

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960928	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 16200 JOG ROAD DELRAY BEACH, FL 33446		
(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 000	INITIAL COMMENTS An unannounced Fire & Life Safety Relicensure survey was conducted on 08/07/2018 at Manorcare Health 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.	K 000		
K 923 SS=F	NFPA 99 Gas Equipment - Cylinder and Container Storage 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 In a single smoke compartment, individual	K 923		9/7/18

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

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K 923	<p>Continued From page 1</p> <p>cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, testing and staff interview the facility failed to properly store medical gases. This deficient practice affects all smoke compartments, staff, visitors and residents.</p> <p>Findings include:</p> <p>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 properly secured and the wheeled cart falls, the head of the cylinder may be damaged and result in the cylinder exploding and endangering all residents, staff and visitors. An interview was</p>	K 923	<p>1) The corrective action for those residents affected was accomplished by: The E-size oxygen cylinders in wheel carts in the interior oxygen storage room were secured when identified on 8/7/18. The missing tightening screws for the oxygen cylinder wheel carts were ordered on 8/9/18 by the Maintenance Director.</p> <p>2.) The facility will identify other residents having the potential to be affected in the following manner: Facility staff completed an E-size oxygen cylinder in wheel cart check throughout the entire building on 8/8/18. No other E-size oxygen cylinders in wheel cart issues were identified.</p> <p>3.) The facility will implement the following</p>	

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K 923	Continued From page 2 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.	K 923	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 QAPI Committee monthly. Additional observation and reporting frequency will be evaluated and revised as determined appropriate 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

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K1011	<p>Continued From page 3</p> <p>NFPA 101 (2012 edition) 18.1.1.4.1.1 & 19.1.1.4.1.2, 8.3.3.1.</p> <p>This Statute or Rule is not met as evidenced by: Based on written document review and staff interview the facility failed to maintain the building exit egress. This deficient practice affects all smoke compartments, staff, visitors and residents.</p> <p>Findings include:</p> <p>On 08/07/2018 at 9:15 A.M. while conducting the facility written documentation review of the required Fire and Smoke door annual testing, the documentation was not provided. Based on the requirement, the facility could not show that all fire door assemblies were annually inspected and tested in accordance with the 2010 NFPA 80 requirements. Additionally, the facility could not show any documentation showing the Maintenance Director or a qualified person had followed the code requirements to maintain, inspect or test all of the required doors. No additional written documentation was provided at the time of exit.</p> <p>The findings were acknowledged by the Administrator and verified by the Maintenance Director at the time of documentation review and at the exit conference on 08/07/2018.</p> <p>Class III</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2015) 4.5.3.2, 7.2.1.15, 7.3.2.2., 19.1.1.3.2 and NFPA 80 (2010)</p>	K1011	<p>1.) The corrective action for those residents affected was accomplished by: The required fire and smoke door annual 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 were found to be in proper working order.</p> <p>2.) The facility will identify other residents having the potential to be affected in the following manner: The Certified Fire Safety Inspector and Maintenance Director completed a fire and smoke door inspection throughout the entire building on 8/20/18. No fire or smoke door issues were identified.</p> <p>3.) The facility will implement the following systemic changes to ensure this does not recur: Facility maintenance staff were re-educated on fire and smoke door annual testing requirements in accordance with the 2010 NFPA 80 requirements on 8/7/18. Facility maintenance staff will be re-educated annually on fire and smoke door annual testing to ensure continued compliance.</p> <p>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.</p>	

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K1011	Continued From page 4	K1011	Additional observation and reporting frequency will be evaluated and revised as determined appropriate by the QAPI Committee.	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety Recertification survey was conducted 08/07/2018 at Manorcare Health Services, a nursing home in Delray Beach, Florida. Manorcare Health Services is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307 and National Fire Protection Association (NFPA) 101 (2012) Requirements for Long Term Care Facilities. Plan Review: 1997 Existing NFPA 220 Construction Type: II (000) Number of beds: 120 Census: 100 The following is description of the noncompliance.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on written document review and staff interview, the facility failed to maintain the building exit egress. This deficient practice affects all smoke compartments, staff, visitors and residents. Findings include:	K 211	1.) The corrective action for those residents affected was accomplished by: The required fire and smoke door annual 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 were found to be in proper working order.	9/7/18

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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K 211	<p>Continued From page 1</p> <p>On 08/07/2018 at 9:15 A.M. while conducting the facility written documentation review of the required Fire and Smoke door annual testing, the documentation was not provided. Based on the requirement, the facility could not show that all fire door assemblies were annually inspected and tested in accordance with the 2010 NFPA 80 requirements. Additionally, the facility could not show any documentation showing the Maintenance Director or a qualified person had followed the code requirements to maintain, inspect or test all of the required doors. No additional written documentation was provided at the time of exit.</p> <p>The findings were acknowledged by the Administrator and verified by the Maintenance Director at the time of documentation review and at the exit conference on 08/07/2018.</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2012) 4.5.3.2, 7.2.1.15, 7.3.2.2., 19.1.1.3.2 and NFPA 80 (2010)</p>	K 211	<p>2.) The facility will identify other residents having the potential to be affected in the following manner: The Certified Fire Safety Inspector and Maintenance Director completed a fire and smoke door inspection throughout the entire building on 8/20/18. No fire or smoke door issues were identified.</p> <p>3.) The facility will implement the following systemic changes to ensure this does not recur: Facility maintenance staff were re-educated on fire and smoke door annual testing requirements in accordance with the 2010 NFPA 80 requirements on 8/7/18. Facility maintenance staff will be re-educated annually on fire and smoke door annual testing to ensure continued compliance.</p> <p>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. Additional observation and reporting frequency will be evaluated and revised as determined appropriate by the QAPI Committee.</p>	
K 923 SS=F	<p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>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</p>	K 923		9/7/18

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K 923	<p>Continued From page 2</p> <p>5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet</p> <p>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.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, testing and staff interview the facility failed to properly store medical gases. This deficient practice affects all smoke compartments, staff, visitors and residents.</p>	K 923	<p>1) The corrective action for those residents affected was accomplished by: The E-size oxygen cylinders in wheel carts in the interior oxygen storage room were secured when identified on 8/7/18.</p>	

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K 923	<p>Continued From page 3</p> <p>Findings include:</p> <p>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 properly secured and the wheeled cart falls, the head of the cylinder may be damaged and result in the cylinder exploding and endangering all residents, staff and visitors. An interview was conducted at this time with the Maintenance Director who acknowledged that the oxygen cylinders were improperly stored.</p> <p>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.</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2012) 19.3.2.4 and NFPA 99 (2012) Ch. 11.</p>	K 923	<p>The missing tightening screws for the oxygen cylinder wheel carts were ordered on 8/9/18 by the Maintenance Director.</p> <p>2.) The facility will identify other residents having the potential to be affected in the following manner: Facility staff completed an E-size oxygen cylinder in wheel cart check throughout the entire building on 8/8/18. No other E-size oxygen cylinders in wheel cart issues were identified.</p> <p>3.) The facility will implement the following 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.</p> <p>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 QAPI Committee monthly. Additional observation and reporting frequency will be evaluated and revised as determined appropriate by the QAPI Committee.</p>	

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E 000	<p>Initial Comments</p> <p>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.</p> <p>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.</p>	E 000			

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