Agency for Health Care Adminis	stration		FORWAPPROVEL
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - MAIN LIC	(X3) DATE SURVEY COMPLETED
	35960928	B. WING	08/07/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARE HEALTH SERVICES		6	
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 DEFIGIENCY)	(X5) COMPLETE DATE
INITIAL COMMENTS	K 000		-
An unannounced Fire & Life Safety Relicensure survey was conducted on 08/07/2018 at Manorcare Heath Services, License #130470991, a nursing home in Delray Beach, 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. The following is description of the deficiencies found at the time of the visit.			
NFPA 99 Gas Equipment - Cylinder and Container Storag	K 923		9/7/18
Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited - combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet			
	SUMMARY STATEMENT OF DEFICIENCIES ENCHOLPROBLEMOT MAN THE PRECEDED BY FULL RECULATORY OR LSC DENTRYMAG INFORMATION) INITIAL COMMENTS An unannounced Fire & Life Safety Relicensure survey was conducted on 08/07/2018 at Manorare Heath Services. License #130470991, a nursing home in Defray Beach, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) and applicable regivements of Florida State Fire Marshaf'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. The following is description of the deficiencies found at the time of the visit. NFPA 99 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage focations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. 300 but < 3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited - combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustible construction having a minimum 12 hr. fire protection rating.	SUMMARY STATEMENT OF DEFICIENCES BLACH DEFICIENCES MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS AN unannounced Fire & Life Safety Relicensure survey was conducted on 08/07/2018 at Manorare Heath Services, License #130470991, a nursing home in Defray Beach, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) and applicable requirements of Florida State Fire Marshaf's Rules and Regulations, Florida Administrative Code (F.A.C) 59 A-3, F.A.C. 69 A-53, F.A.C. 59 A-4, and Florida States Fire Marshaf's Rules and Regulations, Florida Administrative 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. NFPA 99 Gas Equipment - Cylinder and Container Storag Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3 >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited - combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet	SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF DEFICIENCY RECOLATION OF OUR SET OF PRECIDED BY FULL PRECOLATION OF OUR SET OF PRECIDED BY FULL RANGE OF THE SET OF OUR SET OF PRECIDED BY FULL PRECOLATION OF OUR SET OF PRECIDED BY FULL PRECIDENCY INTITIAL COMMENTS AN unannounced Fire & Life Safety Relicensure survey was conducted on 08/07/2018 at Manorcare Heat Precide Liones #1304/70991, a nursing home in Defray Beach, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) and applicable requirements of Florida State Fire Marshafts Rules and Regulations, Florida Administrative Code (F. A.C) 69 A-3, F. A.C. 69 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 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 Statutes (F. S.) 400 Part III, and F. S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Statutes (F. S.) 400 Part III, and F. S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Statutes (F. S.) 400 Part III, and F. S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Statutes (F. S.) 400 Part III, and F. S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Statutes (F. S.) 400 Part III, and F. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2

AHCA Form 3020-0001

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

(X6) DATE TITLE Electronically Signed 08/26/18

STATE FORM 6886 XX9A21 if continuation sheet 1 of 5

						0: 09/04/201 APPROVE
Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION 04 - MAIN LIC	(X3) DATE SURVEY COMPLETED		
		35960928	B. WING		08/0	7/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
MANORC	ARE HEALTH SERVICES		OG ROAD BEACH, FL 334	446		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
K 923	care areas with an ag or equal to 300 cubic stored in an enclosur handled with precauti precautionary sign reach door or gate of a where the sign includ minimum "CAUTION: STORED WITHIN Storage is prilamed sof which they are recurrently considered smpty cylinders are soylinders. When facili integral pressure gau considered empty is cylinders are marked Cylinders stored in the weather. 11.3.1, 11.3.2, 11.3.3, This Statute or Rule Based on observation	immediate use in patient gregate volume of less than feet are not required to be . Cylinders must be nos as specified in 11.6.2. A adable from 5 feet is on cylinder storage room, as the wording as a CXID/ZING GAS(ES) SMCKING. SMCKING. CYLIDZING GAS(ES) SMCKING GAS (ES) is simple or some s	K 923	The corrective action for those residents affected was acomplished by The E-size oxygen cylinders in wheel in the interior oxygen storage room w secured when identified on 8/7/18. The missing tightening screws for the oxygen storage and the storage of the control of the	carts ere e	

On 08/07/2018 at 5:15 P.M., accompanied by the

Maintenance Director during the observation tour, it was observed in the interior oxygen storage

room at least 6 E-sized Oxygen cylinders in wheel

carts which were found loose, missing tightening

screws and not properly stored or secured as

required by code. If oxygen cylinders are not

in the cylinder exploding and endangering all residents, staff and visitors. An interview was

properly secured and the wheeled cart falls, the

head of the cylinder may be damaged and result

STATE FORM caso XX9A21 If continuation sheet 2 of 5

cylinder wheel carts were ordered on

2.) The facility will identify other residents

following manner: Facility staff completed

an E-size oxygen cylynder in wheel cart

8/8/18. No other E-size oxygen cylinders

3.) The facility will implement the following

check throughout the entire building on

in wheel cart issues were identified.

having the potential to be affected in the

8/9/18 by the Maintenance Director.

Agency for Health Care Administration

STATEMENT OF DEPICIENCES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLEX/CLIA
(DENTIFICATION NUMBER:
A BUILDING: 04 - MAIN LIC

(X2) NULTIPLE CONSTRUCTION
A BUILDING: 04 - MAIN LIC

(X3) NULTIPLE CONSTRUCTION
(X4) DATE SURVEY
(COMPLETED)

(X5) NULTIPLE CONSTRUCTION
(X6) DATE SURVEY
(COMPLETED)

(X6) DATE SURVEY
(COMPLETED)

(X6) DATE SURVEY
(COMPLETED)

(X7) NULTIPLE CONSTRUCTION
(X7) N

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

	16200 JC	G ROAD		
MANORC.	ARE HEALTH SERVICES	BEACH, FL 33	446	
(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
K 923	Continued From page 2	K 923		de la constante de la constant
	conducted at this time with the Maintenance Director who acknowledged that the oxygen cylinders were improperly stored. The findings were acknowledged by the Administrator and verified by the Maintenance Director the time of observation and at the exit conference on 08/07/2018. Class III Actual NFPA Standards: NFPA LSC 101 (2015) 19.3.2.4, and NFPA 99 (2015) Ch. 11.		systemic changes to ensure this does not recur: Facility staff were re-educated on E-size oxygen cylinders in wheel carts safety and facility policy and procedures for handling oxygen cylinders and oxygen cylinder wheel carts. Maintenance Director will complete weekly audits of E-size oxygen cylinders and wheel carts for 4 weeks, then randomly monthly for 2 months. 4.) The facility will monitor the revised changes in the following manner to ensure corrective actions are achieved and sustained: The Maintenance Director will report E-size oxygen cylinders in wheel carts audit findings to the OAP! Committee monthly, Additional observation and reporting frequency will be evaluated and revised as determined approriate by the QAPI Committee.	
K1011 SS=F	NFPA 101 Fire Doors Communicating openings in dividing fire barriers required by 18.1.1.4.1 & 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code.	K1011		9/7/18

AHCA Form 3020-0001

Anency f	or Health Care Adminis	stration): 09/04/2018 1 APPROVEE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION 04 - MAIN LIC	(X3) DATE S COMPL	
		35960928	B. WING		08/0	7/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	ATE, ZIP CODE		
MANORC	ARE HEALTH SERVICES	16200 JO	G ROAD			
MAHORO	ARE HEAETH SERVICES	DELRAY	BEACH, FL 33-	446		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
K1011	Continued From page	3	K1011			
	NFPA 101 (2012 editi 19.1.1.4.1.2, 8.3.3.1.	on) 18.1.1.4.1.1 &				
	Based on written doc interview the facility frexit egress. This defi smoke compartments residents. Findings include: On 08/07/2018 at 9:1 facility written docume required Fire and Sm documentation was n requirement, the facility fire door assemblies tested in accordance requirements. Additis show any documental Maintenance Director followed the code reginspect or test all of til rispect or lest all of the stall of t	5 A.M. while conducting the entation review of the cot provided. Based on the tty could not show that all were annually inspected and with the 2010 NFPA 80 onally, the facility could not		1.) The corrective action for those residents attected was accomplished The required fire and smoke door nesting was completed on 8/20/16 in accordance with 2010 NFPA 80 requirements by a Certified Fire Safet Inspector. All fire and smoke doors we found to be in proper working order. 2.) The facility will identify other reside having the potential to be affected in t following manner: The Certified Fire Safety Inspector and Maintenance Director completed a fire and smoke to inspection throughout the entire buildion on 8/20/18. No fire or smoke door issue were identified. 3.) The facility will implement the folio systemic changes to ensure this does recur. Facility maintenance staff were re-educated on fire and smoke door	yy ere ents he door ng ues wing	
		ified by the Maintenance f documentation review and		annual testing requirements in accord with the 2010 NFPA 80 requirements 8/7/18. Facility maintenance staff will re-educated annually on fire and smol door annual testing to ensure continue	on be ke	Padarana padana

AHCA Form 3020-0001

Class III

Actual NFPA Standards:

19.1.1.3.2 and NFPA 80 (2010)

NFPA LSC 101 (2015) 4.5.3.2, 7.2.1.15, 7.3.2.2.,

STATE FORM caso XX9A21 If continuation sheet 4 of 5

compliance.

4.) The facility will monitor the revised

changes in the following manner to ensure corrective actions are achieved and

sustained: The Maintenance Director will

report fire and smoke door annual test findings to the QAPI Committee annually.

Agency f	or Health Care Adminis	tration				0: 09/04/2018 1 APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: I	04 - MAIN LIC	COMPL	ETED
		35960928	B. WING		08/0	7/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
MANORC	ARE HEALTH SERVICES	16200 JOG				
MANORO	ARE HEAETH SERVICES	DELRAY B	EACH, FL 334	146		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
K1011	Continued From page	4	K1011			
	, ,			Additional observation and reporting		
				frequency will be evaluated and revise	ed as	
				determined approriate by the QAPI		
				Committee.		
				1		

AHCA Form 3020-0001

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/04/2018 FORM APPROVED OMB NO. 0938-0391

	CO I OIL MEDICALLE	MEDICAID SERVICES			OND NO. 0536-035
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 1 - MAIN FED	(X3) DATE SURVEY COMPLETED
		106005	B. WING		08/07/2018
	ROVIDER OR SUPPLIER ARE HEALTH SERVICES	;	1	TREET ADDRESS, CITY, STATE, ZIP CODE 8200 JOG ROAD ELRAY BEACH, FL 33446	
(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 APPROPRI DEFICIENCY)	
K 000	INITIAL COMMENTS		K 000		
K 211 SS⊭F	at Manorcare Heath Delray Beach, Flonds Services is not in con Subpart B, 42 CFR 4 Protection Association Requirements for Lor Plan Review: 1997 Existing NFPA 220 Construction Number of beds: 120 Census: 100 The following is desc Means of Egress - G Aisles, passageways exit locations, and exit on the continuously maintain during the service of the continuously maintain full use in case of em 18/19.2.2 through 18 Is.2.1, 19.2.2, 1.7.1.10 This REQUIREMENT by: Based on written do interview, the facility building exit egress.	was conducted 08/07/2018 Services, a nursing home in Manorcare Heath pillance with 42 CFR 483 83.307 and National Fire n (NFPA) 101 (2012) gg Term Care Facilities. on Type: II (000) ription of the noncompliance. eneral corridors, exit discharges, cesses are in accordance he means of egress is ned free of all obstructions to eregency, unless modified by 19.2.11. 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1	K 211	1.) The corrective action for those residents attected was accomplished 1 The required for and smoke door anni testing was completed on 8/20/18 in accordance with 2010 NFPA 80 requirements by a Certified Fire Safety Inspector. All fire and smoke doors door found to be in proper working order.	ual /
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	F	TITLE	(X6) DATE

Electronically Signed 08/26/2018

Any deficiency statement ending with an asteriak (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safequards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings as stated above are disclossable 90 days following the date of survey whether or not a plan of correction is provided. For unsing homes, the above findings and plans of correction are disclossable 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 participates.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/04/2018

DEFAILL	VICINI OF HEALTHAN	ID HOMMIN SERVICES				FORM	M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED			SURVEY PLETED
		106005	B. WING			08/	/07/2018
NAME OF PR	ROVIDER OR SUPPLIER	•		ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
******			1	18	3200 JOG ROAD		
MANORCA	ARE HEALTH SERVICES			D	ELRAY BEACH, FL 33446		
(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 APPROPRI- DEFICIENCY)		(X5) COMPLETION DATE
K 211	facility written docum- required Fire and Sm documentation was n requirement, the facil fire door assemblies t tested in accordance requirements. Additis show any documenta Maintenance Director followed the code rec inspect or test all of the additional written of the time of exit. The findings were act Administrator and ver Director at the time of at the exit conference.	5 A.M. while conducting the entation review of the control of the	K	211	2.) The facility will identify other reside having the potential to be affected in the following manner: The Certified Fire Safety Inspector and Maintenance Director completed a fire and smoke de inspection throughout the entire building on 8/20/18. No fire or smoke door issuere identified. 3.) The facility will implement the follow systemic changes to ensure this does recur. Facility maintenance staff were re-educated on fire and smoke door annual testing requirements in accordance with the 2010 NFPA 80 requirements on 8/71/18. Facility maintenance staff will be re-educated one on the second annually on fire and smoke door annual testing the ensure continued compliance. 4.) The facility will monitor the reducated and sustained: The Maintenance Dire will report fire and smoke door annual findings to the QAPI committee annual findings to the QAPI committee annual findings to the QAPI committee and great and sustained: The Maintenance Directifier and smoke door annual findings to the QAPI committee annual findings to the QAPI committee and sea determined appropriate by the QAPI as described to the QAPI committee and sea determined appropriate by the QAPI.	ooring ues ving not all e.	
K 923 SS=F		nder and Container Storag	K	923	Committee.		9/7/18
	Gas Equipment - Cyli Greater than or equal	inder and Container Storage to 3,000 cubic feet					

Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and

Facility ID: 35960928

PRINTED: 09/04/2018

		ID HUMAN SERVICES					APPROVED
		MEDICAID SERVICES	1				0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED			SURVEY LETED
		106005	B. WING			00/	07/2018
NAME OF DE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	07/2016
NOWIL OF TH	(OVIDEN ON SUPPLIEN						
MANORCA	ARE HEALTH SERVICES				16200 JOG ROAD		
				<u> </u>	DELRAY BEACH, FL 33446		
(X4) ID		ATEMENT OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATURT UR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERÊNCED TO THE APPROPRIA DEFICIENCY)	VIE.	0
			1				
K 923	Continued From page	2	K	923	3		
	5.1.3.3.3.						
	>300 but <3,000 cubis	c feet					
	Storage locations are	outdoors in an enclosure or					
	within an enclosed int	erior space of non- or					
		construction, with door (or					
	gates outdoors) that o	an be secured. Oxidizing					
		with flammables, and are					
		ustibles by 20 feet (5 feet if					
	sprinklered) or enclos						
		truction having a minimum					
	1/2 hr. fire protection						
	Less than or equal to						
	In a single smoke con						
		immediate use in patient					
		gregate volume of less than					
		feet are not required to be					
	stored in an enclosure						
		ons as specified in 11.6.2.					
		readable from 5 feet is on					
		a cylinder storage room,					
	where the sign include						
		OXIDIZING GAS(ES)					
	STORED WITHIN NO						
		cylinders are used in order					
		eived from the supplier.					
	Empty cylinders are s						
		ity employs cylinders with					
		ge, a threshold pressure					
		established. Empty cylinders					
		onfusion. Cylinders stored					
	in the open are protect						
		11.3.4, 11.6.5 (NFPA 99)					
	This REQUIREMENT	is not met as evidenced					
	by:						
	Based on observation	n, testing and staff interview			The corrective action for those		
	the facility failed to pro	operly store medical gases.			residents affected was acomplished by	:	
	This deficient practice	affects all smoke			The E-size oxygen cylinders in wheel		

compartments, staff, visitors and residents.

carts in the interior oxygen storage room were secured when identified on 8/7/18.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (
ID DI AN OF CORDECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED	(X3) DATE SURVEY COMPLETED		
	106005	B. WING	08/07/2018		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 090442018 CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-0391 ASTARHENT OF REPICHAPIES (2X) PROVIDERSHEDIE BERLIA (2X) ANN ITRIE E CONSTRUCTION (2X) DATE SIEMSY

ENTERS FOR MEDICARE & MEDICAID SERVICES				
EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
	400005	B Milling		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

E 000 Initial Comments E 000

During the unannounced Recertification survey conducted on 08/07/2018 at Manorcare Heath Services, a nursing home in Delray Beach, Emergency Preparedness plans and policies were reviewed.

AND

Manorcare Heath Services is in substantial compliance with Emergency Preparedness per LTC: code of Federal Regulations (CFR), 42 Part 483.73, Requirements for Long Term Care Facilities.

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

TITLE

DEFICIENCY)

....

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

08/26/2018

other asfeguards provide sufficient protection to the patients. (See instructions.) Except for running homes, the findings stated above are disclossable 80 days, to following the data of survey whether or on a plan of correction is provided. For running homes, the above findings and piles of correction are disclossable 14 days following the date these occurrents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.