

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL110027	(X3) DATE SURVEY COMPLETED 12/27/2017
NAME OF PROVIDER OR SUPPLIER HEALTHSOUTH SEA PINES REHABILITATION HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 101 E FLORIDA AVENUE MELBOURNE, FL 32901	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Fire and Life Safety relicensure survey was conducted on December 27, 2017 at Healthsouth Sea Pines Rehabilitation Hospital, state license # 4276, a Class III Hospital in Melbourne, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2012 edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, FAC 69A-53, FAC 59A-3, Florida Statutes(FS) 395.001, 395.3041 Part I, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2012) 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.

0921 - Electrical Equipment - Testing and Maintenanc - NFPA 99

Based on observation, interview and record review, the facility failed to maintain patient-care electrical equipment. Per NFPA 99 (2012 Edition) 10.5.2.1.1 "The facility shall establish policies and protocols for the type of test and intervals of testing for patient care-related electrical equipment." And Ch. 10.5.2.1.2 establishes that "All patient care-related electrical equipment shall be tested in accordance with 10.3.5.4..." Also Ch 10.5.3.1 "The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. And 1.5.3.1.1 specifies that "The documents specified in 10.5.3.1 shall include the following.."(11) Technical performance specifications."

Findings:

During the review of records on December 27, 2017 at approximately 10:00 a.m. records that would indicate that patient-care electrical equipment had been tested for electrical safety and calibration were reviewed. The record indicated that an electrical safety test had been performed for each piece of the electrical patient care equipment. The record did not show that electrical devices that require periodic calibration had been serviced. The inspection report by a contractor indicated that an electrical safety test had been performed on an ultrasound device and a note was added that the device required calibration. The therapy area was entered at approximately 10:30 a.m. and the ultrasound was located. Interview with the unit manager revealed that the owners manual was available for review. The owners manual indicated that the device required an annual calibration and no record could be located that the device had been calibrated. A policy that established service intervals could not be located.

These findings were reconfirmed with the Administrator during the closing conference at 2:30 p.m.

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NFPA 99 10.5.2.1.1, 10.3.5.4 Ch 10.5.3.1