

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HL100002</b>	(X3) DATE SURVEY COMPLETED  <b>01/17/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOSPITAL EAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2815 S SEACREST BLVD BOYNTON BEACH, FL 33435</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced Fire & Life Safety re-licensure survey was conducted on January 16-17 2018 at Bethesda Hospital East, state license: (4452) a hospital in Boynton 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) 69A-3, F.A.C. 69A-53, F.A.C. 59A-3, , and Florida Statutes (F.S.) 395.001, 395.3041 Part 1, 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.

**0324 - Cooking Facilities - NFPA 101**

Based on observation and staff interview the facility failed to maintain the building kitchen cooking suppression system nozzle placement that protects the cooking appliances. This deficient practice affected all smoke compartments, staff, visitors and all patients.

The findings included:

On 01/17/2018 at 1:15 P. M. accompanied by the maintenance director when touring the kitchen area, we observed the nozzles protecting the cooking appliances were incorrectly positioned. When not covering the cooking area in the event of a fire the protection system may not extinguish the fire. Based on interview of the maintenance director at these same times he acknowledged the issues with the kitchen hood suppression system.

The findings were acknowledged by the Administrator and verified by the maintenance director at the times of observation and at the exit conference on 01/17/2018.

Actual NFPA Standards:

NFPA LSC 101 (2012) 9.2.3; 19.3.2.5 and NFPA 96 11.2.1

**0712 - Fire Drills - NFPA 101**

Based on staff interview and documentation review Bethesda Hospital East failed to comply with NFPA

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101 2012 edition 19.7, 4.7. Fire drills for Labs employees must have executed one drill annually. The deficient practice would affect all smoke compartments, all occupants of the facility.

The findings included:

During staff interview and documentation review on 01/16/18 at 1:30 PM with the Director of Facilities Management, the facility failed to provide documentation that Lab annual fire drills were performed. Several Lab employees were missing drills within their annual year. The Director of Facilities Management acknowledged the deficient practices and the absence of documentation.

NFPA 101 2012  
19.7, 4.7

**0913 - Electrical Systems - Wet Procedure Locations - NFPA 99**

Based on staff interview and documentation review Bethesda Hospital East failed to comply with Life Safety 101 (2012) edition and NFPA 99 (2012) edition. Risk assessment documentation for wet or dry procedures in the operating rooms. This deficiency could affect all occupants of the facility in case of a fire or other emergency.

The findings included:

During staff interview and documentation review on 01/16/18 at 9:30 AM with the Director of Facilities Management and Regulatory Compliance Coordinator; risk assessment documentation signed by the governing body for wet or dry procedures being performed were not provided to the surveyor. This was acknowledged by the Director of Facilities Management and the Regulatory Compliance Coordinator.

Life Safety 101 (2012)  
NFPA 99 6.1.2,  
6.3.2.5.1

**0923 - Gas Equipment - Cylinder and Container Storag - NFPA 99**

Based on observation, testing and staff interview the facility failed to properly store medical gases. This deficient practice affects all smoke compartments, staff, visitors and all residents.

The findings included:

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1. On 01/16/2018 at 9:30 A.M. accompanied by the maintenance director during the observation tour, we observed E-sized Oxygen cylinders in wheel carts loose and not properly stored or secured as required by code when checking these cylinders in the carts in the Hospice area.
2. On 01/17/2018 at 10:30 A.M. accompanied by the maintenance director during the observation tour, we observed at least 5 E-sized Oxygen cylinders in wheel carts loose and not properly stored or secured as required by code when checking these cylinders in the carts in the Cardiac Rehabilitation 4th floor areas.
3. On 01/17/2018 at 1 P.M. accompanied by the maintenance director during the observation tour, we observed an E-sized Oxygen cylinder in a transport incubator loose and not properly stored or secured as required by code when checking these cylinders in the carts in the Bio-medical areas.

If oxygen cylinders are not properly secured and the wheeled cart falls, the head of the cylinder may be damaged and result in the cylinder exploding and endangering all patients, staff and visitors.

An interview was conducted at these times with the maintenance director who acknowledged that the oxygen cylinders are improperly stored.

The findings were acknowledged by the Administrator and verified by the maintenance director at the times of observation and at the exit conference on 01/17/2018.

Actual NFPA Standards:

NFPA LSC 101 (2012) 19.3.2.4, and NFPA 99 (2012) Ch. 11.

**1053 - Emergency Management Plan - FAC 59A-3.078**

Based on documentation and staff interview Bethesda Hospital East failed to comply with F.A.C 59A-5.018, NFPA 99 (2012) edition Chapter 12. The facility must have drills biannual and must submit to the county (Authority Having Jurisdiction) a comprehension emergency management plan for review. The deficient practice would affect all smoke compartments, all occupants of the facility.

The findings included:

During documentation and staff interview on 01/08/18 at 2:30 PM with the Director Facilities

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Management, it was revealed that the Comprehensive Emergency Management Plan (CEMP) approval from the county was not available. The Director of Facilities Management and the Regulatory Compliance Coordinator acknowledged the absence of documentation . Last CEMP approval is dated 2015.

Class III