

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2017
NAME OF PROVIDER OR SUPPLIER ABBEY DELRAY SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 HOMEWOOD BLVD DELRAY BEACH, FL 33445		
(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
K 000	Initial Comments An unannounced Fire & Life Safety re-licensure survey was conducted on April 12, 2017 at Abbey Delray South, State license: #1099096, a nursing home in Delray Beach, 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 000		
K 317 SS=F	NFPA101-2012LSC,FAC 58A-2.025,F.B.C-2011 REPAIR, RENO, MOD, CHNG OF USE OR OCC, & ADD (1) When construction is contemplated for new buildings or for additions, conversions, renovations, or alterations to existing buildings, the plans and specifications for the contemplated construction shall be prepared by Florida-registered architects and engineers. (2) All contemplated additions, conversions, renovations, or alterations shall be submitted for approval or exemption from the plans review process. Rehabilitation work on existing buildings shall be classified as one of the following work categories in accordance with 43.2.2.1: (1) Repair (2) Renovation (3) Modification	K 317		5/13/17

AHCA Form 3020-0001

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

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K 317	<p>Continued From page 1</p> <p>(4) Reconstruction (5) Change of use or occupancy classification (6) Addition</p> <p>Rehabilitation work on existing buildings shall comply with Chapter 43 of NFPA 101, Life Safety Code.</p> <p>NFPA 101 Life Safety Code (2012) 4.6.7.1 & 4.6.7.2, Florida Administrative Code 58A-2.025 & Florida Building Code 2010 edition. ***NOTE ADD LANGUAGE FOR ICRA & ILSM*</p> <p>This Statute or Rule is not met as evidenced by: Based on written document review, plan review and staff interview the facility failed to notify the Agency of changes to the building made from the original approved plans. Work was not approved or reviewed by the Agency. This deficient practice affects all smoke compartments, staff, visitors and all residents.</p> <p>Findings include:</p> <p>On April 12, 2017 at 2:30 P.M., when conducting the exterior observation tour with the maintenance director, we came upon a 10' X 12' wood shed that had been placed next to the building. This shed is used for storage of medical gases, mainly oxygen. When requested, the facility was not able to produce any documentation to substantiate that plans were approved by the Agency for Health Care Administration (AHCA) Office of Plans and Construction (OPC) for work done at the facility. No written documentation was provided to demonstrate that the facility had gotten approval from OPC to install this wood structure.</p>	K 317	<p>The wood shed that was identified as deficient will be moved 10 feet away from the existing building wall.</p> <p>Pictures of the moved shed will be sent to AHCA Office of Plans and Construction for review.</p> <p>The Director of Plant Services, Executive Director and NHA will ensure that code compliance, related to building and structures (additions or modifications) is observed and reviewed with appropriate regulatory bodies.</p> <p>The progress of the shed relocation will be reported at the QAPI meeting.</p>		

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K 317	Continued From page 2 The findings were acknowledged by the Administrator and verified by the maintenance director at the exit conference on April 12, 2017. Class III Actual NFPA Standards: NFPA LSC 101 (2012) Ch. 19. - 4.2.1, 4.5.7 - 4.2.1	K 317		
K 318 SS=F	NFPA 101- 2012 LSC FIRESTOP SYSTEMS AND DEVICES 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 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/m ²) between the exposed and the unexposed surface of the test assembly. NFPA 101 Life Safety Code (2012) 8.3.5.1. 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	K 318	Abbey Delray South endeavors to maintain its facility according to NFPA 101 a subdivision of building spaces-smoke	5/13/17

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K 318	<p>Continued From page 3</p> <p>smoke compartments, all staff, visitors and all residents.</p> <p>Findings include:</p> <p>On April 12, 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 11 A.M., in at least 8 areas where piping through the fire/smoke wall fire-stop material occurred in main electrical room fire/smoke walls.</p> <p>(2) At 11:15 A.M., in at least 3 areas where piping through the fire/smoke wall fire-stop material occurred in the Telephone room fire/smoke walls.</p> <p>(4) At 11:30 A.M., in at least 8 areas where piping through the fire/smoke wall fire-stop material occurred in the Cypress storage 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 penetrations was provided at the time of exit.</p> <p>The findings were acknowledged and verified by the maintenance director at the time of observation, and at the exit conference with the Administrator and Maintenance Director on April 12, 2017.</p>	K 318	<p>barriers.</p> <p>Qualified technicians using approved sealants will be contracted to make the corrections noted in the deficiency report. Wall and penetrations will be properly sealed using 3M Fire Barrier Sealant CP 25WB+.</p> <p>Qualified technicians will inspect other areas in the building and ensure that any penetrations are sealed and fire stopped correctly.</p> <p>For the next six months, The Community Services Director/designee, will check the smoke compartment walls monthly to insure that there are no additional penetrations.</p> <p>Inspections will be documented. The documentation will be included with all preventative maintenance logs maintained by Community Services Department. Results will be brought forward and reviewed during the monthly QAPI process.</p>	

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K 318	Continued From page 4 Class III Actual NFPA Standards: NFPA 101 LSC (2012) 19.7., 8.3.5.1.	K 318		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105411	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____		(X3) DATE SURVEY COMPLETED 04/12/2017
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted April 12, 2017 at Abbey Delray South, a nursing home in Delray Beach, Florida.</p> <p>Abbey Delray South 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 Long Term Care Facilities.</p> <p>Initial Plan Review: 1982/1992 Existing NFPA 220 Construction Type: II (000) Number of beds: 90 Census: 75</p>	K 000			
K 362 SS=F	<p>The following is description of the noncompliance.</p> <p>NFPA 101 Corridors - Construction of Walls</p> <p>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.</p> <p>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.</p> <p>If the walls have a fire resistance rating, give the rating _____ if the walls terminate at</p>	K 362		5/13/17	

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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>the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 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>Findings include:</p> <p>On April 12, 2017 accompanied by Maintenance Director, it was observed that there were improper and/or unsealed fire/smoke-stop penetrations. Examples include but are not limited to the following:</p> <p>(1) At 11 A.M. in at least 8 areas where piping through the fire/smoke wall fire-stop material occurred in main Electrical room fire/smoke walls.</p> <p>(2) At 11:15 A.M. in at least 3 areas where piping through the fire/smoke wall fire-stop material occurred in the Telephone room fire/smoke walls.</p> <p>(4) At 11:30 A.M. in at least 8 areas where piping through the fire/smoke wall fire-stop material occurred in the Cypress storage 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</p>	K 362	<p>The statements made on the plan of correction do not constitute admission of agreement by the provider of the truth of the facts alleged or their conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws.</p> <p>Abbey Delray South endeavors to maintain its facility according to NFPA 101, a subdivision of building spaces-smoke barriers.</p> <p>Qualified technicians using approved sealants will be contracted to make the corrections noted in the deficiency report. Wall penetrations will be properly sealed using 3M Fire Barrier Sealant CP 25WB+.</p> <p>Qualified technicians will ensure that the noted penetrations are sealed and fire stopped correctly using the above techniques and approved products.</p> <p>For the next six months, The Community Services Director/designee, will check the smoke compartment walls monthly to insure that there are no additional penetrations in the previously identified deficient smoke walls.</p>	

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K 362	<p>Continued From page 2</p> <p>written documentation to support the fire rated 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 time of observation, and at the exit conference with the administrator and maintenance director on April 12, 2017.</p> <p>Actual NFPA Standards:</p> <p>NFPA 101 LSC (2012) 19.7., 8.3.5.1.</p>	K 362	<p>Inspections will be documented. The documentation will be included with all preventative maintenance logs maintained by Community Services Department. Results will be brought forward and reviewed during the monthly QAPI process.</p>		