PRINTED: 04/03/2017 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. 03 B MING 95042 03/08/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR STRATFORD COURT OF BOCA RATON BOCA RATON, FL 33433 (X43.ID SUMMARY STATEMENT OF DEFICIENCIES. 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD RE COMPLETE PREFIX PREFIX 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 March 8, 2017 at Stratford Court of Boca, state license; 16170961, a nursing home in Boca Raton, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2012 edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69 A-3, F.A.C. 69 A-53, F.A.C. 59 A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2012 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 visit. K 318 NFPA 101- 2012 LSC FIRESTOP SYSTEMS K 318 4/8/17 SS=F AND DEVICES Penetrations for cables, cable travs, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop

between the exposed and the unexposed surface LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

of the test assembly.

system or device. The firestop system or device shall be tested in accordance with ASTM E 814. Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479. Standard for Fire Tests of Through-Penetration Firestops, at a minimum positive pressure differential of 0.01 in, water column (2.5 N/m2)

TITLE (X6) DATE 03/26/17 Electronically Signed

STATE FORM If continuation sheet 1 of 3 B82121

					PRINTED:	
					FORM A	APPROVE
STATEMEN	or Health Care Adminis for DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: (E CONSTRUCTION 01, 03	(X3) DATE SUI COMPLET	
		95042	B. WING		03/08	/2017
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
		6343 VIA I	E SONRISA D	EL SUR		
STRATEC	RD COURT OF BOCA RA	BOCA RA	FON, FL 33433	3		
(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
K 318	Continued From page	1	K 318			
	NFPA 101 Life Safety	Code (2012) 8.3.5.1.			***************************************	
	Based on observation facility failed to maint separations. This defi smoke compartments residents. The findings included On March 8, 2017, addirector, we observed and/or unsealed fire/examples include but following examples: (1) At 10:00 AM, in a through the fire/smok occurred in main election occurred in main election occurred in the main in the courred of the fire/smok occurred in the main in the courred in the main in the course of the course	companied by maintenance that there were improper moke-stop penetrations		The Executive Director (and/or Skilled Nursing Administrator or designee) is responsible for ensuring implementati and ongoing compliance with all components of this Plan of Correction addressing and resolving any variance that may occur. The Executive Director (and/or Skilled Nursing Administrator is responsible to the subject of the Plan of Correction is reviewed and discussed Quality Assurance/Performance Improvement meetings and action init if necessary. A. Director of Environmental Services prepared a Capital Expenditure reque the fire/smoke penetration where the piping extends through the fire/smoke wall. This will be completed no later the 4/8/17.	on and e I or r at at st for	

AHCA Form 3020-0001

through the fire/smoke wall fire-stop material

occurred in the laundry room fire/smoke walls.

Improper fire stopping voids a fire barrier rating and is considered a zero hour rating. An

interview with the maintenance director at the

fire stopping was installed per the manufactures specifications for the fire walls. No additional

written documentation to support the fire rated

time of observations revealed he could not produce any type of documentation showing the

STATE FORM B82121 If continuation sheet 2 of 3

residents, and staff. Other facility

to be in compliance.

compliance.

fire/smoke walls were inspected and found

C. The Director of Environmental Services

will conduct routine rounds of the facility to ensure that fire/smoke walls are in

D. The Executive Director/Skilled Nursing

Administrator is responsible for ensuring

Agency f	or Health Care Adminis	stration				: 04/03/2017 1APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION 01, 03	(X3) DATE S COMPL	
		95042	B. WING		03/0	8/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	WE, ZIP CODE		
STRATEO	RD COURT OF BOCA RA		DE SONRISA D			
		BOCA RA	TON, FL 33433			
(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 318	Continued From page	2	K 318			
	The findings were act the maintenance dire observation and at the	wided at the time of exit. knowledged and verified by ctor at the times of e axit conference with the internance director on March ds:		implementation and ongoing compliar with all components of this Plan Of Correction and addressing and resolv any variance that may occur. The Executive Director/Skilled Nursing Administrator or designee is responsifor ensuring the plan status of this Plan Correction is reviewed and discussed Quality Assurance/Performance Improvement meetings and action init if necessary.	ing ble in Of at	

AHCA Form 3020-0001

		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04 FORM AP OMB NO. 09	PROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL/SER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG 01, 03	(X3) DATE SUR COMPLETE	
		105851	B. WING _		03/08/2	2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
(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 CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE CO	(X5) MPLETION DATE
K 000	INITIAL COMMENTS		ко	000		
	survey was conducte	a & Life Safety recertification d March 8, 2017 at Stratford ing home in Boca Raton,				
	42 CFR 483 Subpart National Fire Protecti	a is not in compliance with B, 42 CFR 488.307, and on Association (NFPA) 101 ments for nursing homes.				
	Initial Plan Review: 1 Existing NFPA 220 Construction Number of beds: 60 Census: 53					
K 362 SS=F	The following is desc	ription of the noncompliance. Construction of Walls	К3	62	4/8/	/17
	constructed with at le rating. In fully sprinkle partitions are only rec smoke. In nonsprinkle to the underside of the ceiling. Corridor v underside of ceilings by Code. Fixed fire window assi in accordance with Scompartments there a	ed from use areas by walls ast 1/2-hour fire resistance red smoke compartments, ujured to resist the transfer of ored buildings, walls extend e floor or roof deck above ralls may terminate at the where specifically permitted emblies in corridor walls are section 8.3, but in sprinklered fre no restrictions in area or				
	fire resistance of glas If the walls have a fire	s or frames. resistance rating, give the				

the underside of the ceiling, give brief description

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

if the walls terminate at

(X8) DATE

Electronically Signed 03/26/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other antiquards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days, to following the date of survey whether or on a plant or correction is provided. For nursing homes, the above findings and plans of correction are disclossable 14 days following the date these occurrents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES							. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION 1, 03	(X3) DATE COMP	SURVEY LETED
		105851	B. WING _			03/	08/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
STRATFO	RD COURT OF BOCA RA	ATON			343 VIA DE SONRISA DEL SUR OCA RATON, FL 33433		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 362	in REMARKS, descrii the floor area. 19.3.6.2, 19.3.6.2.7 This STANDARD is 1.93.6.2.7 This STANDARD is 1.8 Based on observatio facility failed to maint separations. This def smoke compartments residents. The findings included On March 8, 2017 addirector, we observed and/or unsealed firely examples include but following examples: (1) At 10:00 AM, in a through the fire/smok occurred in main elec (2) At 10:30 AM, in a through the fire/smok occurred in the main (3) At 11:00 AM, in a through the fire/smok occurred in the laund Improper fire stopping and is considered a z interview with the ma time of observations;	oing the ceilling throughout not met as evidenced by: n and staff interview, the ain the building fire wall icitient practice affects 4 of 4 to all staff, visitors and all companied by maintenance that there were improper smoke-stop penetrations are not limited to the t least 8 areas where piping e wall fire-stop material trical fire/smoke walls. t least 6 areas where piping e wall fire-stop material troom fire/smoke walls. t least 6 areas where piping e wall fire-stop material polier room fire/smoke walls. t least 6 areas where piping e wall fire-stop material polier room fire/smoke walls. g voids a fire barrier rating ero hour rating. An intenance director at the	K	362	The Executive Director (and/or Skillet Nursing Administrator or designee) is responsible for ensuring implementation and ongoing compliance with all components of this Plan Of Correction and addressing and resolving any variance that may occur. The Executive Director (and/or Skilled Nursing Administrator is responsible for ensuring that the status of this Plan of Correction is reviewed and discussed Quality Assurance/Performance Improvement meetings and action initiated if necessary. A. Director of Environmental Services prepared a Capital Expenditure requer for the fire/smoke penetration where the piping extends through the fire/smoke wall. This will be completed no later the 4/8/17 B. This has potential to affect all visitor residents, and staff. Other facility fire/smoke walls were inspected and found to be in compliance. C. The Director of Environmental Servill conduct to be in compliance.	on or at st ne an ss,	
	specifications for the	fire walls. No additional n to support the fire rated			D. The Executive Director/Skilled Nurs Administrator is responsible for ensuring		

protection by fire-stopping of the fire-stop

implementation and ongoing compliance

PRINTED: 04/03/2017 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES STA

ENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-03
ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03	(X3) DATE SURVEY
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED

105851 B. WING 03/08/2017

		105851	B. WING _	_		03/0	8/2017
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF BOCA RATON				STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR BOCA RATON, FL 33433			
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 362	The findings were ack the maintenance directly observation and at the	vided at the time of exit. knowledged and verified by clor at the times of exit conference with the intenance director on March ds:	кз	62	with all components of this Plan Of Correction and addressing and resolving any variance that may occur. The Executive Director/Skilled Nursing Administrator of edisgines is responsible for ensuring the plan status of this Plan C Correction is reviewed and discussed at Quality Assurance/Performance/Perfor	f	