

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2019
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY C	STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410
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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) COMPLETE DATE
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K 000	<p>INITIAL COMMENTS</p> <p>This is an unannounced Fire Life Safety State relicensure Survey conducted on February 11, 2019 at Heartland Health Care Center Prosperity Oaks (license 121096) a nursing home in Palm Beach Gardens, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015 edition) and applicable requirements of Florida State Fire Marshall's Rules and Regulations, Florida Administrative Code F.A.C. 69A-3, F.A.C. 69A-53, F. A.C. and Florida Statutes (F.S.) 400 Part II and F.S. 633.0215, adopting National Fire Protection (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 in the time of the visit.</p>	K 000		
K 345 SS=E	<p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to comply with NFPA 101 and NFPA 72 14.4.3.2 . Duct detector differential annual testing. The deficient practice could affect all smoke compartments, and all occupants of the</p>	K 345	<p>Without admitting or conceding either the scope or the severity of the deficiencies, Heartland Health Care Center Prosperity Oaks submits this plan of corrections in order to be in compliance with the</p>	3/13/19

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

TITLE

(X8) DATE

Electronically Signed

02/26/19

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K 345	<p>Continued From page 1</p> <p>facility.</p> <p>The findings included:</p> <p>During record review and interview on 02/11/19 at 11:00 AM with the Maintenance Director, the facility failed to produce documentation of an annual differential test on the duct detectors. The Maintenance Director acknowledged the absence of documentation.</p> <p>Class III</p>	K 345	<p>regulation.</p> <p>K345</p> <p>Duct detector differential annual testing has been performed and completed.</p> <p>The annual duct detector differential testing was completed by contractor vendor on February 19, 2019 showing compliance with NFPA code 72 14.4.3.2. No smoke compartments or any other compartments of the facility were affected. Contracted HVAC company also came to facility on February 19,2019 ensuring compliance with annual testing requirements.</p> <p>The maintenance supervisor will ensure of annual duct detector differential annual testing to be performed/scheduled annually by use of TELS system and/or contracted vendor schedule. This will ensure compliance with annual testing and documentation.</p>	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105762	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2019
NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410	
(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 An unannounced Fire & Life Safety recertification survey was conducted on February 11, 2019 at Heartland Health Care Center Prosperity Oaks, a nursing home in Palm Beach Gardens, Florida. Heartland Health Care Center Prosperity is 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: 1991 Existing NFPA 220 Construction Type: Type II (III) Census 115	K 000		
K 345 SS=E	The following is description of noncompliance Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to comply with NFPA 101 and NFPA 72 14.4.3.2 . Duct detector differential annual testing. The deficient practice could affect all smoke compartments, and all occupants of the facility.	K 345	Without admitting or conceding either the scope or the severity of the deficiencies, Heartland Health Care Center Prosperity Oaks submits this plan of corrections in order to be in compliance with the regulation.	3/13/19

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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 345	<p>Continued From page 1</p> <p>The findings included:</p> <p>During record review and interview on 02/11/19 at 11:00 AM with the Maintenance Director, the facility failed to produce documentation of an annual differential test on the duct detectors. The Maintenance Director acknowledged the absence of documentation.</p>	K 345	<p>K345</p> <p>Duct detector differential annual testing has been performed and completed.</p> <p>The annual duct detector differential testing was completed by contractor vendor on February 19, 2019 showing compliance with NFPA code 72 14.4.3.2. No smoke compartments or any other compartments of the facility were affected. Contracted HVAC company also came to facility on February 19,2019 ensuring compliance with annual testing requirements.</p> <p>The maintenance supervisor will ensure of annual duct detector differential annual testing to be performed/scheduled annually by use of TELS system and/or contracted vendor schedule. This will ensure compliance with annual testing and documentation.</p> <p>The maintenance Supervisor will monitor this deficient practice through the quality assurance committee for one month and thereafter as deemed needed.</p>		

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E 000	<p>Initial Comments</p> <p>An unannounced Life Safety Code Emergency Preparedness survey was conducted on February 11, 2019 at Heartland Health Care Center Prosperity Oaks, a nursing home in Palm Beach Gardens, Florida.</p> <p>The facility is in compliance with 42 CFR Part 483.73, requirements for Emergency Preparedness for Long Term Care Facilities.</p> <p>The facility was found in compliance at the time of survey.</p>	E 000			

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