

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2022
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 1730 NE PINE ISLAND RD CAPE CORAL, FL 33909
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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
K 000	<p>Initial Comments</p> <p>An announced initial licensure survey was conducted 5/2/22 at Encompass Health and Rehabilitation, a hospital in Cape Coral, Florida.</p> <p>This survey was conducted in accordance with National Fire Protection Association (NFPA) 1 and 101 (2018 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-3, Florida Statutes (F.S.) 395.001-395.3041 Part I, and (F.S.) 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2018 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.</p>	K 000		
K 355 SS=F	<p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers</p> <p>Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>18.3.5.12, 19.3.5.12, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that the fire extinguishers were visible from the normal path of travel. In accordance with NFPA 10 (2018 Edition) 6.1.3.3.4</p> <p>The findings included:</p> <p>On 5/2/22 at 11:30 a.m. while touring the facility, it</p>	K 355		

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

TITLE

(X8) DATE

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K 355	Continued From page 1 was observed that the wall mounted fire extinguisher cabinets in the corridors and rooms could not be easily seen due to the lack of signage. When asked, the Maintenance Director stated that he could not see the cabinets as well. Concurrent with the observation and at the exit conference, the Maintenance Director and Administrator acknowledged the findings. Per. NFPA 101 (2018 Edition) 9.9 per NFPA 10 (2018 Edition) 6.1.3.3.4 Class III	K 355		
K 902 SS=D	NFPA 99 Gas and Vacuum Piped Systems - Other Gas and Vacuum Piped Systems - Other List in the REMARKS section any NFPA 99 Chapter 5 Gas and Vacuum Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included. Chapter 5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that the external bulk oxygen storage room was constructed in accordance with NFPA 99 (2018 Edition) 5.1.3.3.4 (1) The findings included: On 5/2/22 at 11:45 a.m. while touring the facility, it was observed that the outside bulk oxygen	K 902		

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K 902	<p>Continued From page 2</p> <p>storage room had ventilation on only 2 of it's 4 sides. When asked, the Maintenance Director stated he was unaware that all 4 walls were required to be ventilated.</p> <p>Concurrent with the observation and at the exit conference, the Maintenance Director and Administrator acknowledged the findings.</p> <p>Per NFPA 101 (2018 Edition) 18.3.2.4 per NFPA 99 (2018 Edition) 5.1.3.3.4 (1)</p> <p>Class III</p>	K 902		