/2021 between and 11:30 a.m. it was	nen the hours of 09:15 a.m. observed that the Fire Door nted dated 03/10/2021 did guirements. Missing		The required annual fire door inspection key a freshort of the Market of Mar	et r riews the e,	

confirmed the findings. AHCA Form 3020-0001

(2) Address of facility

and testing

company

(3) Name of person(s) performing inspections

(4) Company name and address of inspecting

director concurrent with the record review and

(5) Signature of inspector of record An interview was conducted with the maintenance the annual fire door inspection

documentation meeting NFPA 80

requirements. This item will be added to

the facility's TELS PM Calendar, and will

continue to be monitored in accordance with NFPA standards.

Any findings will be reported to the

review.

monthly QAPI Committee for further

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 (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 761 Continued From page 18 K 761 per NFPA 101 (2018 Edition) 19.2.2.2, 19.2.2.2.1, 7.2.1, 7.2.1.15.2, 7.2.1.15.3, 7.1.2.15.4, 7.1.2.15.6. 7.2.1.15.7 per NFPA 80 2016 Edition) 5.2.1 Class III (Photographic evidence was obtained) K 914 NFPA 99 Electrical Systems - Maintenance and K 914 6/11/21 SS=D | Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing, Additional

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testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)

This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility

failed to maintain the electrical receptacles in

7CKW21 If continuation sheet 19 of 21

The annual receptacle test will be

completed and properly dated.

PRINTED: 06/23/2021 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: 01, 05 B MING 62917 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 VICTORIA ST CONSULATE HEALTH CARE OF BRANDON BRANDON, FL 33510 SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) K 914 Continued From page 19 K 914 accordance with NEPA 101. There is only one required annual Findings include: receptacle test, therefore no additional On 05/13/2021 between the hours of 9:15 a.m. reviews were needed. and 11:30 a.m., record review revealed that the last annual receptacle test was completed The Executive Director/ designee will sometime in 2019, no actual date noted educate the Maintenance Director on the importance of NFPA 101 Electrical An interview was conducted with the maintenance Systems- Maintenance and Testing director concurrent with the record review and specific to completing and properly dating confirmed the findings. the receptacle testing annually. This item will be added to the facility's TELS per NFPA 99 (2018 Edition) 6.3.3.2, 6.3.3.2.7 Preventative Maintenance (PM) Calendar, and will continue to be monitored in accordance with NFPA standards. (Photographic evidence obtained) Class III Any findings will be reported to the monthly QAPI Committee for further review. K1150 NFPA 99 (2015 Edition) Security Management K1150 6/11/21 SS=D

Findings included:

This chapter shall apply to new and existing health care facilities. A health care facility shall have a security management plan. The scope, objectives, performance, and effectiveness of the security plan shall be tested at a frequency shown to be necessary by review of the security

This Statute or Rule is not met as evidenced by: Based on record review and interview with the

revealed that the facility failed to have a Security

maintenance director and administrator, it was

vulnerability assessment (SVA) in accordance with Section 13.3. NFPA 99 (2015 Edition)

Vulnerability Assessment (SVA).

The facility's Security Vulnerability

Assessment (SVA) will be properly

no additional reviews were needed

There is only one required SVA, therefore

documented.

Agency f	or Health Care Adminis	tration				: 06/23/2021 1 APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01, 05	COMPL	ETED	
					l	
		62917	B. WING		05/1	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	ATE, ZIP CODE		
CONSUL	ATE HEALTH CARE OF B	PANDON 701 VICT	ORIA ST			
00.1002	ATE TICALITY DATE OF D	BRANDO	N, FL 33510			
(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	(X5) COMPLETE DATE
K1150	Continued From page	20	K1150			
	a.m., during record re Director, no evidence An interview was con- director and administr observations and con- per NFPA 99 (2018 E	sen 9:15 a.m. and 11:30 wiew with the Maintenance was provided for a SVA. ducted with the maintenance ator concurrent with the firmed the findings. dition) 13.1, 13.2, 13.2.1, 13.3.3, 13.4, 13.4.1, 13.4.2		The Executive Director/ designee will educate the Maintenance Director on importance of NFPA 99 Security Management specific to properly documenting the facility's SVA, and w continue to monitor in accordance will NFPA standards. Any findings will be reported to the monthly QAPI Committee for further review.	ill	

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