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, 04 105439 R MING 01/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 12TH STREET N LAKESIDE PAVILION NAPLES, FL 34103 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 K 000 INITIAL COMMENTS K 000 An unannounced Fire & Life Safety recertification survey was conducted 1/24/18 at Lakeside Pavilion, a skilled nursing facility in Naples, Florida Lakeside Pavilion 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. Initial Plan Review: 1968 Existing NFPA 220 Construction Type: V (000) The following is description of the noncompliance. K 345 Fire Alarm System - Testing and Maintenance K 345 2/27/18 CFR(s): NFPA 101 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 NEPA 70. National Electric Code, and NEPA 72, National Fire Alarm. and Signaling Code. Records of system acceptance, maintenance and testing are readily available 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on a review of the facility records, and The smoke detector test for the interview with the maintenance director, the system duct smoke detectors test for facility failed to test the smoke detectors in pressure differential was completed and

accordance with NFPA 101 2012 edition 4.6.1.2. LABORATORY DIRECTOR'S OR PROVIDER/SLIPPLIER REPRESENTATIVE'S SIGNATURE

verified by the Maintenance Director (MD)

TITLE

Electronically Signed 02/22/2018 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.

		ID HUMAN SERVICES MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391	
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPS A. BUILDING	LE CONSTRUCTION 01, 04	(X3) DATE SURVEY COMPLETED	
		105439	B. WING		01/24/2018	
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 12TH STREET N		
LAKESIDI	E PAVILION		1	NAPLES, FL 34103		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
K 345	mandatory testing rer unreliable. The findings included On 1/24/18 a review ocertification and taggis semi-annual dated 9/ detectors were not te-	on 14.4.2.2(g)(6). A lack of ders the equipment : of the annual Fire Alarm ng report dated 3/9/17 and 18/17 revealed the duct sted for pressure differential. o.m., the maintenance :Fire Alarm testing whedged the duct detectors	к 34	and Center Executive Director (CED) designee for completeness and result are readily available. b. An audit of the required Fire Alar Systems testing and maintenance as required to indicate that it is maintaine reliable operating condition including; smoke detectors test for the system du smoke detectors test for pressure differential is tested in accordance wit requirements of the NFPA 72, National Electrical Fire Alarm and Signaling co testing was completed by CED and the Maintenance Director and there were discrepancies. The Maintenance Direct was reductated on Fire Alarm System testing including the duct smoke detect test for pressure differential is tested i accordance with requirements of the NFPA 72. National Electrical Fire Alar and Signaling code and Maintenance records of system acceptance, maintenance and testing for completeness and results of this test readily available by the Center Execut Director (CED) or designee. c. The CED or designee will comply random audits of the required Fire Alar Systems testing including the smoke detector test for the system duct smok detectors test for pressure differential tested in accordance with requirement he NFPA 72. National Electrical Fire Alarm and Signaling code and Maintenance cercords of system members and results of the required fire Alarm and Signaling code and Maintenance cercords of system was present the NFPA 72. National Electrical Fire Alarm and Signaling code and Maintenance records of system	s m did in the ct the c	

acceptance, maintenance and testing to identify any discrepancies. These audits will be completed weekly for 3 months

		ID HUMAN SERVICES MEDICAID SERVICES				M APPROVED O. 0938-0391
STATEMENT (DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG 01, 04	(X3) DAT	E SURVEY IPLETED
		105439	B. WING _		0-	1/24/2018
	ROVIDER OR SUPPLIER E PAVILION			STREET ADDRESS, CITY, STATE, 2900 12TH STREET N NAPLES, FL 34103	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE RENCY)	(X5) COMPLETION DATE
K 345		92	КЗ	and then monthly there d. Audits will be revie Quality Assurance Com resolved	wed monthly by the	
K 353	Severity/Scope = 2/3 Sprinkler System - M CFR(s): NFPA 101	aintenance and Testing	К3	53		2/27/18
	Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect	ing of Water-based Fire Records of system design, ion and testing are re location and readily				
	b) Who provided sys					
	Provide in REMARKS any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This REQUIREMENT by: Based on a review o interview with the ma	S information on coverage for partial automatic sprinkler		The automatic fire completed and verified Maintenance Director (in the control of the contr	by the	
	system in accordance edition 19.3.5.1., and	with NFPA 101 2012 NFPA 25 2011 edition 5.2.1. Inspections rendered the		Executive Director (CE completeness and resu available. b. An audit of the req	D) or designee for lits are readily	

The findings included:

sprinkler test was completed by Center

Executive Diretor and the Maintenance

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULT	10(5	CONSTRUCTION	(X3) DATE	
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI				PLETED
		105439	B. WING _			01/	24/2018
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LAVERIDE	DAVIDION			2	900 12TH STREET N		
LANESIDE	PAVILION			N	APLES, FL 34103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERÊNCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 353	dated 11/7/17, 7/7/17	of the fire sprinkler reports , 4/27/17 and 1/27/17	кз	353	Director and there were no discrepance The Maintenance Director was reeducated by the Regional Maintenan	ice	
	the four were an annu	·			Consultant or designee on the required automatic fire sprinkler and standpipe systems test including testing, inspecting the systems test including testing, inspecting the systems test including testing.		
	then acknowledged it was performed, and f	m. the maintenance Fire sprinkler company, appeared that no annual urther said that if one was all it by Friday 1/26/18.			and maintaining of water based fire protection systems and inspection and tasting records are maintained in a sec location and are readily available with date of inspection, the provider who completed the test and the water sour c. Random audits of the required automatic fire sprinkler and standpipe systems test including testing, inspectia and maintaining of water based fire protection systems and inspection and testing records are maintained in a sec location and are readily available with date of inspection will be conducted by CED or designee until substantial compliance is maintained. 4. Audits will be reviewed monthly by Quality Assurance Committee until resolved	cure the ng	
K 712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the signal and simulation conditions. Fire drills unexpected times un least quarterly on eac with procedures and i	transmission of a fire alarm of emergency fire are held at expected and der varying conditions, at h shift. The staff is familiar s aware that drills are part of Where drills are conducted	K 7	712			2/27/18

between 9:00 PM and 6:00 AM, a coded

Facility ID: 81103

DEPARTMENT OF HEALTH AND HUMAN SERVICES							M APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO	0.0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION I, 04	(X3) DATE SURVEY COMPLETED	
		105439	B. WING _			01/	24/2018
NAME OF PR	ROVIDER OR SUPPLIER			S'	FREET ADDRESS, CITY, STATE, ZIP CODE		
LAKESIDE	PAVILION				000 12TH STREET N APLES, FL 34103		
(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 712	alarms. 19.7.1.4 through 19.7. This REQUIREMENT by: Based on a review of interview with the reint through fire drills at le accordance with NFP. The findings included On 1/24/18 review of there was no 3rd shift fire drills in the fou last 3rd shift fire drill in of 1/24/18 at 1:32 p. maintenance director maintenance director maintenance director	the used instead of audible c.1.7 is not met as evidenced of the facility records, and ional maintenance director, ain the staff in fre safety asst quarterly on each shift in A 101 2012 edition 19.7.1.6. the facility fire drills revealed to drills in the 37 diguarter and rith quarter of 2017. The was June 2017.	к	712	a. The required fire drills were conducted by Maintenance Director or designee. b. The Maintenance Director and/or designee were reeducated by the Regional Maintenance Consultant or designee the required drills including the quarterly and requirements. The staff variety and requirements. The staff variety and required streaducated or the procedures for fire drills, the frequency and the required stresponse to drills on all shifts. c. Random audits of the required quarterly and shift fire drills and staff training and response to drills will be conducted by Center Executive Director designee until substantial compliance in maintained. d. Audits will be reviewed monthly by Quality Assurance Committee until resolved.	vas taff or or s	
K 918	Severity/Scope = 2/3 Electrical Systems - E CFR(s): NFPA 101	Essential Electric Syste	K	918	1007100.		2/27/18
	Maintenance and Tes The generator or other and associated equip service within 10 seconds.	Essential Electric System ting er alternate power source ment is capable of supplying onds. If the 10-second tring the monthly test, a					

process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and

		ID HUMAN SERVICES					APPROVED
		MEDICAID SERVICES	0/00 5 8 8 8	mier.	E A ALIANON AND AND AND AND AND AND AND AND AND AN		0.0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION 01, 04	(X3) DATE COMP	
		105439	B. WING			01/3	24/2018
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
					2900 12TH STREET N		
LAKESIDE	PAVILION				NAPLES, FL 34103		
(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-REFERÊNCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 918	with NFPA 110.	performed in accordance	к	918	3		
	Generator sets are in under load 30 minute day intervals, and ext months for 4 continue under load conditions simulated cold start a transfer of all EES los competent personnel stored energy power accordance with NFP circuit breakers are in program for periodica components is establi manufacturer require maintenance and test readily available. EES circuits are marked, respensability of dams source is a design co installations.	sus hours. Scheduled test include a complete and automatic or manual kds, and are conducted by Maintenance and testing of sources (Type 3 EES) are in A 111. Main and feeder spected annually, and a lity exercising the shed according to ments. Written records of ing are maintained and ing are maintained and power circuits. Minimizing age of the emergency power insideration for new					
	by: Based on a review of interview with the reg the facility failed to interview and i	: no documentation to show			The main and feeder circuit break were exercised and inspected and was verified for completeness by the Maintenance Director (MD) and Cente Executive Director (CED) or designee. An audit essential electrical system for proper inspection, testing including main and feeder circuit breakers were exercised and inspected was conduct by the Maintenance Director or design and there were no discrepancies. The	r m the	

the main and feeder circuit breakers were exercised or inspected.

Maintenance Director and/or designee

PRINTED: 03/05/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED STA

ENTERS FOR MEDICARE & MEDICAID SERVICES C						
DENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04	(X3) DATE SURVEY COMPLETED				
	405420	D MINIC				

		105439	B. WING _			01/	24/2018
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
LAVERIDA	- DAVID ION		2900 12TH STREET N				
LAKESIDE	PAVILION		1	N	APLES, FL 34103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ę	(X5) COMPLETION DATE
K 918	On 1/24/18 at 2:04 p.i maintenance director maintenance program was not performed. S	m., the regional searched the computer and acknowledged this she further acknowledged orogram based on risk trent time frame for	к	918	were re-educated by the Regional Maintenance Consultant on the proper generator inspection and testing includinal main and feeder circuit breakers were exercised and inspected c. Random audits of the required generator inspection and testing includinal main and feeder circuit breakers were exercised and inspected and maintenan of the emergency power supply system will be conducted by Maintenance Director of designee until substantial compliance maintained. d. Audits will be reviewed monthly by Quality Assurance Committee until resolved.	ng ce s tor	

						0: 03/05/2014 APPROVE	
STATEMENT	or Health Care Adminis FOF DEFICIENCIES OF CORRECTION	tration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION	(X3) DATE S COMPL		
		81103	B. WING		01/2	01/24/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE			
LAKESIDI	E PAVILION		H STREET N FL 34103				
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
K 000	INITIAL COMMENTS		K 000				
K 345 SS≔F	survey was conducted Pavilion, a skilled nur #12840962) in Naplet National Fire Protection of the Pavilion, a skilled nur #12840962) in Naplet National Fire Protection of Pavilion of State Fire Margulations, Florida State Fire Margulations, Florida State Fire Margulations, Florida Fire Preventio referenced standards per NFPA 101, Chapt The following is described from the Pavilion of Pavi	s, Florida in accordance with on Association (NFPA) 1 and d applicable requirements of shalfs Rules and Administrative Code (F.A.C.), F.A.C. 59A-4, and Florida at II, and F.S. 633.0215, 9 Protection Association 102 edition) known as the n Code and all NFPA and requirements adopted er 2. spitch of the deficiencies. System - Testing and Cesting and Maintenance tested and maintained in proved program complying of NFPA 70, National Fire Alarm Records of system and easily and a second of system and resting and Maintenance tested and maintained in proved program complying of NFPA 70, National Fire Alarm Records of system and lesting are readily and easily and resting and Maintenance tested and maintained in proved program complying of NFPA 70, National Fire Alarm Records of system and testing are readily and continued the state of the system and testing are readily and additional continuation of the system and testing are readily and the system and testing and the system and testing are readily as a system and testing are readily	K 345			2/27/18	

unreliable.

mandatory testing renders the equipment LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on a review of the facility records, and

accordance with NFPA 101 2015 edition 4.6.1.2.

& NFPA 72 2013 edition 14.4.2.2(g)(6). A lack of

interview with the maintenance director, the

facility failed to test the smoke detectors in

TITLE (X6) DATE Electronically Signed 02/22/18

The smoke detector test for the

system duct smake detectors test for

pressure differential was completed and

and Center Executive Director (CED) or

readily available.

verified by the Maintenance Director (MD)

designee for completeness and results are

Agency fo	or Health Care Adminis	tration				0: 03/05/2018 1 APPROVEE
	FOR DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: I	CONSTRUCTION 11, 04	(X3) DATE S COMPLI	
		81103	B. WING		01/2	4/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
LAKESIDI	E PAVILION	2900 12TH				
		NAPLES, F	L 34103			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
K 345	Continued From page	1	K 345			
	certification and taggi semi-annual dated 9/ detectors were not tes On 1/24/18 at 12:50 p director contacted the	of the annual Fire Alarm ng report dated 3/9/17 and 18/17 revealed the duct sted for pressure differential. b.m., the maintenance Fire Alarm testing wledged the duct detectors		b. An audit of the required Fire Alar Systems tosting and maintenance as required to indicate that it is maintaine reliable operating condition including; smoke detector test for the system du smoke detector test for pressure differential is tested in accordance witl requirements of the NFPA 72, National Electrical Fire Alarm and Signaling cot testing was completed by CED and the Maintenance Direct was reeducated on Fire Alarm System testing including the duct smoke detect test for the system duct smoke detect test for the system duct smoke detect test for the system duct smoke detect test for pressure differential is tested in accordance with requirements of the NFPA 72, National Electrical Fire Alarn and Signaling code and Maintenance coords of system acceptance, maintenance and testing for complete and results of this test are readily avail by the Center Executive Director (CET designee. The CED or designee will comply random audits of the required Fire Alar Systems testing including the smoke detector test for pressure differential tested in accordance with requirement to the NFPA 72, National Electrical Fire Parama Conductions of the state of the system duct smoke detectors test for pressure differential tested in accordance with requirement.	ed in the the ctt. h al de se no ctor is ctor ors on m. mess ilable ()) or ete imm.	

Maintenance records of system acceptance, maintenance and testing to identify any discrepancies. These audits will be completed weekly for 3 months and then monthly thereafter. d. Audits will be reviewed monthly by the Quality Assurance Committee until

resolved

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, 04 B. WING ___

		81103	B. WING		01/24/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
		2900 12T	H STREET N		
LAKESIDE	PAVILION	NAPLES	, FL 34103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	(X8) COMPLETE DATE
K 353 SS=F	Testing	ystem - Maintenance and	K 353		2/27/18
	Automatic sprinkler ar inspected, tested, and with NFPA 25, Standa Testing, and Maintaini	nd standpipe systems are in maintained in accordance rd for the Inspection, ing of Water-based Fire tecords of system design, on and testing are e location and readily			
	b) Who provided system test c) Water system supply source				
	Provide in REMARKS	information on coverage or partial automatic sprinkler			oni bino na ona ona ona ona ona ona ona ona on
	Based on a review of interview with the mid- facility failed to inspec system in accordance edition 19.3.5.1, and A lack of mandatory in equipment unreliable. The findings included: On 1/24/18 a review of dated 11/717, 77/17,	the automatic fire sprinkler with NFPA 101 2015 NFPA 25 2014 edition 5.2.1. sspections renders the fire sprinkler reports 4/27/17 and 1/27/17 ill "quarterly" tests. None of all inspection.		a. The automatic fire sprinkler test was completed and verified by the Maintenance Director (MD) and Center Executive Director (CED) or designee for completeness and results are readily available. b. An audit of the required automatic fire sprinkler test was completed by Center Executive Director and the Maintenance Director and there were no discrepancies. The Maintenance Director was reeducated by the Regional Maintenance Consultant or designee on the required automatic fire sprinkler and standpipe systems test including testing, inspecting and maintaining of water based fire protection	outoutoutoutoutoutoutoutoutoutoutoutouto

AHCA Form 3020-0001

STATE FORM 0550 ZF6C21 If continuation sheet 3 of 7

PRINTED: 03/05/2018 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. 04 B MING 81103 01/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 12TH STREET N LAKESIDE PAVILION NAPLES, FL 34103 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 353 Continued From page 3 K 353 director contacted the Fire sprinkler company, systems and inspection and testing then acknowledged it appeared that no annual records are maintained in a secure was performed, and further said that if one was location and are readily available with the found they would e-mail it by Friday 1/26/18. date of inspection, the provider who completed the test and the water source. Class III Random audits of the required automatic fire sprinkler and standpipe systems test including testing, inspecting and maintaining of water based fire protection systems and inspection and testing records are maintained in a secure location and are readily available with the date of inspection will be conducted by CED or designee until substantial compliance is maintained. d. Audits will be reviewed monthly by the Quality Assurance Committee until resolved K 712 NFPA 101 Fire Drills K 712 2/27/18 SS=F Fire Orille Fire drills include the transmission of a fire alarm signal and simulation of emergency fire

conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used

This Statute or Rule is not met as evidenced by: Based on a review of the facility records, and

interview with the regional maintenance director.

instead of audible alarms. 18.7.1, 19.7.1, 4.7

STATE FORM caso ZF6C21 If continuation sheet, 4 of 7

The required fire drills were conducted

by Maintenance Director or designee.

Agency fo	or Health Care Adminis	tration				: 03/05/2018 APPROVE
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION 01, 04	(X3) DATE SURVEY COMPLETED	
		81103	B. WING		01/2	4/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
LAKESIDE	PAVILION		H STREET N FL 34103			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETE DATE
K 712	Continued From page	4	K 712			
	through fire drills at le accordance with NFP The findings included On 1/24/18 review of there was no 3rd shift no fire drills in the fou last 3rd shift fire drill is on 1/24/18 at 1:32 p. maintenance director maintenance director maintenance director	the facility fire drills revealed drills in the 3rd quarter and rth quarter of 2017. The was June 2017.		b. The Maintenance Director and/or designee were reeducated by the Regional Maintenance Consultant or designee the required drills including it quarterly and requirements. The staff reeducated on the procedures for fire drills, the frequency and the required response to drills on all shifts. - Random audits of the required quarterly and shift fire drills and staff training and response to drills will be conducted by Center Executive Direct designee until substantial compliance maintained. d. Audits will be reviewed monthly by Quality Assurance Committee until resolved.	was staff or or is	
K 918 SS=F	Syste Electrical Systems - E Maintenance and Tes The generator or othe and associated equip service within 10 seco	stems - Essential Electric Essential Electric System ting r alternate power source ment is capable of supplying onds. If the 10-second ring the monthly test, a	K 918			2/27/18

with NFPA 110.

process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance

Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by

Agency f	or Health Care Adminis	tration				: 03/05/2018 I APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION 11, 04	(X3) DATE S COMPLE	
		81103	B. WING		01/2	4/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
LAKESIDI	E PAVILION	2900 12TH				
		NAPLES, F	L 34103			
(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 918	Continued From page	5	K 918			
	stored energy power accordance with NFP circuit breakers are in program for periodica components is establ manufacturer requires maintenance and test readily available. Escircuits are marked at Minimizing the possible emergency power so consideration for new	ished according to ments. Written records of ing are maintained and S electrical panels and d readily identifiable. lility of damage of the urce is a design installations. PA 99), NFPA 110, NFPA				
	Based on a review of interview with the reg the facility failed to incessential electrical sy NFPA 110 2010 editic equipment unrellable. The findings included On 1/24/18 there was the main and feeder exercised or inspecte On 1/24/18 at 2:04 p.	: no documentation to show circuit breakers were d. m., the regional		a. The main and feeder circuit breat were exercised and inspected and wa verified for completeness by the Maintenance Director (MD) and Cent Executive Director (CED) or designee b. An audit essential electrical syste proper inspection, testing including th main and feeder circuit breakers were exercised and inspected was conduct by the Maintenance Director or design and there were no discrepancies. The Maintenance Director and/or designer were re-educated by the Regional Maintenance Consultant on the prope	is t. tem for e e ed nee t	
		searched the computer		generator inspection and testing inclu		

AHCA Form 3020-0001

Class III

maintenance program and acknowledged this

there was no current program based on risk

assessment for a different time frame for

inspection and exercise.

was not performed. She further acknowledged

STATE FORM STATE FOR STATE F

main and feeder circuit breakers were

generator inspection and testing including

of the emergency power supply systems will be conducted by Maintenance Director

c. Random audits of the required

main and feeder circuit breakers were exercised and inspected and maintenance

exercised and inspected

PRINTED: 03/05/2018 FORM APPROVED Agency for Health Care Administration							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	JULIPLE CONSTRUCTION DING: 01, 04		(X3) DATE SURVEY COMPLETED	
		81103	B. WING	WING		01/24/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LAKESIDE PAVILION 2900 12TH STREET N							
NAPLES, FL 34103							
(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	
К 918	Continued From page	. 6	K 918	or designee until substantial complian maintained. d. Audits will be reviewed monthly to Quality Assurance Committee until resolved.			

AHCA Form 3020-0001