

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

PRINTED: 10/11/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2017
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 13881 EAGLE RIDGE DRIVE FORT MYERS, FL 33912	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An unannounced fire life safety recertification survey was conducted on 8/17/17 at Manorcare Health Services, a skilled nursing facility in Fort Myers, Florida. Initial Plan Review: 1995 New or Existing: Existing NFPA 220 Construction Type: II (111) Number of beds: 120 Census: 101 Manorcare Health Services is not in compliance with Code of Federal Regulations (CFR) 42, Section 483.70, Physical Environment Requirements for Long-Term Care Facilities and the National Fire Protection Association (NFPA) 101 (2012 edition) Life Safety Code. The following is a description of the noncompliance.	K 000		
K 222 SS=D	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS	K 222		9/8/17

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

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(X6) DATE

Electronically Signed

09/08/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other 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 222	<p>Continued From page 1</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p>	K 222			

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K 222	<p>Continued From page 2 18.2.2.2.4, 19.2.2.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, the facility failed to ensure unobstructed egress was maintained and exits and exit access were readily accessible at all times. In the event of fire, this would prolong building occupants exposure to fire, smoke, and toxic gases, which poses potential for adverse effects to health and safety.</p> <p>The findings included:</p> <ol style="list-style-type: none"> On 8/17/17 at 11:20 a.m. while on tour of the facility with the Maintenance Director, an exit door leading into the courtyard in the main dining room was tested. The fifteen-second delay feature failed to function. At this time the Maintenance Director said the switch may not be working. On 8/17/17 at 11:25 a.m. while on tour of the facility with the Maintenance Director, the exit door leading off the patio was tested. The fifteen-second delay feature failed to function. At this time the Maintenance Director said he was not sure why the fifteen-second delay feature failed. During the exit interview on 8/17/17 at 3:45 p.m., the Administrator and Maintenance Director acknowledged the findings. <p>Exits shall comply with NFPA 101 (2012 edition) 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS.</p>	K 222	<p>Switch was replaced on exit door leading into the courtyard in the main dining room and switch was replaced on exit door off the patio.</p> <p>An audit has been completed on exit doors.</p> <p>Maintenance Director or Designee to educate staff on proper functioning of exit doors.</p> <p>The facility will conduct weekly random audits on exit doors x 3 months. The results will be brought to QAA for further analysis.</p>	
K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance	K 345		9/8/17

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K 345	<p>Continued From page 3</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews with the Maintenance Director, the facility failed to ensure the fire alarm system was tested as frequently as required and maintained in reliable operating condition. A lack of testing at the required frequency renders the equipment unreliable. A lack of maintenance could delay or deny early warning of a fire.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Documentation review on 8/17/17 at 9:20 a.m. revealed the facility failed to conduct the annual pressure differential for the system duct smoke detectors. At this time the Maintenance Director said he was unaware of the requirement. Documentation review on 8/17/17 at 9:25 a.m. revealed the facility failed to stated if this was the sensitivity for the smoke detectors. The report failed to provide the acceptable range and alarm point for the devices tested. At this time the Maintenance Director could not explain the report. 	K 345	<p>Annual pressure differential test for the system duct smoke detectors will be conducted.</p> <p>The test will provide the range and alarm point.</p> <p>Maintenance Director will be educated on obtaining the annual differential test.</p> <p>Facility will review findings at QAA.</p>		

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K 345	Continued From page 4 During the exit interview on 8/17/17 at 3:45 p.m., the Administrator and Maintenance Director acknowledged the findings. NFPA 101 Life Safety Code (2012) 18.3.4.1, 19.3.4.1, 9.6.1.3 & NFPA 72 (2010 edition), Table 14.4.2.2(g)(1)	K 345			

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K 000	INITIAL COMMENTS An unannounced fire life safety relicensure survey was conducted on 8/17/17 at Manorcare Health Services, a skilled nursing facility (license #130471009) in Fort Myers, Florida. The survey was conducted 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.) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (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 a description of the deficiencies found at the time of the visit.	K 000		
K 222 SS=D	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	K 222		9/8/17

AHCA Form 3020-0001

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

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K 222	Continued From page 1 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on	K 222		

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K 222	<p>Continued From page 2</p> <p>door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This Statute or Rule is not met as evidenced by: Based on observations during a tour of the facility, the facility failed to ensure unobstructed egress was maintained and exits and exit access were readily accessible at all times. In the event of fire, this would prolong building occupants exposure to fire, smoke, and toxic gases, which poses potential for adverse effects to health and safety.</p> <p>The findings included:</p> <ol style="list-style-type: none"> On 8/17/17 at 11:20 a.m. while on tour of the facility with the Maintenance Director, an exit door leading into the courtyard in the main dining room was tested. The fifteen-second delay feature failed to function. At this time the Maintenance Director said the switch may not be working. On 8/17/17 at 11:25 a.m. while on tour of the facility with the Maintenance Director, the exit door leading off the patio was tested. The fifteen-second delay feature failed to function. At this time the Maintenance Director said he was not sure why the fifteen-second delay feature failed. During the exit interview on 8/17/17 at 3:45 p.m., the Administrator and Maintenance Director acknowledged the findings. <p>Exits shall comply with NFPA 101 (2012 edition) 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p>	K 222	<p>Switch was replaced on the exit door leading into the courtyard in the main dining room and switch was replaced on exit door off the patio.</p> <p>An audit has been completed on exit doors.</p> <p>Maintenance Director or designee to educate staff on proper functioning of exit doors.</p> <p>The facility will conduct weekly random audits on exit doors x 3 months. The results will be brought to QAA for further analysis.</p>	

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K 222	Continued From page 3 DELAYED-EGRESS LOCKING ARRANGEMENTS. Class III	K 222		
K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72 This Statute or Rule is not met as evidenced by: Based on record review and interviews with the Maintenance Director, the facility failed to ensure the fire alarm system was tested as frequently as required and maintained in reliable operating condition. A lack of testing at the required frequency renders the equipment unreliable. A lack of maintenance could delay or deny early warning of a fire. The findings included: 1. Documentation review on 8/17/17 at 9:20 a.m. revealed the facility failed to conduct the annual pressure differential for the system duct smoke detectors. At this time the Maintenance Director said he was unaware of the requirement. 2. Documentation review on 8/17/17 at 9:25 a.m. revealed the facility failed to state if this was the sensitivity for the smoke detectors. The report	K 345	Annual pressure differential for the system duct smoke detectors will be conducted. The test will provide the range and alarm point. Maintenance Director has been educated regarding obtaining the annual pressure differential test for the system duct and smoke detectors. Findings will be brought to QAA for further review.	9/8/17

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K 345	<p>Continued From page 4</p> <p>failed to provide the acceptable range and alarm point for the devices tested. At this time the Maintenance Director could not explain the report.</p> <p>3. During the exit interview on 8/17/17 at 3:45 p.m., the Administrator and Maintenance Director acknowledged the findings.</p> <p>NFPA 101 Life Safety Code (2012) 18.3.4.1, 19.3.4.1, 9.6.1.3 & NFPA 72 (2010 edition), Table 14.4.2.2(g)(1)</p> <p>Class III</p>	K 345		