

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>04 - MAIN LIC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOYNTON BEACH REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9600 LAWRENCE RD BOYNTON BEACH, FL 33436</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety re-licensure survey was conducted on 04/3-4/2018 at Boynton Beach Rehabilitation Center, state license, #14590961, a nursing home in Boynton Beach, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) 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 (2015) 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 353 SS=F	<p><b>NFPA 101 Sprinkler System - Maintenance and Testing</b></p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler</p>	K 353		4/29/18

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
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(X8) DATE

04/19/18

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K 353	<p>Continued From page 1 system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, written document review, and staff interview the facility failed to maintain the building automatic fire sprinkler system to code requirements. This deficient practice affects all smoke compartments, staff, visitors and all residents.</p> <p>Findings include:</p> <p>On 04/04/2018 at 8 A.M. based on written documentation and observation of the facility fire sprinkler heads the originally installed quick response heads are dated from somewhere around 1996. Quick response heads are required to have a sample tested at least 4 heads which had been in service for 20 years or more. An interview was conducted at this time with the maintenance director who acknowledged that the fire sprinkler heads were not tested as per manufacture and code requirements.</p> <p>The findings were acknowledged by the Administrator and verified by the maintenance director at the time of observation and at the exit conference on 04/04/2018.</p> <p>Class III</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2012) 19.3.5, and 9-7. NFPA 1 (2012) 7.3.3.9 and NFPA 25 (2011) 5.3.1.1.1.3- NFPA 13.</p> <p>NFPA 101(2012) 9.7.5, 9.7.7, 9.7.8, NFPA 25 (2011) 5.3.1.1.1.3</p>	K 353	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</p> <p>K353</p> <p>A. With respect to specific sprinkler system maintenance cited:</p> <p>Upon testing from an outside company, it was discovered the sprinkler system was actually recalled and replaced in 2004. So, the actual maintenance is not due until 2024.</p> <p>B. With respect to how the facility will identify sprinkler system maintenance with the potential for the identified concern and take corrective action:</p> <p>An audit is in place to ensure all sprinkler system maintenance is in place.</p> <p>C. With respect to what systemic measures have been put in place to address stated concern:</p> <p>Maintenance Director was educated to ensure all required sprinkler system maintenance is in place.</p> <p>D. With respect to how the plan of</p>		

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K 353	Continued From page 2  NFPA 101(2015) 9.7.5, 9.7.7, 9.7.8, NFPA 25 (2014) 5.3.1.1.1.3	K 353	corrective measure will be monitored:  Administrator and/or Designee will conduct random audit. The results of the audit will be brought to QA for further review times 3 months and as needed thereafter.	
K1053 SS=F	FAC 59A-4.126 Emergency Management Plan  A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually, shall be maintained. The health care facility shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the health care facility performance to the health care facility safety committee.  Florida Administrative Code 59A-4.126.  This Statute or Rule is not met as evidenced by: Based on written document review and staff interview the facility failed to maintain a current approved written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually. This deficient practice affected all smoke compartments, staff, visitors and all residents.  Findings include:  On 04/03/2018 at 1 P.M. during the facility document review the facility failed to produce a current approved written comprehensive	K1053	1053  A. With respect to specific citation for Comprehensive Emergency Management Plan (CEMP) cited:  Immediately, Palm Beach County, Department of Emergency Management was contacted to check the status of the update review. The information was received by Palm Beach County, Department of Emergency Management on February 6, 2108. The renewal letter states to allow 60 days for review.	4/29/18

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K1053	<p>Continued From page 3</p> <p>emergency management plan for emergency care during an internal or external disaster or emergency, which is required to be reviewed and updated annually. The plan expired 02/01/2018 and was not updated annually as required. Palm Beach County facilities are required to submit their plan for review 60 days prior to the expiration date. An interview was conducted at this time with the maintenance director who acknowledged that the current copy of the emergency management plan was not approved or available.</p> <p>The findings were acknowledged by the Administrator and verified by the maintenance director at the time of documentation review and at the exit conference on 04/04/2018.</p> <p>Class III</p> <p>Actual NFPA Standards: NFPA LSC 101 (2012) 19.7.1.1, Florida Administrative Code 59 A-4.126.</p>	K1053	<p>B. With respect to how the facility will identify CEMP with potential for the identified concern and take corrective action:</p> <p>Audit is in place to ensure CEMP is sent yearly on or before January 1.</p> <p>C. With respect to what systemic measures have been put in place to address stated concern:</p> <p>Administrator was educated to ensure CEMP is updated yearly on or before January 1.</p> <p>D. With respect to how the plan of corrective measure will be monitored:</p> <p>Administrator will audit yearly to ensure CEMP is updated yearly on or before January 1.</p>		

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K 000	INITIAL COMMENTS  An unannounced Fire & Life Safety recertification survey was conducted 04/3-4/2018 at Boynton Beach Rehabilitation Center, a nursing home in Boynton Beach, Florida. Boynton Beach Rehabilitation Center is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012) requirements for nursing homes.  Initial Plan Review: 1986 Existing NFPA 220 Construction Type: II (211) Number of beds: 168 Census: 150	K 000		
K 353 SS=F	The following is description of the noncompliance. Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.	K 353		4/29/18

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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 353	<p>Continued From page 1</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, written document review, and staff interview the facility failed to maintain the building automatic fire sprinkler system to code requirements. This deficient practice affects all smoke compartments, staff, visitors and all residents.</p> <p>Findings include:</p> <p>On 04/04/2018 at 8 A.M. based on written documentation and observation of the facility fire sprinkler heads the originally installed quick response heads are dated from somewhere around 1996. Quick response heads are required to have a sample tested at least 4 heads which had been in service for 20 years or more. An interview was conducted at this time with the maintenance director who acknowledged that the fire sprinkler heads were not tested as per manufacture and code requirements.</p> <p>The findings were acknowledged by the Administrator and verified by the maintenance director at the time of observation and at the exit conference on 04/04/2018.</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2012) 19.3.5, and 9-7. NFPA 1 (2012) 7.3.3.9 and NFPA 25 (2011) 5.3.1.1.1.3- NFPA 13.</p> <p>NFPA 101(2012) 9.7.5, 9.7.7, 9.7.8, NFPA 25 (2011) 5.3.1.1.1.3</p>	K 353	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</p> <p>K353</p> <p>A. With respect to specific sprinkler system maintenance cited:</p> <p>Upon testing from an outside company, it was discovered the sprinkler system was actually recalled and replaced in 2004. So, the actual maintenance is not due until 2024.</p> <p>B. With respect to how the facility will identify sprinkler system maintenance with the potential for the identified concern and take corrective action:</p> <p>An audit is in place to ensure all sprinkler system maintenance is in place.</p> <p>C. With respect to what systemic measures have been put in place to address stated concern:</p> <p>Maintenance Director was educated to ensure all required sprinkler system maintenance is in place.</p>	

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K 353	Continued From page 2	K 353	D. With respect to how the plan of corrective measure will be monitored:  Administrator and/or Designee will conduct random audit. The results of the audit will be brought to QA for further review times 3 months and as needed thereafter.		

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E 000	Initial Comments  During the unannounced re-certification survey conducted on 04/3/18 - 04/04/2018 at Boynton Beach Rehabilitation Center, a nursing home in Boynton Beach. Emergency Preparedness plans and policies were reviewed.  Boynton Beach Rehabilitation Center, is not in compliance with Emergency Preparedness Plan, 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
E 026 SS=C	Roles Under a Waiver Declared by Secretary CFR(s): 483.73(b)(8)  [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]  (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.  *[For RNHCs at §403.748(b):] Policies and procedures. (8) The role of the RNHCL under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials.	E 026		4/29/18	

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E 026	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on written document review and staff interview the facility failed to develop emergency preparedness policies and procedures to address the role of the facility in providing care and treatment at an alternate care site, under a 1135 waiver. This deficient practice affects all staff, visitors and residents.</p> <p>Findings include:</p> <p>On 04/04/2018 at 12:30 P.M. based on review of the written facility emergency plan and policy with the administrator, the facility was not able to produce the requested written documentation. Based on the provided emergency plan, it could not be verified that the facility had included policies and procedures describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver. An interview was conducted at this time with the administrator who acknowledged that the documentation requested was not available in the facility emergency plan.</p> <p>The findings were acknowledged by and verified by the administrator at the time of documentation review and at the exit conference on 04/04/2018.</p> <p>Actual code requirements:</p> <p>(8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p>	E 026	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</p> <p>E026</p> <p>A. With respect to specific Policy and Procedure to address the role of the facility in providing care and treatment at an alternate cite, under a 1135 waiver cited:</p> <p>A Policy and Procedure to address the role of the facility in providing care and treatment at an alternate cite, under a 1135 waiver was established.</p> <p>B. With respect to how the facility will identify Waiver 1135 with the potential for the identified concern and take corrective action:</p> <p>An audit is in place to ensure a Policy and Procedure is in place to address the role of the facility in providing care and treatment at an alternate cite, under a 1135 waiver.</p> <p>C. With respect to what systemic measures have been put in place to address stated concern:</p>		

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E 026	Continued From page 2	E 026	<p>Administrator was educated to ensure a Policy and Procedure to address the role of the facility in providing care and treatment at an alternate cite, under a 1135 waiver is in place.</p> <p>D. With respect to how the plan of corrective measure will be monitored:</p> <p>Administrator and/or Designee will conduct random audit. Results of the audit will be brought to QA for further review times 3 months and as needed thereafter.</p>		