

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>41616</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>04 - MAIN LIC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LANIER TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12740 LANIER ROAD JACKSONVILLE, FL 32226</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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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 4/24/2018 at Lanier Terrace, state license: #12880962, a nursing home in Jacksonville, 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-4, and Florida Statutes (F.S.) 400 Part II, 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.</p> <p>The following is a description of the deficiencies identified at the time of the visit.</p>	K 000		
K 324 SS=D	<p><b>NFPA 101 Cooking Facilities</b></p> <p><b>Cooking Facilities</b> 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, or * 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</p>	K 324		5/26/18

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X8) DATE

05/18/18

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K 324	<p>Continued From page 1</p> <p>per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>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</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>NFPA 96 -5.1.4</p> <p>CLASS III</p>	K 324	<p>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 regulations.</p> <p>There was no negative outcome from observed grease-latent vapor build up on the kitchen hood suppression system.</p> <p>Occupants having potential to be affected: All building occupants have potential to be affected from build up on the kitchen hood suppression system.</p> <p>Systemic changes: Facility Maintenance Director received 3M Fire Protection Products training and certification through online fire suppression and protection products training series of classes in the month of May 2018. Facility Maintenance Director applied appropriate caulking to all affected areas of kitchen hood suppression system will monitor to ensure 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 caulking.</p> <p>Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director will perform weekly visual</p>	

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K 324	Continued From page 2	K 324		
K 345 SS=D	<p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>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 NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and staff interview, the facility failed to maintain the fire alarm system in accordance with NFPA 72, maintaining the integrity of the system to alarm in the event of a fire, to allow for the emergency egress and relocation of patients, staff, or other building occupants which could result in injury or loss.</p> <p>The findings include:</p> <p>During records review on 4/24/2018 at 11:30 AM, the fire alarm testing records showed that not all devices had been tested, inspected, and maintained to ensure the integrity of the fire alarm system in accordance with NFPA 72. Duct detector devices were missed, and not marked on inspection documents as being verified for</p>	K 345	<p>inspection of kitchen hood for changes in caulking, appropriate level of caulking and 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.</p> <p>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 regulations.</p> <p>There was no negative outcome from not having all duct detectors verified for correct pressure differential within the manufacturer's published range.</p> <p>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.</p>	5/26/18

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K 345	Continued From page 3  sensitivity and verified utilizing sampling tubes for the correct pressure differential (within the manufacturer's published ranges) between the inlet and exhaust tubes using a method acceptable to the manufacturer to ensure that the device would properly sample the airstream.  During an interview with the Maintenance Director on 4/24/2018 at 11:35 AM, he acknowledged that there were no records to show that the duct detector devices of the facility had been verified as within the sensitivity manufacture range and for differential pressure.  NFPA 72 (2010) 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 (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  CLASS III	K 345	Systemic changes: HVAC technician performed testing of all facility duct detectors on 5/3/18. HVAC technician determined that 6 duct detectors are to be replaced on 6/12, 2018 by certified HVAC technician. To ensure that deficient practice will not recur, HVAC technician will perform routine testing on regulatory required intervals ensuring effective functioning of system.  Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director or designee to report to QAPI committee at next regularly scheduled meeting that duct detector replacement work has been completed by HVAC technician.	
K1053 SS=D	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	K1053		5/26/18

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K1053	<p>Continued From page 4</p> <p>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.</p> <p>This Statute or Rule is not met as evidenced by: Based on document review and interview, the facility failed to stay in compliance with maintaining the emergency management plan. This plan helps to instruct those at the facility of proper actions during an emergency situation and a approved Fire Safety Plan.</p> <p>The findings include:</p> <p>During the document review with the Director of Maintenance and Administrator on 4/24/2018 at 4:10 PM, the facility was past due for having the Emergency Management Plan reviewed for the current year by the City. The updated CEMP was due 2/17/2018 and the documentation provided, stated that it was approved 4/24/2018.</p> <p>During an interview with the Director of Maintenance and Administrator at 4:11 PM on 4/24/2018, they stated that the CEMP was originally submitted by mail to the wrong address, and that after learning of the error it was resubmitted to the correct address, causing it to be late.</p> <p>Florida Administrative Code 59A-4.126.</p> <p>Class III</p>	K1053	<p>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 regulations.</p> <p>There was no negative outcome from facility not having Comprehensive Emergency Management Plan approval from appropriate local agency within one year of prior CEMP approval.</p> <p>Occupants having potential to be affected: All building occupants have potential to be affected from maintaining approved Comprehensive Emergency Management Plan. Occupants of facility will be protected from deficient practice recurring by having a tool in place with dates of renewals needed including date of CEMP book needing to have city approval renewed.</p> <p>Systemic changes: Approval letter from correct city entity received on 4/24/18. Administrator educated on 5/1/18 on 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.</p>	

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K1053	Continued From page 5	K1053	Monitoring to ensure the deficient practice will not reoccur: CEMP date log to be completed reviewed monthly in QAPI for 3 months and then annually thereafter.	

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

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety recertification survey was conducted on 4/24/2018 at Lanier Terrace, a nursing home in Jacksonville, Florida.</p> <p>Lanier Terrace is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 edition) requirements for nursing homes.</p> <p>Initial Plan Review: 1952 New or Existing: Existing NFPA 220 Construction Type: III (2,1,1) Number of beds: 120 Census: 114</p> <p>The following is a description of the noncompliance.</p>	K 000		
K 324 SS=D	<p><b>Cooking Facilities</b> CFR(s): NFPA 101</p> <p><b>Cooking Facilities</b> Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> <li>* 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</li> <li>* 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, or</li> <li>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</li> </ul>	K 324		5/26/18

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

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(X6) DATE

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.

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K 324	<p>Continued From page 1</p> <p>Cooking facilities protected according to NFPA 96 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</p> <p>This REQUIREMENT 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.</p> <p>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.</p> <p>NFPA 96 -5.1.4</p>	K 324	<p>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 regulations.</p> <p>There was no negative outcome from observed grease-latent vapor build up on the kitchen hood suppression system.</p> <p>Occupants having potential to be affected: All building occupants have potential to be affected from build up on the kitchen hood suppression system.</p> <p>Systemic changes: Facility Maintenance Director received 3M Fire Protection Products training and certification through online fire suppression and protection products training series of classes in the month of May 2018. Facility Maintenance Director applied appropriate caulking to all affected areas of kitchen hood suppression system will monitor to ensure that practice doesnot occur through weekly visual audit of kitchen hood. This audit will be documented weekly and will</p>	



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K 324	Continued From page 2	K 324	inspect for placement and cleanliness of caulking.  Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director will perform weekly visual inspection of kitchen hood for changes in caulking, appropriate level of caulking and 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.	
K 345 SS=D	Fire Alarm System - Testing and Maintenance 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 NFPA 70, National Electric Code, and NFPA 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 records review and staff interview, the facility failed to maintain the fire alarm system in accordance with NFPA 72, maintaining the integrity of the system to alarm in the event of a fire, to allow for the emergency egress and relocation of patients, staff, or other building occupants which could result in injury or loss.  The findings include:  During records review on 4/24/2018 at 11:30 AM ,	K 345	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 regulations.  There was no negative outcome from not having all duct detectors verified for correct pressure differential within the manufacture's published range.	5/26/18

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K 345	<p>Continued From page 3</p> <p>the fire alarm testing records showed that not all devices had been tested, inspected, and maintained to ensure the integrity of the fire alarm system in accordance with NFPA 72. Duct detector devices were missed, and not marked on inspection documents as being verified for sensitivity and verified utilizing sampling tubes for the correct pressure differential (within the manufacturer's published ranges) between the inlet and exhaust tubes using a method acceptable to the manufacturer to ensure that the device would properly sample the airstream.</p> <p>During an interview with the Maintenance Director on 4/24/2018 at 11:35 AM, he acknowledged that there were no records to show that the duct detector devices of the facility had been verified as within the sensitivity manufacture range and for differential pressure.</p> <p>NFPA 72 (2010) 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.</p> <p>NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1</p> <p>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.</p> <p>NFPA 101 (2015) 9.6, 9.6.1.5, 19.3.4.1</p>	K 345	<p>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.</p> <p>Systemic changes: HVAC technician performed testing of all facility duct detectors on 5/3/18. HVAC technician determined that 6 duct detectors are to be replaced on 6/12, 2018 by certified HVAC technician. To ensure that deficient practice will not recur, HVAC technician will perform routine testing on regulatory required intervals ensuring effective functioning of system.</p> <p>Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director or designee to report to QAPI committee at next regularly scheduled meeting that duct detector replacement work has been completed by HVAC technician.</p>	

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety recertification survey was conducted on 4/24/2018 at Lanier Terrace, a nursing home in Jacksonville, Florida.</p> <p>Lanier Terrace is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 edition) requirements for nursing homes.</p> <p>Initial Plan Review: 1952 New or Existing: Existing NFPA 220 Construction Type: III (2,1,1) Number of beds: 120 Census: 114</p> <p>The following is a description of the noncompliance.</p>	K 000		
K 324 SS=D	<p><b>Cooking Facilities</b> CFR(s): NFPA 101</p> <p><b>Cooking Facilities</b> Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> <li>* 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</li> <li>* 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, or</li> <li>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</li> </ul>	K 324		5/26/18

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

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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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FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>LANIER TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12740 LANIER ROAD JACKSONVILLE, FL 32226</b>	
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K 324	<p>Continued From page 1</p> <p>Cooking facilities protected according to NFPA 96 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</p> <p>This REQUIREMENT 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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>NFPA 96 -5.1.4</p>	K 324	<p>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 regulations.</p> <p>There was no negative outcome from observed grease-latent vapor build up on the kitchen hood suppression system.</p> <p>Occupants having potential to be affected: All building occupants have potential to be affected from build up on the kitchen hood suppression system.</p> <p>Systemic changes: Facility Maintenance Director received 3M Fire Protection Products training and certification through online fire suppression and protection products training series of classes in the month of May 2018. Facility Maintenance Director applied appropriate caulking to all affected areas of kitchen hood suppression system will monitor to ensure that practice doesnot occur through weekly visual audit of kitchen hood. This audit will be documented weekly and will</p>	

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K 324	Continued From page 2	K 324	inspect for placement and cleanliness of caulking.  Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director will perform weekly visual inspection of kitchen hood for changes in caulking, appropriate level of caulking and 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.	
K 345 SS=D	Fire Alarm System - Testing and Maintenance 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 NFPA 70, National Electric Code, and NFPA 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 records review and staff interview, the facility failed to maintain the fire alarm system in accordance with NFPA 72, maintaining the integrity of the system to alarm in the event of a fire, to allow for the emergency egress and relocation of patients, staff, or other building occupants which could result in injury or loss.  The findings include:  During records review on 4/24/2018 at 11:30 AM ,	K 345	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 regulations.  There was no negative outcome from not having all duct detectors verified for correct pressure differential within the manufacture's published range.	5/26/18

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K 345	<p>Continued From page 3</p> <p>the fire alarm testing records showed that not all devices had been tested, inspected, and maintained to ensure the integrity of the fire alarm system in accordance with NFPA 72. Duct detector devices were missed, and not marked on inspection documents as being verified for sensitivity and verified utilizing sampling tubes for the correct pressure differential (within the manufacturer's published ranges) between the inlet and exhaust tubes using a method acceptable to the manufacturer to ensure that the device would properly sample the airstream.</p> <p>During an interview with the Maintenance Director on 4/24/2018 at 11:35 AM, he acknowledged that there were no records to show that the duct detector devices of the facility had been verified as within the sensitivity manufacture range and for differential pressure.</p> <p>NFPA 72 (2010) 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.</p> <p>NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1</p> <p>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.</p> <p>NFPA 101 (2015) 9.6, 9.6.1.5, 19.3.4.1</p>	K 345	<p>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.</p> <p>Systemic changes: HVAC technician performed testing of all facility duct detectors on 5/3/18. HVAC technician determined that 6 duct detectors are to be replaced on 6/12, 2018 by certified HVAC technician. To ensure that deficient practice will not recur, HVAC technician will perform routine testing on regulatory required intervals ensuring effective functioning of system.</p> <p>Monitoring to ensure the deficient practice will not reoccur: Facility Maintenance Director or designee to report to QAPI committee at next regularly scheduled meeting that duct detector replacement work has been completed by HVAC technician.</p>	

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E 000	Initial Comments  An unannounced Emergency Preparedness survey for recertification was conducted on 4/24/2018 at Lanier Terrace, a Nursing Home in Jacksonville, Florida.  The facility was not in compliance with 42 CFR 483.73, Requirements for Nursing Homes.	E 000			
E 026 SS=D	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 RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI 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. This REQUIREMENT is not met as evidenced by:	E 026		5/26/18	

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E 026	<p>Continued From page 1</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>During the interview with the Administrator and Director of Maintenance 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.</p> <p>CMS - S&amp;C 17-29-ALL Federal Register Vol. 81, No. 180</p>	E 026	<p>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 regulations.</p> <p>A section of Emergency Preparedness Plan was not satisfied by not having Policy and Procedure for Stafford Act/ 1135 Waiver for time of locally, state or federally declared emergency. Facility to correct the deficiency as it relates individual residents with potential to be affected by implementing a policy and procedure for the Stafford Act/ 1135 Waiver on 5/14/18.</p> <p>Systemic changes: Facility now has Stafford Act/1135 Waiver Policy and Procedure as of 5/14/18. This Policy and Procedure has been added to the Emergency Preparedness Plan to ensure protection of residents and staff if and when the need to enact this policy and procedure arises. Department Mangers have received education and training on the new Policy and Procedure and on the utilization and volunteer management processes for the Stafford Act/ 1135 Waiver from the Administrator and Plant Ops Consultant on 5/14/18.</p> <p>Monitoring to ensure the deficient practice will not reoccur: Will have administrator or designee attend regularly held education sessions of the Northeast Florida Coalition to keep updated on any new Policy and Procedures that may need to be implemented for facility and/or EPP</p>	



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E 026	Continued From page 2	E 026	and to ensure that future needed policy revisions or implementations are occurring 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.		