Agency fo	or Health Care Adminis	tration): 03/05/2019 1 APPROVEE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - MAIN LIC		(X3) DATE SURVEY COMPLETED	
		95038	B. WING		02/1	11/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HEARTLA	ND HEALTH CARE CENT	TER PROSPERITY (SPERITY FAR			
112701727		PALM BEA	CH GARDENS			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST ES PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFREENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETE DATE		
K 000	INITIAL COMMENTS		K 000			
	relicensure Survey co 2019 at Heartland He Oaks (license 121096 Beach Gardens, Flori National Fire Protectic 101 (2015 edition) an Florida State Fire Mar Regulations, Florida & 69A-3, F.A.C. 69A-53 Statutes (F.S.) 400 P. Adopting National Fire 101 (2015 edition) ken Prevention Code and Standards and require 101, Chapter 2.	on Association (NFPA) 1 and d applicable requirements of shalf's Rules and diministrative Code F.A.C., F.A.C. and Florida art II and F.S. 633.0215, Protection (NFPA) 1 and wan as the Florida Fire all NFPA referenced ements adopted per NFPA cription of the deficiencies,				
К 345 SS=E	A fire alarm system is accordance with an a with the requirements Electric Code, and NF and Signaling Code. I	esting and Maintenance tested and maintained in pproved program complying of NFPA 70, National FPA 72, National Fire Alarm	K 345			3/13/19

available.

testing. The deficient practice could affect all smoke compartments, and all occupants of the LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

facility failed to comply with NFPA 101 and NFPA

72 14.4.3.2 . Duct detector differential annual

9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the

TITLE Electronically Signed 02/26/19

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

STATE FORM BOY621 if continuation sheet 1 of 2

(X6) DATE

Agency f	or Health Care Adminis	tration				: 03/05/2019 I APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 14 - MAIN LIC	(X3) DATE S COMPLI	
		95038	B. WING		02/1	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HEARTLA	IND HEALTH CARE CENT	TER PROSPERITY (SPERITY FAR			
			CH GARDENS			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
K 345	Continued From page	:1	K 345			
	facility.			regulation. K345		
	11:00 AM with the Ma facility failed to produ- annual differential tes	and interview on 02/11/19 at intenance Director, the ze documentation of an to nthe duct detectors. The acknowledged the absence		Duct detector differential annual testin has been performed and completed. The annual duct detector differential testing was completed by contractor vendor on February 19, 2019 showing compliance with NFPA code 72 14.4. No smoke compartments or any other compartments of the facility were affect the contracted HVAC company also came facility on February 19,2019 ensuring compliance with annual testing requirements. The maintenance supervisor will ensurnual duct detector differential annual testing to be performed/scheduled annually by use of TELS system and/contracted vendor schedule. This will ensure compliance with annual testing documentation.	g 3.2. r cted. e to ere of al	

6590

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

PRINTED: 03/05/2019 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN FED	(X3) DATE SURVEY COMPLETED
		105762	B. WING		02/11/2019
	ROVIDER OR SUPPLIER	TER PROSPERITY OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410	-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
K 000	INITIAL COMMENTS		K 00	0	
	survey was conducte Heartland Health Ca nursing home in Palm Heartland Health Car compliance with 42 C 488.307, and National	e & Life Safety recertification d on February 11, 2019 at re Center Prosperity Oaks, a n Beach Gardens, Florida. e Center Prosperity is in FFR 483 Subpart B, 42 CFR If Fire Protection Association ition) requirements for			
	Initial Plan Review: 1 Existing NFPA 220 Construction Census 115	on Type: Type II (III)			
K 345 SS=E		ription of noncompliance Festing and Maintenance	K 34	5	3/13/19
	A fire alarm system is accordance with an exquirements Electric Code, and NI and Signaling Code. acceptance, maintenavailable. 9.6.1.3, 9.6.1.5, NFP, This REQUIREMENT by: Based on record rev facility failed to comp 72 14.4.3.2. Duct de testing. The deficient	ance and testing are readily		Without admitting or concedir scope or the severity of the de HeartInad Health Care Center Oaks submits this plan of corr order to be in compliance with	oficiencies, Prosperity ections in

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

(X6) DATE

Electronically Signed 02/26/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other asfeguards provide sufficient protection to the patients. (See instructions.) Except for running homes, the findings stated above are disclossable 80 days, to following the data of survey whether or on a plan of correction is provided. For running homes, the above findings and piles of correction are disclossable 14 days following the date these occurrents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 03/05/2019 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES ST

CENTERS FOR MEDICARE & MEDICAID SERVICES C					
NO DEAN OF CODDITIONS STORY STORY NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED	(X3) DATE SURVEY COMPLETED		
	105762	B. WING	00/44/0040		

105762 02/11/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS			11375 PROSPERITY FARMS ROAD		
HEARTLA	ND REALIN CARE CENTER PROSPERITY OARS		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) OMPLETION DATE	
K 345	Continued From page 1 The findings included: 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.	кз	Duct detector differential annual testing has been performed and completed. 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. 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 scheduled. This will ensure compliance with annual testing and documentation. The maintenance Supervisor will monitor this deficient practice through the quality assurance committee for one month and thereafter as deemed needed.		

PRINTED: 03/05/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED
		105762	B. WING		0:	2/11/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE	
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 334	410	
(X4) ID PREFIX TAG	SUMMANY STATEMENT OF DEFICIENCIES D PROVIDER'S FLAN OF CO. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE. CROSS-REFERENCED TO THE.		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
E 000	Initial Comments		ΕO	00		
	Preparedness survey 11, 2019 at Heartland	e Safety Code Emergency r was conducted on February If Health Care Center ursing home in Palm Beach				

The facility is in compliance with 42 CFR Part 483.73, requirements for Emergency Preparedness for Long Term Care Facilities.

Gardens, Florida,

The facility was found in compliance at the time of survey.

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

Electronically Signed

02/26/2019

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.