

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>95044</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>04 - MAIN LIC</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/25/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTLAND HEALTH CARE AND REHABILITATION C</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7225 BOCA DEL MAR DRIVE<br/>BOCA RATON, FL 33433</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 07/25/2018 at Heartland Healthcare and Rehabilitation Center of Boca Raton, license #1628095, a nursing home in Boca Raton, 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>There were no licensure deficiencies, found at the time of the visit.</p> | K 000         |   |                    |

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

TITLE

(X8) DATE

Electronically Signed

08/03/18

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

PRINTED: 08/07/2018  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>105852</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN FED</b><br><br>B. WING _____                             | (X3) DATE SURVEY COMPLETED<br><br><b>07/25/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7225 BOCA DEL MAR DRIVE<br/>BOCA RATON, FL 33433</b>                |   |
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| K 000   | INITIAL COMMENTS<br><br>An unannounced Fire & Life Safety recertification survey was conducted on 07/25/2018 at Heartland Healthcare and Rehabilitation Center of Boca Raton, a nursing home in Boca Raton, Florida. Heartland Healthcare and Rehabilitation Center of Boca Raton 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.<br><br>Plan Review: 1994<br>Existing<br>NFPA 220 Construction Type: II (000)<br>Number of beds: 120<br>Census: 76  | K 000   |   |   |
| K 711<br>SS=C   | The following is description of the noncompliance.<br>Evacuation and Relocation Plan<br>CFR(s): NFPA 101<br><br>Evacuation and Relocation Plan<br>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.<br>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.<br>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3<br>This REQUIREMENT is not met as evidenced by:<br>Based on written document review and staff | K 711   | This Plan of Correction constitutes the   | 8/24/18   |

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08/03/2018

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7225 BOCA DEL MAR DRIVE<br/>BOCA RATON, FL 33433</b>   |   |
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| K 711   | <p>Continued From page 1</p> <p>interview, the facility failed to maintain a current approved written emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually. This deficient practice affects all staff, visitors and residents.</p> <p>Findings include:</p> <p>On 07/25/2018 at 1:30 P.M. after the facility document review, the facility failed to produce a current complete risk assessment based approved written emergency management plan for emergency care during an internal or external disaster or emergencies. The plan is required to be reviewed and updated annually in November and updated as needed. An interview was conducted at this time with the Administrator who acknowledged that the current copy of the emergency management plan was not complete and approved.</p> <p>The findings were acknowledged and verified at the times of document review and at the exit conference with the Administrator on 07/25/2018.</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2012) 19.7.1.</p> | K 711   | <p>written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>The facility has developed and will maintain a comprehensive emergency preparedness plan that will be reviewed and updated at least annually.</p> <p>The plan will be based on and include a documented facility based and community based risk assessment, utilizing an all hazards approach. Written documentation of the facility based assessment has been completed.</p> <p>Strategies have been addressed and are available for emergency events identified by the risk assessment.</p> <p>The Administrator and/or designee will report trends monthly to the QA&amp;A committee as warranted.</p> |   |

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| E 000              | Initial Comments<br><br>During the unannounced re-certification survey conducted on 07/25/2018 at Heartland Healthcare and Rehabilitation Center of Boca Raton, a nursing home in Boca Raton, Emergency Preparedness plans and policies were reviewed.   | E 000         |   |                      |
| E 004<br>SS=C      | Heartland Healthcare and Rehabilitation Center of Boca Raton, is not in substantial compliance with Emergency Preparedness per LTC: code of Federal Regulations (CFR), 42 Part 483.73, Requirements for Long-Term Care Facilities.<br><br>Develop EP Plan, Review and Update Annually CFR(s): 483.73(a)<br><br>[The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.]<br><br>* [For hospitals at §482.15 and CAHs at §485.625(a):] The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.<br><br>The emergency preparedness program must include, but not be limited to, the following elements:]<br>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least | E 004         |   | 8/24/18              |

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| E 004   | <p>Continued From page 1 annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least annually.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on written document review and staff interview, the facility failed to develop emergency preparedness policies and procedures that must be reviewed, and updated at least annually. This deficient practice affects all staff, visitors and residents.</p> <p>Findings include:</p> <p>On 07/25/2018 between 10:30 A.M. and 1 P.M., upon review of the written facility emergency plan and policy with the Administrator, the facility was not able to produce the requested written documentation. No written documentation with the governing board or management leadership approval or review was available for Heartland Health Care and Rehabilitation Center of Boca Raton. The written documentation for the required facility federal emergency plan and policy to meet code requirements was not available in the plan at the time reviewed and when requested. An interview was conducted at this time with the Administrator who acknowledged that the documentation requested was not available in the facility's 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 07/25/2018.</p> | E 004   | <p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>The facility will develop, establish, and maintain a comprehensive emergency preparedness program that meets the requirements of CFR (s) 483.73(a).</p> <p>The facility emergency preparedness policy and procedures has been developed.</p> <p>The plan will be reviewed and updated at least annually to include date of the review and any updates made to the plan.</p> <p>The Administrator and/or designee will report trends monthly to the QA&amp;A committee as warranted.</p> |                      |   |

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| E 004   | Continued From page 2<br>Actual code requirements:<br><br>483.73   | E 004   |   |                      |   |
| E 006<br>SS=C   | Plan Based on All Hazards Risk Assessment<br>CFR(s): 483.73(a)(1)-(2)<br><br>[[a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]<br><br>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*<br><br>*[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.<br><br>*[For ICF/IIDs at §483.475(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.<br><br>(2) Include strategies for addressing emergency events identified by the risk assessment.<br><br>* [For Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.<br>This REQUIREMENT is not met as evidenced by:<br>Based on written document review and staff | E 006   |   | 8/24/18              |   |
|   |  |   | This Plan of Correction constitutes the   |                      |   |

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| E 006   | <p>Continued From page 3</p> <p>interview, the facility failed to develop emergency preparedness policies and procedures that must be reviewed, and updated at least annually. This deficient practice affects all staff, visitors and residents.</p> <p>Findings include:</p> <p>On 07/25/2018 between 10:30 A.M. and 1 P.M., upon review of the written facility emergency plan and policy with the Administrator, the facility was not able to produce the requested written documentation. The written documentation for the required facility federal emergency plan and policy to meet code requirements was not available in the plan at the time reviewed and when requested. The facility did not have a based on facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. 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 07/25/2018.</p> <p>Actual code requirements:</p> <p>483.73</p> | E 006   | <p>written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>The facility has developed and will maintain a comprehensive emergency preparedness plan that will be reviewed and updated at least annually.</p> <p>The plan will be based on and include a documented facility based and community based risk assessment, utilizing an all hazards approach. Written documentation of the facility based assessment has been completed.</p> <p>Strategies have been addressed and are available for emergency events identified by the risk assessment.</p> <p>The Administrator and/or designee will report trends monthly to the QA&amp;A committee as warranted.</p> |                      |   |