

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
---	---

(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}	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety revisit survey was conducted on 08/31/2018 at Heartland Health Care Center Boynton Beach, License #1210096, a nursing home in Boynton Beach, Florida. This was a follow-up to the Annual Fire & Life Safety Relicensure survey completed on 07/18/2018. Previously cited Fire & Life Safety deficiencies were found corrected.</p> <p>There was a new deficiency identified at the time of the visit (K 200).</p>	{K 000}		
K 200 SS=F	<p>NFPA 101 Means of Egress Requirements - Other</p> <p>Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included. 18.2, 19.2</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 08/31/2018 at 5 P.M. while conducting the facility documentation review of the required Fire and Smoke door annual testing done on 08/01/2018, the documentation provided indicated that 30 openings of 30 openings inspected failed and are not in compliance.</p>	K 200	<p>It is the practice of this facility to maintain the building exit egress.</p> <p>The facility has contracted with a licensed and certified vendor to complete the work identified as a result of the inspection report.</p> <p>Results of the inspection report and repairs have been brought through QA&A.</p>	9/24/18

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Electronically Signed

09/21/18

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
---	---

(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 200	<p>Continued From page 1</p> <p>When requested, no documentation was provided to show that any of the 30 openings had been repaired to meet NFPA 80 requirements. Additionally, the facility could not show any documentation indicating the Maintenance Director or a qualified person followed the code requirements to repair the issues documented. No additional 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 record review and at the exit conference on 08/31/2018.</p> <p>Class III</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2015) Chapters: 4, 7, 19 and NFPA 80 (2010)</p>	K 200		

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

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105755	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2018
NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436	
(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) COMPLETION DATE
{K 000}	INITIAL COMMENTS	{K 000}		
K 200 SS=F	<p>An unannounced Fire & Life Safety revisit survey was conducted on 08/31/2018 at Heartland Health Care Center Boynton Beach, a nursing home in Boynton Beach, Florida. This was a follow-up to the Annual Fire & Life Safety Recertification survey completed on 07/18/2018. Previously cited Fire & Life Safety deficiencies were found corrected.</p> <p>There was a new deficiency identified at the time of the visit (K 200).</p> <p>Means of Egress Requirements - Other CFR(s): NFPA 101</p> <p>Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, 18.2, 19.2</p> <p>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.</p> <p>Findings include:</p> <p>On 08/31/2018 at 5 P.M. while conducting the</p>	K 200	<p>It is the practice of this facility to maintain the building exit egress.</p> <p>The facility has contracted with a licensed and certified vendor to complete the work identified as a result of the inspection report.</p> <p>Results of the inspection report and</p>	9/24/18

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

TITLE

(X6) DATE

Electronically Signed

09/21/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105755	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____		(X3) DATE SURVEY COMPLETED R 08/31/2018
NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436		
(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) COMPLETION DATE	
K 200	<p>Continued From page 1</p> <p>facility documentation review of required Fire and Smoke door annual testing done on 08/01/2018, the documentation provided indicated that 30 openings of 30 openings inspected failed and are not in compliance. When requested, no documentation was provided to show that any of the 30 openings had been repaired to meet NFPA 80 requirements. Additionally, the facility could not show any documentation indicating the Maintenance Director or a qualified person followed the code requirements to repair the issues documented. No additional 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 record review and at the exit conference on 08/31/2018.</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2012) Chapters: 4, 7, 19 and NFPA 80 (2010)</p>	K 200	repairs have been brought through QA&A.		

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

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105755	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/31/2018
NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436		
(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) COMPLETION DATE	
{E 000}	Initial Comments An unannounced Fire & Life Safety revisit survey for Emergency Preparedness was conducted on 08/31/2018, at Heartland Health Care Center Boynton Beach, a nursing home in Boynton Beach, Florida. This was a follow-up to the annual Fire & Life Safety survey for Emergency Preparedness completed on 07/18/2018. All previously cited Fire & Life Safety deficiencies for Emergency Preparedness were corrected. There were no additional deficiencies found at the time of the follow-up visit.	{E 000}			

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

TITLE

(X6) DATE

Electronically Signed

09/21/2018

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.