

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHAB HOSPITAL AN AFFILIA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 SE COMMUNITY DR STUART, FL 34997
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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 unannounced Fire & Life Safety Relicensure survey was conducted on 04/24/23 at Encompass Health Rehab Hospital an Affiliate of Martin Health, a hospital in Stuart, Florida 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 a description of the deficiencies, found at the time of the visit.</p>	K 000		
K 222	<p>NFPA 101 Egress Doors</p> <p>Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the</p>	K 222		

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

TITLE

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K 222	<p>Continued From page 1</p> <p>safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain its egress doors, in</p>	K 222		

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K 222	Continued From page 2 accordance with NFPA 101. The findings include: On 04/24/23 between the hours of 12:40 PM through 1:55 PM, while on facility tour with the facilities Management Director, the egress door across from room 422, the panic bar used to open the door needed a lot of force while pressing on the bar to open the door to exit the facility. An interview was conducted with the facilities Management Director concurrent with the observation and the findings were confirmed. NFPA 101 (2018 edition) 19.2.2.2.1, 7.2.1.4.5.1, 7.2.1.6.1.1 (3) (a)	K 222		
K 324	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required	K 324		

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K 324	<p>Continued From page 3</p> <p>to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain its commercial cooking hood, in accordance with NFPA 101.</p> <p>The findings include:</p> <p>On 04/24/23 between the hours of 12:40 PM through 1:55 PM, while on facility tour with the facilities Management Director, the grease filters in the commercial cooking hood were not sealed tight, which would allow all exhaust air to pass through each filter. This would allow grease to build up behind the filters in the interstitial space.</p> <p>An interview was conducted with the facilities Management Director concurrent with the observation and the findings were confirmed.</p> <p>NFPA 101 (2018 edition) 19.3.2.5.1, 9.2.3 NFPA 96 (2017 edition) 6.2.3.4</p>	K 324		