

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES DUNEDIN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>870 PATRICIA AVE DUNEDIN, FL 34698</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) COMPLETE DATE
{K 000}	INITIAL COMMENTS  An unannounced Fire & Life Safety revisit survey was conducted on 11/10/2021 at Manorcare Health Services Dunedin, a nursing home in Dunedin, Florida. This was a follow-up to the Fire & Life Safety relicensure survey completed on 09/15/2021.  The following is description of the deficiencies, found at the time of the visit.	{K 000}		
{K 741} SS=D	NFPA 101 Smoking Regulations  Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 (Note smoking tower disposal receptacles are	{K 741}		11/30/21

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

11/24/21

Agency for Health Care Administration

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{K 741}	<p>Continued From page 1</p> <p>not ashtrays)</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview with the Environmental Services Director, the facility failed to monitor the employee smoking area in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the facility tour with the Maintenance Director and the Environmental Services Director on 11/10/2021 between 9:00 a.m. and 9:30 a.m., it was observed that cigarette butts were found discarded with combustible items (paper/plastics) in the trash container in the employee smoking area. The Environmental Services Director said that staff were instructed to empty the container designated for cigarette butts in the dumpster and not the trash container.</p> <p>Per NFPA 101 (2018 Edition) 19.7.4(6)</p> <p>Class III</p>	{K 741}	<p>The statements made on this plan of correction are not and do not constitute an agreement with the alleged deficiencies.</p> <ul style="list-style-type: none"> <li>- Combustible materials were immediately removed from non-smoking receptacle on 11-10-21.</li> <li>- No other smoking containers to be audited.</li> <li>- Maintenance Director and/or designee will educate facility staff on new smoking areas off property as well as not placing combustible items in onsite receptacles.</li> <li>- Facility has adopted the process for non-smoking with full implementation date of 11-29-21.</li> <li>- Maintenance Director and/or designee will conduct random weekly audits x4 and monthly x2 to ensure requirements are met.</li> <li>- The Maintenance Director and/or designee will report findings of audits at facility QA&amp;A meetings for three months for review and further recommendations.</li> </ul>	

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

PRINTED: 12/01/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105436</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES DUNEDIN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>870 PATRICIA AVE</b> <b>DUNEDIN, FL 34698</b>	
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{K 000}	INITIAL COMMENTS  An unannounced Fire & Life Safety revisit survey was conducted on 11/10/2021 at Manorcare Health Services Dunedin, a nursing home in Dunedin, Florida. This was a follow-up to the Fire & Life Safety recertification survey completed on 09/15/2021.	{K 000}		
{K 741} SS=D	The following is description of the deficiencies, found at the time of the visit.  Smoking Regulations CFR(s): NFPA 101  Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	{K 741}		11/30/21

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Electronically Signed

11/24/2021

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 741}	<p>Continued From page 1 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview with the Environmental Services Director, the facility failed to monitor the employee smoking area in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the facility tour with the Maintenance Director and the Environmental Services Director on 11/10/2021 between 9:00 a.m. and 9:30 a.m., it was observed that cigarette butts were found discarded with combustible items (paper/plastics) in the trash container in the employee smoking area. The Environmental Services Director said that staff were instructed to empty the container designated for cigarette butts in the dumpster and not the trash container.</p> <p>Per NFPA 101 (2012 Edition) 19.7.4(6)</p>	{K 741}	<p>The statements made on this plan of correction are not and do not constitute an agreement with the alleged deficiencies.</p> <ul style="list-style-type: none"> <li>- Combustible materials were immediately removed from non-smoking receptacle on 11-10-21.</li> <li>- No other smoking containers to be audited.</li> <li>- Maintenance Director and/or designee will educate facility staff on new smoking areas off property as well as not placing combustible items in onsite receptacles.</li> <li>- Facility has adopted the process for non-smoking with full implementation date of 11-29-21.</li> <li>- Maintenance Director and/or designee will conduct random weekly audits x4 and monthly x2 to ensure requirements are met.</li> <li>- The Maintenance Director and/or designee will report findings of audits at facility QA&amp;A meetings for three months for review and further recommendations.</li> </ul>		