

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HL100002</b>	(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>04/16/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOSPITAL EAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2815 S SEACREST BLVD</b> <b>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 revisit survey was conducted on April 16, 2018 at Bethesda Hospital East, state license: (4452), a Hospital in Boynton Beach, Florida. This was a follow-up to the Annual Fire & Life Safety survey completed on January 17, 2018.

The following previously cited Fire & Life Safety deficiencies were not corrected.

This revisit contains both corrected and uncorrected deficiencies.

**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 04/16/18 at 1:00 PM with the Director of Facilities Management; 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.

Life Safety 101 (2012)  
NFPA 99 6.1.2,  
6.3.2.5.1

**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.

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The findings included:

During documentation and staff interview on 04/16/18 at 1:30 PM with the Director Facilities Management, it was revealed that the Comprehensive Emergency Management Plan (CEMP) approval from the county was not available. The Director of Facilities Management acknowledged the absence of documentation . Last CEMP approval is dated 2015.

Class III