

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - CLOSED - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2019
NAME OF PROVIDER OR SUPPLIER ABBEY DELRAY		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 SW 11TH COURT DELRAY BEACH, FL 33445		
(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 re-licensure survey was conducted on 2/05/2019 at Abbey Delray, State license: 1201096, 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 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler	K 353		3/7/19

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Electronically Signed

02/27/19

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K 353	<p>Continued From page 1 system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This Statute or Rule is not met as evidenced by: Based on document review and interview the facility failed to maintain documentation for the inspection of the Sprinkler System. Inspection and/or maintenance helps to ensure proper operation of the sprinkler system. Failure to periodically inspect the sprinkler system could cause delay or failure in the system which could endanger all persons within the facility.</p> <p>The findings include:</p> <p>During document review on 2/05/2019 at 10:20 AM with the Director of Maintenance, it was found that there was a lack of documentation for the 2nd quarter of 2018 quarterly sprinkler system inspection. Required automatic sprinkler systems are and must be maintained in reliable operating condition and are inspected and tested periodically.</p> <p>During interview with the Director of Maintenance on 2/05/2019 at 10:25 AM, it was acknowledged that the inspection was missed. The contractor was contacted to validate the missing inspection.</p> <p>NFPA 101 - 19.7.6 NFPA 101 - 4.6.12 NFPA 13 NFPA 25 - 9.7.5</p> <p>Class III</p>	K 353	<p>The statements made in this plan of correction are not and do not constitute any agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date certain.</p> <ol style="list-style-type: none"> 1. Quarterly fire sprinkler inspection documentation was reviewed subsequent to the second quarter of 2018, and the presence of inspection reports confirmed; Administrator provided in-service education to maintenance staff on generator testing requirements under NFPA 101 2. All fire sprinkler maintenance records and the fire sprinkler maintenance schedule were reviewed for accuracy by Director of Community Services and Administrator 3. Administrator will review the fire sprinkler maintenance schedule and documentation monthly for compliance with maintenance staff 4. The fire sprinkler maintenance schedule will be audited monthly by the Administrator for one year, and findings will be reported and reviewed at the monthly QA/PI committee meeting 	

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K 918 SS=F	<p>NFPA 99 Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Statute or Rule is not met as evidenced by: Based on document review and interview, the facility failed to maintain the annual fuel quality</p>	K 918	The statements made in this plan of correction are not and do not constitute	3/7/19

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K 918	<p>Continued From page 3</p> <p>test for the generator; and failed to exercise generator under load for 4 continuous hours. Proper maintenance and inspection of the generator helps to ensure proper functioning in an emergency situation.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. During document Review on 2/5/2019 at 11:20 AM with the Director of Maintenance, it was found that there was not any documentation for the annual fuel quality test . The last documented test was 2/19/2017. According to NFPA 110, 8.3.8, "A fuel quality test shall be performed at least annually using tests approved by ASTM standards. <p>During an interview with the Director of Maintenance on 2/5/2019 at 10:15 AM, it was acknowledged that the test had not been done and that the generator contractor usually pulls the fuel sample during the generator's annual inspection.</p> <p>NFPA 101 - 9.1.3 NFPA 99 - 6.4.4, 6.5.4, 6.6.4 NFPA 110 - 8.3.8</p> <ol style="list-style-type: none"> 2. During Document review at 11:30 AM on 2/05/2019 with the Maintenance Director, it was found that there was a lack of documentation for the 4-hour load bank test as required. Four hour load banks are required every 36 months. The last documented load bank found was completed 11/19/2015. <p>During interview at 11:33 AM on 2/05/2019 with the Maintenance Director, it was stated that the load bank test was scheduled to be performed</p>	K 918	<p>any agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date certain.</p> <ol style="list-style-type: none"> 1. 4-hour load bank testing and annual fuel quality test were scheduled upon identification of missing maintenance records, and Administrator provided in-service education to maintenance staff on generator and fuel testing requirements under NFPA 99 and NFPA 101. Completion date is 3/7/2019 2. All generator maintenance records and the generator maintenance schedule were reviewed for accuracy by Director of Community Services and Administrator 3. Administrator will review generator maintenance schedule and documentation monthly for compliance with maintenance staff 4. The generator maintenance schedule will be audited by the Administrator monthly for one year, and subsequently annually for 24 months; findings will be reported and reviewed at the monthly QA/PI committee meeting 	

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K 918	Continued From page 4 within the week. It was then stated that scheduling will be reviewed so further testing will be timely. NFPA 101 - 9.1.3 NFPA 110 - 8.4.9 Class III	K 918		
K1011 SS=F	NFPA 101 Fire Doors Communicating openings in dividing fire barriers required by 18.1.4.4.1 & 19.1.4.4.1 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. NFPA 101 (2012 edition) 18.1.1.4.1.1 & 19.1.1.4.1.2, 8.3.3.1. This Statute or Rule is not met as evidenced by: Based on documentation review and interview, the facility failed to conduct the annual inspection of fire doors according to NFPA 80. Fire doors help to contain hazardous conditions and the failure of these doors endangers all persons within the facility by allowing the passage of smoke, flames, noxious gases, etc. into adjoining compartments.	K1011	The statements made in this plan of correction are not and do not constitute any agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. The following plan of	3/7/19

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K1011	<p>Continued From page 5</p> <p>The findings include:</p> <p>During the document review with the Director of Maintenance and maintenance staff on 2/5/2019 at 11:15 AM, it was found that there was a lack of documentation for the 11 point annual inspection for rated fire doors.</p> <p>During interview with the Director of Maintenance on 2/5/2019 at 11:20 AM, it was stated that they were unsure of what was included in the new regulation. It was also stated that now that they know what needs to be done that it would be done immediately.</p> <p>NFPA 80 - 5.2.4.2 CMS S & C 17-38 NFPA 101 4.5.7, 4.5.8, 4.6.12.1, 4.6.12.3, 4.6.12.4, 8.3, 8.3.3, 8.5.4.5, 19.3.6.3.16, 19.3.7.6, 19.7.6</p> <p>Class III</p>	K1011	<p>correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date certain.</p> <ol style="list-style-type: none"> Maintenance staff completed NFPA training on the requirements of NFPA 80 relative to the annual inspection of fire doors, other doors, and other openings, and inspection rounds were initiated immediately; inspection completion date is 3/7/2019 Administrator and maintenance staff reviewed NFPA 80 requirements to ensure proper inspection procedures and documentation Fire door, other door, and other relevant opening inspections will be scheduled at least annually, and the schedule reviewed semi-annually for compliance by the Administrator Door inspection results will be audited by the Administrator at least quarterly, and findings will be reported and reviewed at the monthly QA/PI committee meeting 	

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

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OMB NO. 0938-0391

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E 000	<p>Initial Comments</p> <p>An unannounced Emergency Preparedness survey for re-certification was conducted on 2/05/2019 at Abbey Delray, a Nursing Home in Delray Beach, Florida.</p> <p>The facility was IN compliance with 42 CFR 483.73, Requirements for Nursing Homes.</p>	E 000			

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 000	INITIAL COMMENTS An unannounced Fire & Life Safety re-certification survey was conducted 2/05/2019 at Abbey Delray, a nursing home in Delray Beach, Florida. Abbey Delray, is not in substantial compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012) requirements for nursing homes. Deficiencies were found at the time of the visit. Initial Plan Review: 1980/1998 Existing NFPA 220 Construction Type: II (111) Number of beds: 100 Census: 96 The following is description of the deficiencies, found at the time of the visit.	K 000		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____	K 353		3/7/19

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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 353	<p>Continued From page 1</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview the facility failed to maintain documentation for the inspection of the Sprinkler System. Inspection and/or maintenance helps to ensure proper operation of the sprinkler system. Failure to periodically inspect the sprinkler system could cause delay or failure in the system which could endanger all persons within the facility.</p> <p>The findings include:</p> <p>During document review on 2/05/2019 at 10:20 AM with the Director of Maintenance, it was found that there was a lack of documentation for the 2nd quarter of 2018 quarterly sprinkler system inspection. Required automatic sprinkler systems are and must be maintained in reliable operating condition and are inspected and tested periodically.</p> <p>During interview with the Director of Maintenance on 2/05/2019 at 10:25 AM, it was acknowledged that the inspection was missed. The contractor was contacted to validate the missing inspection.</p> <p>NFPA 101 - 19.7.6 NFPA 101 - 4.6.12 NFPA 13 NFPA 25 - 9.7.5</p>	K 353	<p>The statements made in this plan of correction are not and do not constitute any agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date certain.</p> <ol style="list-style-type: none"> 1. Quarterly fire sprinkler inspection documentation was reviewed subsequent to the second quarter of 2018, and the presence of inspection reports confirmed; Administrator provided in-service education to maintenance staff on generator testing requirements under NFPA 101 2. All fire sprinkler maintenance records and the fire sprinkler maintenance schedule were reviewed for accuracy by Director of Community Services and Administrator 3. Administrator will review the fire sprinkler maintenance schedule and documentation monthly for compliance with maintenance staff 4. The fire sprinkler maintenance schedule will be audited monthly by the Administrator for one year, and findings 		

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K 353	Continued From page 2	K 353		
K 761 SS=F	<p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by:</p> <p>Based on documentation review and interview, the facility failed to conduct the annual inspection of fire doors according to NFPA 80. Fire doors help to contain hazardous conditions and the failure of these doors endangers all persons within the facility by allowing the passage of smoke, flames, noxious gases, etc. into adjoining compartments.</p> <p>The findings include:</p> <p>During the document review with the Director of Maintenance and maintenance staff on 2/5/2019 at 11:15 AM, it was found that there was a lack of documentation for the 11 point annual inspection for rated fire doors.</p>	K 761	<p>will be reported and reviewed at the monthly QA/PI committee meeting</p> <p>The statements made in this plan of correction are not and do not constitute any agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date certain.</p> <p>1. Maintenance staff completed NFPA training on the requirements of NFPA 80 relative to the annual inspection of fire</p>	3/7/19

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K 761	Continued From page 3 During interview with the Director of Maintenance on 2/5/2019 at 11:20 AM, it was stated that they were unsure of what was included in the new regulation. It was also stated that now that they know what needs to be done that it would be done immediately. NFPA 80 - 5.2.4.2 CMS S & C 17-38 NFPA 101 4.5.7, 4.5.8, 4.6.12.1, 4.6.12.3, 4.6.12.4, 8.3, 8.3.3, 8.5.4.5, 19.3.6.3.16, 19.3.7.6, 19.7.6	K 761	doors, other doors, and other openings, and inspection rounds were initiated immediately; inspection completion date is 3/7/2019 2. Administrator and maintenance staff reviewed NFPA 80 requirements to ensure proper inspection procedures and documentation 3. Fire door, other door, and other relevant opening inspections will be scheduled at least annually, and the schedule reviewed semi-annually for compliance by the Administrator 4. Door inspection results will be audited by the Administrator at least quarterly, and findings will be reported and reviewed at the monthly QA/PI committee meeting	
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by	K 918		3/7/19

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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 918	<p>Continued From page 4</p> <p>competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to maintain inspection and testing for the emergency generator. Proper maintenance and inspection of the generator helps to ensure proper functioning in an emergency situation.</p> <p>Findings include:</p> <p>During Document review at 11:30 AM on 2/05/2019 with the Maintenance Director, it was found that there was a lack of documentation for the 4-hour load bank test as required. Four hour load banks are required every 36 months. The last documented load bank found was completed 11/19/2015.</p> <p>During interview at 11:33 AM on 2/05/2019 with the Maintenance Director, it was stated that the load bank test was scheduled to be performed within the week. It was then stated that scheduling will be reviewed so further testing will</p>	K 918	<p>The statements made in this plan of correction are not and do not constitute any agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date certain.</p> <ol style="list-style-type: none"> 4-hour load bank testing was scheduled upon identification of missing maintenance records, and Administrator provided in-service education to maintenance staff on generator testing requirements under NFPA 99 All generator maintenance records and the generator maintenance schedule 		

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

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K 918	Continued From page 5 be timely. NFPA 101 - 9.1.3 NFPA 110 - 8.4.9	K 918	were reviewed for accuracy by Director of Community Services and Administrator 3. Administrator will review generator maintenance schedule and documentation monthly for compliance with maintenance staff 4. The generator maintenance schedule will be audited by the Administrator monthly for one year, and subsequently annually for 24 months; findings will be reported and reviewed at the monthly QA/PI committee meeting		