Agency fr	or Health Care Adminis	tration				: 06/16/202 APPROVE	
Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	A. BUILDING: 04 - MAIN LIC		COMPLETED	
			B. WING		R		
		HL103038			1 06/06	6/2022	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE			
ENCOMPA	ASS HEALTH REHABILIT	ATION HOSPITAL C MIAMI, FL	33189				
(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 CROSS-REFERENCED TO THE APPROPE DEFIGIENCY)	ACTION SHOULD BE TO THE APPROPRIATE		
(K 000)	Initial Comments		{K 000}		arana ana		
	was conducted on 06. Health Rehabilitation in Miami, Florida. This to the Annual Fire & L on 05/11/2022. All previously cited Fire	& Life Safety annual survey //06/2022 for Encompass Hospital of Miami, a hospital is follow-up was in reference ife Safety survey completed re & Life Safety deficiencies			опривення выселения выправления выстративления выправления выправления выправления выправления выстративления выправления выправления выправления выправления выпр		
{K 353}	were not corrected. NFPA 101 Sprinkler S Testing	system - Maintenance and	{K 353}				
		aintenance and Testing					
	inspected, tested, and with NFPA 25, Standa Testing, and Maintain	ing of Water-based Fire Records of system design, ion and testing are e location and readily em last checked					
	c) Water system supp	ely source			in the second se		
			1		į.		

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system.

facility failed to maintain their automatic fire sprinkler system (AFSS) in accordance with LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler

9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on record review and staff interviews, the

> TITLE (X6) DATE

> > 06/14/22

Agency fo	or Health Care Adminis	tration				: 06/16/2022 I APPROVEE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - MAIN LIC		(X3) DATE SURVEY COMPLETED	
		HL103038	B. WING		06/0	6/2022	
NAME OF PE	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ITE, ZIP CODE			
ENCOMPA	ISS HEALTH REHABILIT	ATION HOSPITAL C	LD CUTLER RD L 33189				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	SHOULD BE COMPLETE		
(K 353)	Continued From page 1		{K 353}	353}			
	NFPA 101.						
	Findings include:						
	06/06/2022 between a Director of Plant & Sa revealed that the facility	ecord review process on 8:00 am to 9:00 am with the fiety Operations, it was itly failed to correct and in for Fire Department year hydrostatic test.					
	& Safety Operations a	ducted with Director of Plant and Chief Executive Officer oservations and confirmed					
	NFPA 101 (2018 Edition NFPA 25 (2017 Edition						
	Class III						
{K 372}	NFPA 101 Subdivision Smoke Barrie	n of Building Spaces -	{K 372}				
	Subdivision of Buildin Construction	g Spaces - Smoke Barrier					
	fire resistance rating	be constructed to a 1/2-hour per 8.5. Smoke barriers terminate at an atrium wall.					

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2015 NEW

Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.

STATE FORM caso L29H22 If continuation sheet 2 of 5

		L. F.				: 06/16/2022 APPROVE	
Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - MAIN LIC		(X3) DATE SURVEY COMPLETED		
		HL103038	B. WING	B. WING		R 06/06/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE			
ENCOMPA	ASS HEALTH REHABILIT	ATION HOSPITAL C 20601 OL MIAMI, FI	D CUTLER RD 33189				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	CORRECTIVE ACTION SHOULD BE CEFERENCED TO THE APPROPRIATE		
{K 372}	Continued From page	Continued From page 2					
	least a one hour fire a constructed in accord barriers shall be permatrium wall. Smoke diduct penetrations of fit 18.3.7.3, 18.3.7.4, 18 Describe any mechan in REMARKS. This STANDARD is n Based on observation facility failed to maint restricting the passag accordance with NFP. Findings include: During the follow-up is on 06/06/2022 at 9:16 Plant & Safety Operation 500 bove the color 500 above the color 500 above the color 500 above the color 500 above the colors.	ance with 8.5. Smoke ittled to terminate at an ampers are not required in ally ducted HVAC systems. 3.7.5, 8.3 sized smoke control system not met as evidenced by: and staff interviews, the ain a system capable of e of smoke and fire in A 101. If e safety tour of the facility is am with the Director of ions, it was observed fire eiling, the facility failed to thour fire rated wall which					
	An interview was cone & Safety Operations of observations and con						

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Class III

Extens

(Photographic Evidence Included) NFPA 101 (2018 Edition) 19.3.7.3, 8.5, 8.5.6

(K 920) NFPA 99 Electrical Equipment - Power Cords and

(K 920)

PRINTED: 06/16/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 04 - MAIN LIC B MING HL103038 06/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (K 920) Continued From page 3 (K 920) Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8

(NFPA 70), 590.3(D) (NFPA 70)

This STANDARD is not met as evidenced by: Based on observation and staff interviews, the facility failed to properly maintain the electrical system in accordance with NFPA 1, using extension cord power strips as a substitute for permanent/fixed wiring.

Findings include:

During the follow-up life safety tour of the facility on 06/06/2022 with the Director of Plant & Safety Operations, it was observed as follows:

PRINTED: 06/16/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 04 - MAIN LIC B. WING 06/06/2022 HL103038 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (X4) ID SLIMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) (K 920) Continued From page 4 {K 920} 1) At 9:23 am at the security desk, the facility failed to correct extension cord power strip being used to plug in electrical equipment. 2) At 9:26 am inside the command center conference room, the facility failed to correct extension cord power strip being use to plug in radio walkie talkies. An interview was conducted with Director of Plant & Safety Operations concurrent with the observations and confirmed the findings. (Photographic Evidence Included) NFPA 1 (2018 Edition) 11.1.5, 11.1.5.6, 11.1.2.1 NFPA 70 (2017 Edition) 400.12 Class III