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: 01, 05

HL23960109 B. WING\_ 03/27/2024

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

2275 SW 22ND LANE

ENCOMPASS HEALTH REHAB HOSPITAL OF OCALA 2275 SW 22ND LANE OCALA, FL 34471						
(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	Initial Comments  An unannounced Fire & Life Safety re-licensure survey was conducted on March 27,2024 at Encompass Health and Rehab Hospital of Ocala, a hospital in Ocala, 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 dministrative Code (F.A.C) 694-3, F.A.C. 694-53, F.A.C. 594-3, Florida Statutes (F.S.) 395.001 395.3041 Part I, and	K 000				
	(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. The following is a description of the deficiencies found at the time of the visit:					
K 324	NFPA 101 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

PRINTED: 04/09/2024 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: 01, 05 B. WING HL23960109 03/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2275 SW 22ND LANE ENCOMPASS HEALTH REHAB HOSPITAL OF OCALA OCALA, FL 34471 (X4) ID 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 324 Continued From page 1 K 324 to be enclosed as hazardous areas, but shall not be open to the corridor. 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 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to secure the power to the range located in the therapy gym when not in use. The findings include: During the facility tour with the Maintenance Director on 03/27/2024 at 3:57 PM in the therapy gym in the ADL ( Activities of Daily Living) room, there is a residential range that is still energized. The clock on the range has the time set to 3:57. An interview with the Maintenance Director on 03/27/2024 at 4:00 PM, states this has been a battle between maintenance and the therapy manager. The Maintenance Director states "can I bring in the therapy gym manager?" The therapy gvm manager states, "the range is never left energized when the director is not in the therapy gym." When asked where the director was, he stated, "I am not sure." NFAP 101 (2021 Edition) 19.3.2.5.2 (9) b These findings were reviewed with the

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Maintenance Director and the Administrator during the exit conference on 03/27/2024 at 4:15

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Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A BUILDING: 01, 05		(X3) DATE SURVEY COMPLETED	
		HL23960109	B. WING		03/2	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	ITE, ZIP CODE		
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE	
K 712	Continued From page	2	K 712			
K 712	NFPA 101 Fire Drills		K 712			
	Fire Drills					
	signal and simulation conditions. Fire drills times under varying con each shift. The sta and is aware that drill routine. Responsibility conducting drills is as persons who are qual Where drills are cond	are held at unexpected onditions, at least quartery ffils familiar with procedures s are part of established y for planning and signed only to competent lifled to exercise leadership. ucted between 9:00 PM and nouncement may be used				
	Based on record revie	not met as evidenced by: ew and staff interview the act fire drills as per NFPA				
	The findings include:					
	During record review Director on 03/27/202	with the Maintenance 24 at 12:35 PM, the facility				

holidays.

the findings.

did not conduct any fire drills on weekends or

An interview conducted with the Maintenance Director on 03/27/2024 at 12:40 PM, he concurred with the record review and confirmed

NFPA 101 (2021 Edition) 19.7.1.6 These findings were reviewed with the Maintenance Director and the Administrator

PRINTED: 04/09/2024 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: 01, 05 B MING HL23960109 03/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2275 SW 22ND LANE ENCOMPASS HEALTH REHAB HOSPITAL OF OCALA OCALA, FL 34471 (X433ID) 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 712 Continued From page 3 K 712 during the exit conference on 03/27/2024 at 4:15 PM. Class III K 761 K 761 NFPA 101 Maintenance Inspection & Testing Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80. Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (NFPA 101) 5.2. 5.2.3 (NFPA 80) This STANDARD is not met as evidenced by:

inspected. The findings include:

inspected.

Based on record review and staff interview the facility failed to produce documentation that the annual smoke door inspection has been

During record review with the Maintenance Director on 03/27/2024 at 11:15 AM, the documentation for the smoke door inspection was not produced. The Maintenance Director states, "he thinks this was done by the vendor at the time as the fire doors." No documentation was produced to show the smoke doors were

PRINTED: 04/09/2024 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: 01, 05 B. WING HL23960109 03/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2275 SW 22ND LANE ENCOMPASS HEALTH REHAB HOSPITAL OF OCALA OCALA, FL 34471 (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 761 Continued From page 4 K 761 An interview with the Maintenance Director on 03/27/2024 at 11:20 AM. he concurred with the findings and confirmed with the interview. NFPA 101 (2021 Edition) 19.7.6, 4.6.12.1, 8.3.3.3 through 8.3.3.3.5, 8.5.4.3, 8.5.4, 8.7.1.3, 8.8 NFPA 80 (2019 Edition) 5.2, 5.2.3) These findings were reviewed with the Maintenance Director and the Administrator during the exit conference on 03/27/2024 at 4:15 PM Class III. K 920 K 920 NFPA 99 Electrical Equipment - Power Cords and Extens 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 (PCRFE) 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.

STATE FORM caso O7G821 If continuation sheet 5 of 7

Agency f	or Health Care Adminis	tration				D: 04/09/2024 M APPROVEC
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05		(X3) DATE SURVEY COMPLETED	
		HL23960109	B. WING		03/2	27/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
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K 920	Continued From page					
	immediately upon cor which it was installed 10.2.4.	temporarily are removed npletion of the purpose for and meets the conditions of 0.2.4 (NFPA 99), 400-8 (NFPA 70)				vointe de la voint
	Based on observation facility failed to provid	not met as evidenced by: n and staff interview the ie an environment free from urces as permanent power.				no and
	The findings include:					
	Director on 03/27/202 PM, reloctable power following locations:  1. Extension cord of Room 146.  2. A mini refrigerato in the pharmacy.  3. The nursing statichained.	with the Maintenance 4 between 2:59 PM - 4:00 strips were found in the onnected to a power strip in r plugged into a power strip on has 5 power strips dalsy ommunication room.				продости на применения
	during the facility tour	rector was interviewed at the above listed areas, that power strips are being ower."				remain make make make make make make make

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NFPA 101 (2012Edition) CH 19.5.1, 9.1.2 NFPA 70 (2011 Edition) CH 400.12 (1) These findings were reviewed with the Maintenance Director and the Administrator during the exit conference on 03/27/2024 at 4:15

STATE FORM 699 O7G821 H continuation sheet 6 of 7

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05				
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NAME OF PROVIDER OR SUPPL	IER STREET	TADDRESS, CITY, STA	B. WING				
ENCOMPASS HEALTH REP		SW 22ND LANE A, FL 34471					
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Class III.							
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