

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 03 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2017
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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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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K 000	<p>Initial Comments</p> <p>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.</p> <p>The following is description of the deficiencies, found at the time of the visit.</p>	K 000		
K 318 SS=F	<p>NFPA 101- 2012 LSC FIRESTOP SYSTEMS AND DEVICES</p> <p>Penetrations for cables, cable trays, 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 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 ANS/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) between the exposed and the unexposed surface of the test assembly.</p>	K 318		4/8/17

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

03/26/17

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K 318	<p>Continued From page 1</p> <p>NFPA 101 Life Safety Code (2012) 8.3.5.1.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the building fire wall separations. This deficient practice affects 4 of 4 smoke compartments, all staff, visitors and all residents.</p> <p>The findings included:</p> <p>On March 8, 2017, accompanied by maintenance director, we observed that there were improper and/or unsealed fire/smoke-stop penetrations examples include but are not limited to the following examples:</p> <p>(1) At 10:00 AM, in at least 8 areas where piping through the fire/smoke wall fire-stop material occurred in main electrical fire/smoke walls.</p> <p>(2) At 10:30 AM, in at least 6 areas where piping through the fire/smoke wall fire-stop material occurred in the main boiler room fire/smoke walls.</p> <p>(3) At 11 AM, in at least 6 areas where piping through the fire/smoke wall fire-stop material occurred in the laundry room fire/smoke walls.</p> <p>Improper fire stopping voids a fire barrier rating and is considered a zero hour rating. An interview with the maintenance director at the time of observations revealed he could not produce any type of documentation showing the fire stopping was installed per the manufactures specifications for the fire walls. No additional written documentation to support the fire rated</p>	K 318	<p>The Executive Director (and/or Skilled 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.</p> <p>The Executive Director (and/or Skilled Nursing Administrator is responsible for ensuring that the status of this Plan of Correction is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if necessary.</p> <p>A. Director of Environmental Services prepared a Capital Expenditure request for the fire/smoke penetration where the piping extends through the fire/smoke wall. This will be completed no later than 4/8/17</p> <p>B. This has potential to affect all visitors, residents, and staff. Other facility fire/smoke walls were inspected and found to be in compliance.</p> <p>C. The Director of Environmental Services will conduct routine rounds of the facility to ensure that fire/smoke walls are in compliance.</p> <p>D. The Executive Director/Skilled Nursing Administrator is responsible for ensuring</p>	

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K 318	<p>Continued From page 2</p> <p>protection by fire-stopping of the fire-stop penetrations was provided at the time of exit.</p> <p>The findings were acknowledged and verified by the maintenance director at the times of observation and at the exit conference with the administrator and maintenance director on March 8, 2017.</p> <p>Class III</p> <p>Actual NFPA Standards:</p> <p>NFPA 101 LSC (2012) 19.7., 8.3.5.1.</p>	K 318	<p>implementation and ongoing compliance with all components of this Plan Of Correction and addressing and resolving any variance that may occur. The Executive Director/Skilled Nursing Administrator or designee is responsible for ensuring the plan status of this Plan Of Correction is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if necessary.</p>	

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

PRINTED: 04/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105851	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2017
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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted March 8, 2017 at Stratford Court of Boca, a nursing home in Boca Raton, Florida. Stratford Court of Boca is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 edition) requirements for nursing homes. Initial Plan Review: 1991 Existing NFPA 220 Construction Type: I (322) Number of beds: 60 Census: 53	K 000		
K 362 SS=F	The following is description of the noncompliance. NFPA 101 Corridors - Construction of Walls Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description	K 362		4/8/17

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 362	<p>Continued From page 1</p> <p>in REMARKS, describing the ceiling throughout the floor area.</p> <p>19.3.6.2, 19.3.6.2.7</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the building fire wall separations. This deficient practice affects 4 of 4 smoke compartments, all staff, visitors and all residents.</p> <p>The findings included:</p> <p>On March 8, 2017 accompanied by maintenance director, we observed that there were improper and/or unsealed fire/smoke-stop penetrations examples include but are not limited to the following examples:</p> <p>(1) At 10:00 AM, in at least 8 areas where piping through the fire/smoke wall fire-stop material occurred in main electrical fire/smoke walls.</p> <p>(2) At 10:30 AM, in at least 6 areas where piping through the fire/smoke wall fire-stop material occurred in the main boiler room fire/smoke walls.</p> <p>(3) At 11:00 AM, in at least 6 areas where piping through the fire/smoke wall fire-stop material occurred in the laundry room fire/smoke walls.</p> <p>Improper fire stopping voids a fire barrier rating and is considered a zero hour rating. An interview with the maintenance director at the time of observations revealed he could not produce any type of documentation showing the fire stopping was installed per the manufactures specifications for the fire walls. No additional written documentation to support the fire rated protection by fire-stopping of the fire-stop</p>	K 362	<p>The Executive Director (and/or Skilled 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.</p> <p>The Executive Director (and/or Skilled Nursing Administrator is responsible for ensuring that the status of this Plan of Correction is reviewed and discussed at Quality Assurance/Performance Improvement meetings and action initiated if necessary.</p> <p>A. Director of Environmental Services prepared a Capital Expenditure request for the fire/smoke penetration where the piping extends through the fire/smoke wall. This will be completed no later than 4/8/17</p> <p>B. This has potential to affect all visitors, residents, and staff. Other facility fire/smoke walls were inspected and found to be in compliance.</p> <p>C. The Director of Environmental Services will conduct routine rounds of the facility to ensure that fire/smoke walls are in compliance.</p> <p>D. The Executive Director/Skilled Nursing Administrator is responsible for ensuring implementation and ongoing compliance</p>		

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