5/26/18

PRINTED: 06/20/2018 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: 04 - MAIN LIC B MING 41616 04/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX 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 re-licensure

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 (NEPA) 1 and 101 (2012 edition) known as the Florida Fire Prevention Code and all NFPA referenced

survey was conducted on 4/24/2018 at Lanier Terrace, state license: #12880962, a nursing home in Jacksonville. Florida, in accordance with

standards and requirements adopted per NFPA 101, Chapter 2. The following is a description of the deficiencies identified at the time of the visit.

K 324 NFPA 101 Cooking Facilities SS=D

Cooking Facilities

Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:

* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2. 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3,

* cooking facilities in smoke compartments with

30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96

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

TITLE (X6) DATE 05/18/18 Electronically Signed

K 324

STATE FORM if continuation sheet 1 of 6 6RP321

or Health Care Adminis	tration				0: 06/20/2018 1 APPROVEE
F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE S	
OF CONNECTION	IDENTIFICATION NONDERC	A. BUILDING: I	04 - MAIN LIC	COMPL	LILD
		n wave			
	41616	D. WING		04/2	4/2018
ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
EDDACE	12740 LAN	IER ROAD			
ERRACE	JACKSON	VILLE, FL 322	226		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
Continued From page	1	K 324			
nazardous areas, but corridor. 18.3.2.5.1 through 18.19.2.2.5.5, 9.2.3, TIA. This Statute or Rule Based on observatior failed to maintain the same resulting in a jumpression system a occupants. The findings include: During the facility tou Maintenance at 1:30. Witchen hood system's seams was falling or exposed in the system. During an interview w. Maintenance at 1:35 confirmed the finding; responsible contractor.	shall not be open to the 3.2.5.4, 19.3.2.5.1 through 12-2 is not met as evidenced by: is and interview, the facility kitchen hood system t vapors to build up in the potential fire above the hood and endangering building r with the Director of PM on 4/24/2018, the and fallen out, leaving areas n. iith the Director of PM on 4/24/2018, he is and stated that the r would be scheduled and		existence or scope or severity of the deficiencies. Lanier Terrace submits it plan of correction in order to be in compliance with the regulations. There was no negative outcome from observed grease-latent vapor build up the kitchen hood suppression system. Occupants having potential to be affer All building occupants have potential it affected from build up on the kitchen h suppression system. Systemic changes: Facility Maintenar Director received 3M Fire Protection Products training and certification through the continuity of the system	on cted: o be nood	
CLASS III				sure	
	ROVIDER OR SUPPLIER SUMMARY STI. [EACH DETRICIENCE REGULATORY OR I Continued From page per 9.2.3 are not recurrence 18.3.2.5.1 through 18 19.3.2.5.5, 9.2.3, TIA This Statute or Rule Based on observatior failed to maintain the allowing grease-laten failed to maintain the allowing grease-laten cocupants. The findings include: During the facility tou Maintenance at 1:30 kitchen hood system's seams was falling or I exposed in the syster During an interview w Maintenance at 1:35: Confirmed the syster During an interview w Maintenance at 1:35: Confirmed the finding- responsible contractor that it would be correct NFPA 96-5.1.4	TOENTIFICATION NUMBER: 41616 ROYJDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCES ECH DEPROLECT MOST BE PRECEDED BY FULL REGULATOR OR LSG DESTRIPTING WE GRANICAL) Continued From page 1 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain the kitchen hood system allowing gresse-latent vapors to build up in the seams resulting in a potential fire above the hood suppression system and endangering building occupants. The findings include: During the facility tour with the Director of Maintenance at 1:30 PM on 4/24/2018, the kitchen hood system's caulit that profects the seams was falling or had fallen out, leaving areas exposed in the system. During an interview with the Director of Maintenance at 1:35 PM on 4/24/2018, he confirmed the findings and stated that the responsible contractor would be scheduled and that it would be corrected immediately. NFPA 96-5.1.4	INTERESTITION (AT 1900 DERROLPHOLISM LANGER) A BUILDING: 41616 STREET ADDRESS, CITY, ST. 12740 LANIER ROAD JACKSONVILLE, FL. 322 SUMMARY STATEMENT OF DEFICIENCIES PRETLY TAG COntinued From page 1 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain the kitchen hood system allowing grease-latent vapors to build up in the seams resulting in a potential fire above the hood suppression system and endangering building occupants. The findings include: During the facility tour with the Director of Maintenance at 1:30 PM on 4/24/2018, the kitchen hood system's caulk that protects the seams was falling or had fallen out, leaving areas exposed in the system. During an interview with the Director of Maintenance at 1:35 PM on 4/24/2018, he confirmed the findings and stated that the responsible contractor would be scheduled and that it would be corrected immediately. NFPA 96 -5.1.4	The percent of the pe	The findings include: The findings include: During the facility tour with the Director of Maintenance at 1:30 PM on 4/24/2018, he kitchen hood system's caulik that protects the seams was falling or had fallen out, leaving areas exposed in the system. During an interview with the Director of Maintenance at 1:35 PM on 4/24/2018, he confirmed the findings and stated that the responsible contractor would be scheduled and that it would be corrected irmediately. NFPA 96 -5.1.4

that practice doesnot occur through weekly visual audit of kitchen hood. This audit will be documented weekly and will inspect for placement and cleanliness of

Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director will perform weekly visual

caulking.

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occupants which could result in injury or loss.

devices had been tested, inspected, and

system in accordance with NEPA 72. Duct

During records review on 4/24/2018 at 11:30 AM. the fire alarm testing records showed that not all

maintained to ensure the integrity of the fire alarm

detector devices were missed, and not marked

on inspection documents as being verified for

The findings include:

STATE FORM 6RP321 If continuation sheet 3 of 6

There was no negative outcome from not

Occupants having potential to be affected:

All building occupants have potential to be

affected from appropriate function of the

duct detectors within the fire alarm

system.

having all duct detectors verified for

correct pressure differential within the manufacture is published range.

5/26/18

					.06/20/2018 APPROVE
Agency for Health Care Administ	tration			FURW	AFFROVEL
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41616	(X2) MULTIPLE A. BUILDING: 0 B. WING	CONSTRUCTION 04 - MAIN LIC	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER	OTDERT ADD	RESS, CITY, STA	7F 7ID 000F		
TORNE OF PROVIDEN ON SOFFCIEN	12740 LAN		NE, Zir GODE		
LANIER TERRACE		VILLE, FL 322	26		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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
the correct pressure of manufacturer's publish inlet and exhaust tube acceptable to the man device would properly During an interview who on 4724/2018 at 11:35 there were no records detector devices of the sa within the sensitivit for differential pressur NEPA 72 (2010) 14.1. 14.2.6.2, 14.4.2.2, Tat 14.4.5, Table 14.4.5. NEPA 101 (2012) 9.6,	utilizing sampling tubes for ifferential (within the ned ranges) between the su using a method functurer to ensure that the sample the airstream. Ith the Maintenance Director AM, he acknowledged that to show that the duct to show that the duct efacility had been verified y manufacturer range and e. 14.1.1, 14.2.1.1, 14.2.1.2, ole 14.4.2.2(14)(g)(6), 9.6.1.5, 19.3.4.1 14.1.1, 14.2.1.1, 14.2.1.2, ole 14.4.2.2(14)(g)(6),	к 345	Systemic changes: HVAC technician performed testing of all facility duct detectors on \$5/418. HVAC technician determined that 6 duct detectors are treplaced on \$6/12. 2018 by certified H technician. To ensure that deficient practice will not recur, HVAC technicia will perform routine testing on regulat required intervals ensuring effective functioning of system. Monitoring to ensure the deficient prawill not reoccur: Facility Maintenance Director or designee to report to QAP committee at next regularly schedulec meeting that duct detector replaceme work has been completed by HVAC technician.	o be /AC an pry ctice	

K1053 FAC 59A-4.126 Emergency Management Plan SS=D

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

STATE FORM 6RP321 If continuation sheet 4 of 6

K1053

Agency f	or Health Care Adminis	tration				: 06/20/2018 I APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPE.	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	04 - MAIN LIC	COMPLI	ETED
		41616	B. WING		04/2	4/2018
		OVERENT A		175 70 0000		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
LANIER T	ERRACE		ANIER ROAD	200		
			INVILLE, FL 322	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
K1053	Continued From page	4	K1053			
	disaster or an emerge	ency or in a planned drill,				
		d document the health care				
		the health care facility				
	safety committee.	-				
	Florida Administrative	Code 59A-4.126.				
		is not met as evidenced by: eview and interview, the		Without admitting or conceding either	tho	
	facility failed to stay in			existence or scope or severity of the	are	
		gency management plan.		deficiencies, Lanier Terrace submits t	his	
		truct those at the facility of		plan of correction in order to be in		
	proper actions during	an emergency situation and		compliance with the regulations.		
	a approved Fire Safet	ly Plan.				
	The findings include:			There was no negative outcome from facility not having Comprehensive		
	During the decument	review with the Director of		Emergency Management Plan approv		
		ninistrator on 4/24/2018 at		from appropriate local agency within year of prior CEMP approval.	ле	
		as past due for having the		year or prior outil approva.		
		nent Plan reviewed for the		Occupants having potential to be affe	cted:	
		ity. The updated CEMP was		All building occupants have potential		
	due 2/17/2018 and the	e documentation provided,		affected from maintaining approved		
	stated that it was app	roved 4/24/2018.		Comprehensive Emergency Manager	nent	
				Plan. Occupants of facility will be		
	During an interview w			protected from deficient practice recu		
		ninistrator at 4:11 PM on		by having a tool in place with dates of renewals needed including date of CE		
	4/24/2018, they stated	y mail to the wrong address,		book needing to have city approval	LIVIE	
	and that after learning			renewed.		
		rrect address, causing it to		Tononou.		
	be late.			Systemic changes: Approval letter from	om	
				correct city entity received on 4/24/18		
	Florida Administrative	Code 59A-4.126.		Administrator educated on 5/1/18 on		

Class III

STATE FORM 699 6RP321 H continuation sheet 5 of 6

correct method and location for submitting

plan. Administrator or designee to maintain log of all dates within CEMP including city approval as well as mutual aid and transportation agreements.

Agency f	or Health Care Adminis	tration				06/20/2018 APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 04 - MAIN LIC	(X3) DATE SURVEY COMPLETED	
		41616	B. WING		04/24	1/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
LANIER T	ERRACE		NIER ROAD NVILLE, FL 322	226		
(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 APPROPS DEFICIENCY)	BE	(X5) COMPLETE DATE
K1053	Continued From page	5	K1053	Monitoring to ensure the deficient pra will not reoccur. CEMP atter log to completed reviewed monthly in OAPI months and then annually thereafter.	,	

AHCA Form 3020-0001

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION - MAIN FED	(X3) DATE	SURVEY PLETED
		105666	B. WING _			04	/24/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
LANIER T	ERRACE				2740 LANIER ROAD ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		ко	000			
	survey was conducte	e & Life Safety recertification d on 4/24/2018 at Lanier me in Jacksonville, Florida.					
	483 Subpart B, 42 CI	in compliance with 42 CFR FR 488.307, and National elation (NFPA) 101 (2012 for nursing homes.					
	Initial Plan Review: 1 New or Existing: Exis NFPA 220 Constructi Number of beds: 120 Census: 114	ting					
	The following is a de- noncompliance.	scription of the					
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101		КЗ	324			5/26/18
	with NFPA 96, Stand- and Fire Protection o Operations, unless: * residential cooking- appliances such as n toasters) are used for cooking in accordand * cooking facilities op compartments with 3 with the conditions ur or	nicrowaves, hot plates, food warming or limited with 18.3.2.5.2, 19.3.2.5.2 en to the corridor in smoke 0 or fewer patients comply nder 18.3.2.5.3, 19.3.2.5.3,					
		smoke compartments with comply with conditions under					

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

Electronically Signed

05/18/2018

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/20/2018

		MEDICAID SERVICES					APPROVED 0. 0938-0391
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION 1 - MAIN FED	(X3) DATE	
		105666	B. WING			04/	24/2018
NAME OF P	ROVIDER OR SUPPLIER		•	13	TREET ADDRESS, CITY, STATE, ZIP CODE 2740 LANIER ROAD ACKSONVILLE, FL 32226		
(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 B CROSS-REFERÊNCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 324	per 9.2.3 are not requi hazardous areas, but corridor.	ected according to NFPA 96 irred to be enclosed as shall not be open to the .3.2.5.4, 19.3.2.5.1 through	К	324			
	by: Based on observatio failed to maintain the allowing grease-laten seams resulting in a suppression system a occupants. The findings include: During the facility tou Maintenance at 1:30 kitchen hood system' seams was falling or lexposed in the syster During an interview w Maintenance at 1:30 Confirmed the findings confirmed the findings	t vapors to build up in the bottential fire above the hood and endangering building r with the Director of PM on 4/24/2018, the scaulk that protects the had fallen out, leaving areas n. with the Director of PM on 4/24/2018, he sand stated that the value factor of PM on 4/24/2018, he sand stated that the value factor of PM or would be scheduled and			Without admitting or conceding either existence or scope or severity of the deficiencies, Lanier Terrace submits th plan of correction in order to be in compliance with the regulations. There was no negative outcome from observed grease-latent vapor build up the kitchen hood suppression system. Occupants having potential to be affec All building occupants have potential to affected from build up on the kitchen h suppression system. Systemic changes: Facility Maintenan Director received 3M Fire Protection Products training and certification through the protection products training series of classes in it month of May 2018. Facility Maintenan Director applied appropriate caulking to affected areas of kitchen hood suppression system will monitor to ensemble of series of classes of kitchen hood suppression system will monitor to ensemble of series of classes of kitchen hood suppression system will monitor to ensemble of series of ser	on ted: be be ood ce ugh ne nce o all	

weekly visual audit of kitchen hood. This audit will be documented weekly and will

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION 1 - MAIN FED	(X3) DATE	
		105666	B. WING			04/	24/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
LANIER T	EDDACE			12	2740 LANIER ROAD		
LANIER I	ERRACE			J	ACKSONVILLE, FL 32226		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 324 K 345 SS=D	CFR(s): NFPA 101 Fire Alarm System - 1 A fire alarm system is	esting and Maintenance resting and Maintenance tested and maintained in perved program complying		324	inspect for placement and cleanliness of caulking. Monitoring to ensure the deficient practival monitoring to ensure the deficient practival not reoccur: Facility Maintenance Director will perform weekly visual inspection of kitchen hood for changes caulking, appropriate level of caulking for build up of any kind on kitchen hood Facility Maintenance Director will report results of weekly visual inspection to monthly QAPI meeting for 3 months and then annually thereafter.	tice in and d.	5/26/18
	with the requirements Electric Code, and Ni and Signaling Code. I acceptance, maintens available. 9.6.1.3, 9.6.1.5, NFP/This REQUIREMENT by: Based on records refacility falled to maint accordance with NFP integrity of the system fire, to allow for the el relocation of patients,	of NFPA 70, National FPA 72, National Fire Alarm Records of system ance and testing are readily A 70, NFPA 72 is not met as evidenced view and staff interview, the ain the fire alarm system in A 72, maintaining the to alarm in the event of a			Without admitting or conceding either existence or scope or severity of the deficiencies, Lanier Terrace submits th plan of correction in order to be in compliance with the regulations. There was no negative outcome from rhaving all duct detectors verified for correct pressure differential within the	is	

During records review on 4/24/2018 at 11:30 AM,

manufacture is published range.

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 - MAIN FED 105666 R MING 04/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 345 Continued From page 3 K 345 the fire alarm testing records showed that not all Occupants having potential to be affected: devices had been tested, inspected, and All building occupants have potential to be maintained to ensure the integrity of the fire alarm affected from appropriate function of the system in accordance with NFPA 72. Duct duct detectors within the fire alarm detector devices were missed, and not marked system. on inspection documents as being verified for sensitivity and verified utilizing sampling tubes for Systemic changes: HVAC technician the correct pressure differential (within the performed testing of all facility duct manufacturer's published ranges) between the detectors on 5/3/18. HVAC technician inlet and exhaust tubes using a method determined that 6 duct detectors are to be acceptable to the manufacturer to ensure that the replaced on 6/12, 2018 by certified HVAC device would properly sample the airstream. technician. To ensure that deficient practice will not recur. HVAC technician During an interview with the Maintenance Director will perform routine testing on regulatory on 4/24/2018 at 11:35 AM, he acknowledged that required intervals ensuring effective there were no records to show that the duct functioning of system. detector devices of the facility had been verified as within the sensitivity manufacture range and Monitoring to ensure the deficient practice for differential pressure. will not reoccur: Facility Maintenance Director or designee to report to QAPI committee at next regularly scheduled NFPA 72 (2010) 14.1. 14.1.1. 14.2.1.1. 14.2.1.2. meeting that duct detector replacement 14.2.6.2, 14.4.2.2, Table 14.4.2.2(14)(q)(6), work has been completed by HVAC 14.4.5. Table 14.4.5. technician. NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1 NFPA 72 (2013) 14.1, 14.1,1, 14.2,1,1, 14.2,1,2, 14.2.6.2, 14.4.2.2, Table 14.4.2.2(14)(g)(6), 14.4.5, Table 14.4.5. NFPA 101 (2015) 9.6, 9.6, 1.5, 19.3, 4, 1

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION - MAIN FED	(X3) DATE	SURVEY PLETED
		105666	B. WING _			04	/24/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
LANIER T	ERRACE				2740 LANIER ROAD ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		ко	000			
	survey was conducte	e & Life Safety recertification d on 4/24/2018 at Lanier me in Jacksonville, Florida.					
	483 Subpart B, 42 CI	in compliance with 42 CFR FR 488.307, and National clation (NFPA) 101 (2012 for nursing homes.					
	Initial Plan Review: 1 New or Existing: Exis NFPA 220 Constructi Number of beds: 120 Census: 114	ting					
	The following is a de- noncompliance.	scription of the					
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101		КЗ	324			5/26/18
	with NFPA 96, Stand- and Fire Protection o Operations, unless: * residential cooking- appliances such as n toasters) are used for cooking in accordand * cooking facilities op compartments with 3 with the conditions ur or	nicrowaves, hot plates, food warming or limited with 18.3.2.5.2, 19.3.2.5.2 en to the corridor in smoke 0 or fewer patients comply nder 18.3.2.5.3, 19.3.2.5.3,					
		smoke compartments with comply with conditions under					

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

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05/18/2018

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		MEDICAID SERVICES					APPROVED 0. 0938-0391
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION 1 - MAIN FED	(X3) DATE	
		105666	B. WING			04/	24/2018
NAME OF P	ROVIDER OR SUPPLIER		•	13	TREET ADDRESS, CITY, STATE, ZIP CODE 2740 LANIER ROAD ACKSONVILLE, FL 32226		
(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 B CROSS-REFERÊNCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 324	per 9.2.3 are not requi hazardous areas, but corridor.	ected according to NFPA 96 irred to be enclosed as shall not be open to the .3.2.5.4, 19.3.2.5.1 through	К	324			
	by: Based on observatio failed to maintain the allowing grease-laten seams resulting in a suppression system a occupants. The findings include: During the facility tou Maintenance at 1:30 kitchen hood system' seams was falling or lexposed in the syster During an interview w Maintenance at 1:30 Confirmed the findings confirmed the findings	t vapors to build up in the bottential fire above the hood and endangering building r with the Director of PM on 4/24/2018, the scaulk that protects the had fallen out, leaving areas n. with the Director of PM on 4/24/2018, he sand stated that the value factor of PM on 4/24/2018, he sand stated that the value factor of PM or would be scheduled and			Without admitting or conceding either existence or scope or severity of the deficiencies, Lanier Terrace submits th plan of correction in order to be in compliance with the regulations. There was no negative outcome from observed grease-latent vapor build up the kitchen hood suppression system. Occupants having potential to be affec All building occupants have potential to affected from build up on the kitchen h suppression system. Systemic changes: Facility Maintenan Director received 3M Fire Protection Products training and certification through the protection products training series of classes in it month of May 2018. Facility Maintenan Director applied appropriate caulking to affected areas of kitchen hood suppression system will monitor to ensemble of series of classes of kitchen hood suppression system will monitor to ensemble of series of classes of kitchen hood suppression system will monitor to ensemble of series of ser	on ted: be be ood ce ugh ne nce o all	

weekly visual audit of kitchen hood. This audit will be documented weekly and will

DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED		
		MEDICAID SERVICES	_				D. 0938-0391		
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUC G 01 - MAIN FE			E SURVEY PLETED		
		105666	B. WING _			04	/24/2018		
NAME OF P	ROVIDER OR SUPPLIER		· I	STREET ADDR	RESS, CITY, STATE, ZIP CODE				
LANIER T	ERRACE			12740 LANIE JACKSONV	R ROAD VILLE, FL 32226				
(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 ROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE		
K 324	Continued From page	2	КЗ	inspect caulking Monitor will not Director inspecti caulking for build Facility results	for placement and cleanliness g- ing to ensure the deficient pra reoccur: Facility Maintenance rein or kitchen hood for change g, appropriate level of caulking u po f any kind on kitchen ho Maintenance Director will repo	es in g and od.			
K 345 SS≖D	CFR(s): NFPA 101 Fire Alarm System - T A fire alarm system is accordance with an a with the requirements Electric Code, and NN and Signaling Code. I acceptance, maintens available. 9.6.1.3, 9.6.1.5, NFP/	ance and testing are readily	КЗ		nually thereafter.		5/26/18		
	Based on records re- facility failed to mainta accordance with NFP integrity of the system fire, to allow for the er relocation of patients,	to alarm in the event of a		existend deficient plan of complia There we having :	at admitting or conceding eithe ce or scope or severity of the ncies, Lanier Terrace submits to correction in order to be in since with the regulations, was no negative outcome from all duct detectors verified for pressure differential within the	his	***************************************		

During records review on 4/24/2018 at 11:30 AM,

manufacture is published range.

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 - MAIN FED 105666 R MING 04/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 345 Continued From page 3 K 345 the fire alarm testing records showed that not all Occupants having potential to be affected: devices had been tested, inspected, and All building occupants have potential to be maintained to ensure the integrity of the fire alarm affected from appropriate function of the system in accordance with NFPA 72. Duct duct detectors within the fire alarm detector devices were missed, and not marked system. on inspection documents as being verified for sensitivity and verified utilizing sampling tubes for Systemic changes: HVAC technician the correct pressure differential (within the performed testing of all facility duct manufacturer's published ranges) between the detectors on 5/3/18. HVAC technician inlet and exhaust tubes using a method determined that 6 duct detectors are to be acceptable to the manufacturer to ensure that the replaced on 6/12, 2018 by certified HVAC device would properly sample the airstream. technician. To ensure that deficient practice will not recur. HVAC technician During an interview with the Maintenance Director will perform routine testing on regulatory on 4/24/2018 at 11:35 AM, he acknowledged that required intervals ensuring effective there were no records to show that the duct functioning of system. detector devices of the facility had been verified as within the sensitivity manufacture range and Monitoring to ensure the deficient practice for differential pressure. will not reoccur: Facility Maintenance Director or designee to report to QAPI committee at next regularly scheduled NFPA 72 (2010) 14.1. 14.1.1. 14.2.1.1. 14.2.1.2. meeting that duct detector replacement 14.2.6.2, 14.4.2.2, Table 14.4.2.2(14)(q)(6), work has been completed by HVAC 14.4.5. Table 14.4.5. technician. NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1 NFPA 72 (2013) 14.1, 14.1,1, 14.2,1,1, 14.2,1,2, 14.2.6.2, 14.4.2.2, Table 14.4.2.2(14)(g)(6), 14.4.5, Table 14.4.5. NFPA 101 (2015) 9.6, 9.6, 1.5, 19.3, 4, 1

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

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		SURVEY
		105666	B. WING			04	24/2018
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD JACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000	Initial Comments	nergency Preparedness	E	000			
	survey for recertificat	ion was conducted on Ferrace, a Nursing Home in					
		n compliance with 42 CFR is for Nursing Homes.					
E 026 SS=D	Roles Under a Waive CFR(s): 483.73(b)(8)	er Declared by Secretary	E	026			5/26/18
	develop and implement policies and procedu plan set forth in para assessment at paragand the communicati this section. The policiewed and update	pedures. The [facilities] must the rememory preparedness res, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must be d at least annually. At a s and procedures must F:]					
	[facility] under a waiv in accordance with so provision of care and	o, or (9)] The role of the er declared by the Secretary, action 1135 of the Act, in the treatment at an alternate emergency management					
	procedures. (8) The waiver declared by the with section 1135 of at an alternative care management officials	3.748(b):] Policies and role of the RNHCI under a se Secretary, in accordance Act, in the provision of care site identified by emergency 5.					
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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 runsing 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 to 4 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.

Electronically Signed

05/18/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICADIO SERVICES OMB NO. 1. Tratement of Deficiencies (X1) Provider/Supplyer/CLIA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING COMPLE	JRVEY TED
ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLE	TED
105666 B. WING 04/24	/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
12740 LANIER ROAD	
LANIER TERRACE JACKSONVILLE, FL 32226	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 026 Continued From page 1 Based on document review and interview, the facility failed to comply with Federal, State and local emergency preparedness requirements. These requirements include the establishment of a comprehensive emergency preparedness program. This program helps to ensure proper actions, knowledge and training in hazardous situations. The findings include: During document review with the Administrator and Director of Maintenance at 3:30 PM on 4/24/2018, there was no documentation identifying that the facility had established or implemented emergency preparedness policies/procedures/plans that satisfied this section of the Emergency Preparedness Plan. During the interview with the Administrator and Director of Maintenance at at 3:31 PM on 4/24/2018, they stated that they were still in the process of developing the policy and that it would be created immediately so that it could be implemented as quickly as possible. CMS - S&C 17-29-ALL Federal Register Vol. 81, No. 180 E 026 Without admitting or conceding either the existence or scope or severity of the deficiencies, Lanier Terrace submits this plan of correction in order to be in compliance with the existence or scope or severity of the efficiencies, Lanier Terrace submits this plan of correction in order to be in compliance with the existence or scope or severity of the efficiency as it relates to compliance with the existence or scope or severity of the efficiency as it relates to compliance with the existence or scope or severity of the efficiency as it relates to compliance with the existence or scope or severity of the co	

to be implemented for facility and/or EPP

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			FORW AFFROVE
ENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-039
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	105666	B. WING	04/24/2049

04/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (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) E 026 Continued From page 2 E 026 and to ensure that future needed policy revisions or implementations are ocurring in a timely manor and that not having a needed procedure does not recur. A May NEFLHCC meeting was attending on 5/29/18. Will report any incident of declared emergency in area to emergency QAPI committee meeting in order to enact the Stafford Act/ 1135 Waiver policy and procedure.

AN