

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

PRINTED: 12/18/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/08/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIR HAVENS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CURTISS PKWY MIAMI SPRINGS, FL 33166</b>		
(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	<p>Initial Comments</p> <p>During an unannounced Fire &amp; Life Safety recertification survey conducted on 11/05/2018 - 11/08/2018 at Fair Havens Center LLC, a nursing home in Miami Springs, Florida, Emergency Preparedness was reviewed.</p> <p>Fair Havens Center LLC is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety recertification survey was conducted 11/05/2018 - 11/08/2018 at Fair Havens Center LLC, a nursing home in Miami Springs, Florida.</p> <p>Fair Havens Center LLC 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. Initial Plan Review: 1924 with addition in 1962</p> <p>Existing</p> <p>NFPA 220 Construction Type: V (000)</p> <p>Number of beds: 269</p> <p>Census: 263</p> <p>The following is a description of the noncompliance.</p>	K 000		
K 321 SS=D	<p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p><b>Hazardous Areas - Enclosure</b> Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of</p>	K 321		12/8/18

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K 321	<p>Continued From page 1</p> <p>hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to properly maintain the hazardous area protected as required as evidenced by a damaged door. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 3:55 PM on 11/06/2018 with the Maintenance Director, it was observed that the laundry room soiled linen door was damaged.</p> <p>During the Staff Interview at 3:55 PM on 11/06/2018, the Maintenance Director acknowledged that the laundry room soiled linen door was damaged. He stated corrections will be done immediately.</p> <p>NFPA 101 (2012 Edition) 19.3.2.1</p>	K 321			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>111309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>02 - KELLOGG WING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2018</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 11/05/2018 - 11/08/2018 at Fair Havens Center LLC (Kellogg's Wing), State License: SNF1147096, a nursing home in Miami Springs, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015 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 (2015 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, found at the time of the visit.</p> <p>The findings that follow demonstrate noncompliance with Florida Administrative Code 59A-4 and NFPA 101 (2015 Edition).</p>	K 000		
K 363 SS=D	<p><b>NFPA 101 Corridor - Doors</b></p> <p>Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and</p>	K 363		12/8/18

AHCA Form 3020-0001

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K 363	<p>Continued From page 1</p> <p>floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations (only for Federal survey citation) only on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>2012 NEW</p> <p>Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted.</p> <p>Doors shall be provided with self-latching and positive latching hardware. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations (only for Federal survey citation) on corridor doors and rooms containing flammable or combustible materials.</p>	K 363		

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K 363	<p>Continued From page 2</p> <p>18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to properly maintain the smoke / fire doors as required as evidenced by a door not latching. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 3:15 PM on 11/06/2018 with the Maintenance Director, it was observed that Kellogg's Wing Patient Room 21 door was not latching properly. It was repaired during survey.</p> <p>During the Staff interview at 3:15 PM on 11/06/2018, the Maintenance Director acknowledged that Kellogg's Wing Patient Room 21 door was not latching properly. He repaired it during survey.</p> <p>NFPA 101 (2015 Edition) 19.3.6.3</p> <p>Class III</p>	K 363		

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K 321 SS=D	<p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p><b>Hazardous Areas - Enclosure</b> Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of</p>	K 321		12/8/18

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K 321	<p>Continued From page 1</p> <p>hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to properly maintain the hazardous area protected as required as evidenced by a damaged door. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included: During the Life Safety Survey tour of the facility at 3:55 PM on 11/06/2018 with the Maintenance Director, it was observed that the laundry room soiled linen door was damaged. During the Staff Interview at 3:55 PM on 11/06/2018, the Maintenance Director acknowledged that the laundry room soiled linen door was damaged. He stated corrections will be done immediately.</p> <p>NFPA 101 (2012 Edition) 19.3.2.1</p>	K 321	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The facility will maintain all doors in hazardous areas in properly working condition as per NFPA 101 code. A new laundry room soiled linen area door was ordered and will be installed. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; The facility laundry room is in a building separate from the facility and is not located inside any resident areas. No residents were affected by the deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p>		

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K 321	Continued From page 2	K 321	<p>The damaged laundry room door will be replaced with a new door. The Maintenance Director and/or designee will make daily focused rounds and complete a Quality Assurance Performance Improvement (QAPI) audit weekly to ensure all doors in hazardous areas are in proper working condition. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality program will be put into place,</p> <p>The Maintenance Director will summarize audit findings and report results to the Quality Assurance Performance Improvement Committee Monthly X 3 months then quarterly X 3 quarters.</p>		

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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) COMPLETION DATE
K 363	<p>Continued From page 1</p> <p>with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, it was determined that the facility failed to properly maintain the smoke / fire doors as required as evidenced by a door not latching. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 3:15 PM on 11/06/2018 with the Maintenance Director, it was observed that Kellogg's Wing Patient Room 21 door was not latching properly. It was repaired during survey.</p> <p>During the Staff Interview at 3:15 PM on 11/06/2018, the Maintenance Director</p>	K 363	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The facility will maintain all fire/smoke doors in proper working condition and latching as per NFPA 101 code. The door latching mechanism for room 21 was immediately repaired.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>Any resident residing in room 21 may be at risk of the same deficient practice. No residents were affected by the deficient practice. The door for resident room 21</p>	

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

PRINTED: 12/18/2018  
FORM APPROVED  
OMB NO. 0938-0391

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K 363	Continued From page 2 acknowledged that Kellogg's Wing Patient Room 21 door was not latching properly. He repaired it during survey.  NFPA 101 (2012 Edition) 19.3.6.3	K 363	was immediately repaired. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and The door of room 21 was immediately repaired and is in proper working condition. All other fire/smoke doors were checked to ensure they were properly latching. The Maintenance Director and/or designee will make daily focused rounds and complete a Quality Assurance Performance Improvement (QAPI) audit weekly to ensure all fire/smoke doors are in proper working condition and latching. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality program will be put into place. The Maintenance Director will summarize audit findings and report results to the Quality Assurance Performance Improvement Committee Monthly X 3 months then quarterly X 3 quarters.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>111309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>02 - KELLOGG WING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2018</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 11/05/2018 - 11/08/2018 at Fair Havens Center LLC (Kellogg's Wing), State License: SNF1147096, a nursing home in Miami Springs, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015 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 (2015 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, found at the time of the visit.</p> <p>The findings that follow demonstrate noncompliance with Florida Administrative Code 59A-4 and NFPA 101 (2015 Edition).</p>	K 000		
K 363 SS=D	<p><b>NFPA 101 Corridor - Doors</b></p> <p>Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and</p>	K 363		12/8/18

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

12/07/18

Agency for Health Care Administration

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K 363	<p>Continued From page 1</p> <p>floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations (only for Federal survey citation) only on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>2012 NEW</p> <p>Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted.</p> <p>Doors shall be provided with self-latching and positive latching hardware. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations (only for Federal survey citation) on corridor doors and rooms containing flammable or combustible materials.</p>	K 363		

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K 363	<p>Continued From page 2</p> <p>18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to properly maintain the smoke / fire doors as required as evidenced by a door not latching. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 3:15 PM on 11/06/2018 with the Maintenance Director, it was observed that Kellogg's Wing Patient Room 21 door was not latching properly. It was repaired during survey.</p> <p>During the Staff interview at 3:15 PM on 11/06/2018, the Maintenance Director acknowledged that Kellogg's Wing Patient Room 21 door was not latching properly. He repaired it during survey.</p> <p>NFPA 101 (2015 Edition) 19.3.6.3</p> <p>Class III</p>	K 363	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The facility will maintain all fire/smoke doors in proper working condition and latching as per NFPA 101 code. The door latching mechanism for room 21 was immediately repaired.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>Any resident residing in room 21 may be at risk of the same deficient practice. No residents were affected by the deficient practice. The door for resident room 21 was immediately repaired.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p> <p>The door of room 21 was immediately repaired and is in proper working condition. All other fire/smoke doors were checked to ensure they were properly latching. The Maintenance Director and/or designee will make daily focused rounds and complete a Quality Assurance Performance Improvement (QAPI) audit weekly to ensure all fire/smoke doors are in proper working condition and latching.</p>	



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K 363	Continued From page 3	K 363	How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality program will be put into place, The Maintenance Director will summarize audit findings and report results to the Quality Assurance Performance Improvement Committee Monthly X 3 months then quarterly X 3 quarters.	

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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 11/05/2018 - 11/08/2018 at Fair Havens Center LLC, State License: SNF1147096, a nursing home in Miami Springs, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015 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 (2015 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 description of the deficiencies found at the time of the visit.</p> <p>The findings that follow demonstrate noncompliance with Florida Administrative Code 59A-4 and NFPA 101 (2015 Edition).</p>	K 000		
K 321 SS=D	<p><b>NFPA 101 Hazardous Areas - Enclosure</b></p> <p><b>Hazardous Areas - Enclosure</b></p> <p><b>2012 EXISTING</b> Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates</p>	K 321		12/8/18

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K 321	<p>Continued From page 1</p> <p>that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>2012 New Hazardous areas are protected in accordance with 18.3.2.1. The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7</p> <p>Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, it was determined that the facility failed to properly maintain the hazardous area protected as required as evidenced by a damaged door. This</p>	K 321		
			What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;	

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K 321	<p>Continued From page 2</p> <p>deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 3:55 PM on 11/06/2018 with the Maintenance Director, it was observed that the laundry room soiled linen door was damaged.</p> <p>During the Staff Interview at 3:55 PM on 11/06/2018, the Maintenance Director acknowledged that the laundry room soiled linen door was damaged. He stated corrections will be done immediately.</p> <p>NFPA 101 (2015 Edition) 19.3.2.1</p> <p>Class III</p>	K 321	<p>The facility with maintain all doors in hazardous areas in properly working condition as per NFPA 101 code. A new laundry room soiled linen area door was ordered and will be installed.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>The facility laundry room is in a building separate from the facility and is not located inside any resident areas. No residents were affected by the deficient practice.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p> <p>The damaged laundry room door will be replaced with a new door. The Maintenance Director and/or designee will make daily focused rounds and complete a Quality Assurance Performance Improvement (QAPI) audit weekly to ensure all doors in hazardous areas are in proper working condition.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality program will be put into place,</p> <p>The Maintenance Director will summarize audit findings and report results to the Quality Assurance Performance Improvement Committee Monthly X 3 months then quarterly X 3 quarters.</p>	