

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL110045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2024
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 901 CLEARWATER LARGO RD N LARGO, FL 33770
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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 re-licensure survey was conducted on 03/14/2024 at Encompass Health Rehab Hospital of Largo, a hospital in Largo, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2021 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 (2021 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 355	<p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, 9.9, and NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain portable fire extinguishers in accordance with NFPA 101.</p> <p>Findings included: On 03/14/2024 between the hours of 1:15 p.m. and 3:45 p.m. during the facility tour, it was observed that the Telecommunication room off of the</p>	K 355		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

03/27/24

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K 355	Continued From page 1 Automatic Transfer Switch (ATS) room was not provided with a clean agent extinguisher. (Photographic evidence obtained) The maintenance director was interviewed, and he stated that no clean agent extinguishers had been provided in the telecommunication rooms. per NFPA 101 (2021 Edition) 19.1.1.1.3, 4.6.12.1 per NFPA 99 (2021 Edition) 16.10.1.5 Class III	K 355		
K 372	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2021 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. 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 through 19.3.7.5.2, 8.5 2021 NEW Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless otherwise permitted by one of the following: (1) This requirement shall not apply where an	K 372		

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K 372	<p>Continued From page 2</p> <p>atrium is used, in which case both of the following criteria also shall apply:</p> <p>(a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c).</p> <p>(b) Not less than two separate smoke compartments shall be provided on each floor.</p> <p>(2) Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems.</p> <p>(3) The provisions of 8.5.6.5 and 8.5.7.2 shall not apply.</p> <p>18.3.7.3 through 18.8.7.5.2, 8.5</p> <p>For other than existing assemblies, where there is an accessible concealed floor, floor/ceiling, or attic space, fire barriers, smoke barriers, and smoke partitions shall be permanently identified with signs or stenciling in the concealed space and shall comply with all of the following:</p> <p>" (1) Be located in accessible concealed floor, floor/ceiling, or attic spaces.</p> <p>" (2) Be located within 15 ft (4572 mm) of the end of each wall and at intervals not exceeding 30 ft (9144 mm) measured horizontally along the wall or partition.</p> <p>" (3) Include lettering not less than 3 in. (76 mm) in height with a minimum 3/8 in. (9.5 mm) stroke in a contrasting color.</p> <p>" (4) Identify the wall type and its fire resistance rating, as applicable.</p> <p>8.2.2.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire barrier continuity in</p>	K 372		

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K 372	<p>Continued From page 3</p> <p>accordance with NFPA 101.</p> <p>Findings included: On 03/14/2024 between the hours of 1:15 p.m. and 3:45 p.m. during the facility tour, it was observed that a blowout style patch had been used above fire door next to accounts payable. The blow out patching is not a tested/approved system for fire barrier continuity.</p> <p>(Photographic evidence obtained)</p> <p>The maintenance director was interviewed, and he stated that the blow out patches had been there for years.</p> <p>per NFPA 101 (2021 Edition) 19.3.7.3, 8.3.3.2.1, 8.5.2.1</p> <p>Class III</p>	K 372		