

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 1847 FLORIDA AVE PANAMA CITY, FL 32405
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K 000	<p>Initial Comments</p> <p>An unannounced Fire & Life Safety re-licensure survey was conducted on 07/11/2023 at Encompass Hospital & Rehabilitation Hospital of Panama City, a hospital in Panama City, Florida, in accordance with National Fire Protection Association (NFPA) sections 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) sections 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 found at the time of the visit.</p>	K 000		
K 271	<p>NFPA 101 Discharge from Exits</p> <p>Discharge from Exits</p> <p>Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38.</p> <p>18.2.7, 19.2.7, S&C 05-38</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the Maintenance Director, the facility failed to maintain one of the accessible exits. This could impede or deny the exiting of occupants in an</p>	K 271		

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

TITLE

(X8) DATE

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K 271	<p>Continued From page 1</p> <p>emergency.</p> <p>The findings include:</p> <p>During the Fire & Life Safety tour of the facility with the Maintenance Director on 07/11/2023 from 9:00 am to 12:00 pm, it was observed that the double doors from the central gym were not accessible from the gym side. The push bars used to exit through the doors are located only on the hall side.</p> <p>The Maintenance Director verified these findings at the times observed.</p> <p>Per NFPA 101 (2018) chapters 19.2.1 and 7.5.1., "Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with chapter 7, unless otherwise modified by 19.2.1. Exits and exit access shall be arranged to be readily accessible at all times."</p> <p>Class III</p>	K 271		
K 325	<p>NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR)</p> <p>Alcohol Based Hand Rub Dispenser (ABHR)</p> <p>ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met:</p> <ul style="list-style-type: none"> * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single 	K 325		

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K 325	<p>Continued From page 2</p> <p>smoke compartment outside a storage cabinet, excluding one individual dispenser per room</p> <ul style="list-style-type: none"> * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access <p>18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview during the facility tour, the facility failed to install Alcohol Based Hand Rub Dispensers (ABHR) properly. Flammables not installed correctly can increase the chance of a hazardous situation and severely increase fire spread and heat release during a fire.</p> <p>The findings include:</p> <p>During the Fire & Life Safety tour of the facility with the Maintenance Director on 07/11/2023 from 9:00 am to 12:00 pm, it was observed that, in the west storage closet, the Alcohol Based Hand Rub Dispenser (ABHR) was mounted over an electrical outlet. This is not allowable as electrical outlets are an ignition source.</p> <p>The Maintenance Director verified these findings at the times observed.</p> <p>This issue is a violation of NFPA section 99, chapters 4.3, 10.7.2.1. and NFPA section 30.</p>	K 325		
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K 325	Continued From page 3 Class III	K 325		
K 341	<p>NFPA 101 Fire Alarm System - Installation</p> <p>Fire Alarm System - Installation</p> <p>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p> <p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview with the Maintenance Director, the facility failed to maintain the Fire Alarm System in accordance with NFPA section 101. Maintaining the Fire Alarm System ensures proper operation and lessens the chance of a delayed alarm activation under hazardous conditions.</p> <p>The findings include:</p> <p>During the Fire & Life Safety tour of the facility with the Maintenance Director on 07/11/2023 from 9:00 am to 12:00 pm, it was found that the pharmacy has been previously remodeled and a door was removed. However, a fire alarm pull station that was located next to the door was not</p>	K 341		

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K 341	<p>Continued From page 4</p> <p>moved. This caused the fire alarm pull station to be in a location that is not conspicuous or accessible.</p> <p>The Maintenance Director acknowledged this during the observation.</p> <p>This is a violation of NFPA section 72 (2016 Edition), chapter 17.14.8.2, which states, "Manual fire alarm boxes shall be installed so that they are conspicuous, unobstructed, and accessible."</p> <p>Class III</p>	K 341		
K 353	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p>	K 353		

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K 353	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the Maintenance Director, the facility failed to maintain their sprinkler system in accordance with NFPA section 101.</p> <p>The findings include:</p> <p>During the Fire & Life Safety tour of the facility with the Maintenance Director on 07/11/2023 from 9:00 am to 12:00 pm, the facility failed to provide a list of the installed sprinklers in the spare sprinkler cabinet that meets NFPA section 13 requirements.</p> <p>An interview was conducted with the Maintenance Director concurrent with the observations and confirmed the findings.</p> <p>This issue is a violation of NFPA section 101 (2018 Edition) chapters 19.3.5 and 9.7; NFPA section 25 (2017 Edition) chapters 5.4.1.5, 5.4.1.5.1, and 6.3.2.1; as well as NFPA section 13 (2016 Edition) chapters 6.2.9.7 and 6.2.9.7.1(1-4).</p> <p>Class III</p>	K 353		
K 363	<p>NFPA 101 Corridor - Doors</p> <p>Corridor - Doors</p> <p>2015 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke</p>	K 363		

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K 363	Continued From page 6 compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations (only for Federal survey citation) only on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. 2015 NEW Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with self-latching and positive latching hardware. Nonrated protective plates of unlimited height are permitted. Dutch	K 363		

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K 363	<p>Continued From page 7</p> <p>doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations (only for Federal survey citation) on corridor doors and rooms containing flammable or combustible materials. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the Maintenance Director, the facility failed to maintain proper maintenance of the fire/smoke doors. This condition could result in smoke compartments becoming involved in a fire and/or smoke situation. This could allow fire, smoke and fire gases to enter the compartment, which would impede or deny the exiting of occupants in an emergency and result in harm to the occupants.</p> <p>The findings include:</p> <p>During the Fire & Life Safety tour of the facility with the Maintenance Director on 07/11/2023 from 9:00 am to 12:00 pm, it was observed that the double fire doors located next to central supply were not closing properly. The were observed dragging on the floor.</p> <p>The Maintenance Director verified these findings at the times observed.</p> <p>This is a violation of NFPA section 101. (2018 edition.) Chapter 19 and 19.3.6.3.5, which states "Doors shall be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction."</p>	K 363		
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K 363	Continued From page 8 Class III	K 363		
K 781	<p>NFPA 101 Portable Space Heaters</p> <p>Portable Space Heaters</p> <p>Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius).</p> <p>18.7.8, 19.7.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the Maintenance Director, the facility failed to prohibit portable space heaters. Radiant heaters are a source of ignition and thereby are a danger to staff and occupants of the building.</p> <p>The findings include:</p> <p>During the Fire & Life Safety tour of the facility with the Maintenance Director on 07/11/2023 from 9:00 am to 12:00 pm, a heater was found in the Human Resource Directors office. The facility could not provide evidence that heating elements did not exceed 212°F (100°C) degrees.</p> <p>The Maintenance Director verified these findings at the times observed.</p> <p>Per NFPA section 101 (2018), chapter 19.7.8., "Portable space-heating devices shall be prohibited in all health care occupancies, unless both of the following criteria are met: (1) such devices are used only in non-sleeping staff and</p>	K 781		

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K 781	Continued From page 9 employee areas. and (2) The heating elements of such devices do not exceed 212°F (100°C)." Class III	K 781		