PRINTED: 08/09/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A BUILDING 01 - MAIN FED 105901 R MING 07/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 STATE ROAD 13 WESTMINSTER WOODS ON JULINGTON CREEK JACKSONVILLE, FL 32259 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOURD RE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 000 INITIAL COMMENTS K 000 An unannounced Fire & Life Safety recertification survey was conducted 07/15/2019 at Westminster Woods on Julington Creek, a nursing home in Jacksonville, Florida. Westminster Woods on Julington Creek is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 edition) requirements for nursing homes. Initial Plan Review: 1974 Existina NFPA 220 Construction Type: Number of beds: 60 Census: 57 The following is description of the noncompliance. K 345 Fire Alarm System - Testing and Maintenance K 345 8/16/19 SS=D CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NEPA 70. National Electric Code, and NEPA 72, National Fire Alarm. and Signaling Code. Records of system acceptance, maintenance and testing are readily available 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on records review and staff interview, the Preparation and/or execution of this plan facility failed to maintain their fire alarm system does not constitute admission or records indicating all alarm and initiation devices agreement by the provider that the

were inspected, tested, and maintained in LABORATORY DIRECTOR'S OR PROVIDER/SLIPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

08/08/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

deficiency exits. This response is also not

TITLE

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08092/019 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES
(X1) PROVIDENSUPPLENCIA
IDENTIFICATION NUMBER

(X2) MULTIPLE CONSTRUCTION
(X3) DATE SURVEY
COMPLETED

COMPLETED

| 105901 | B. WING \_\_\_\_\_\_ | 07/15/2019

ME OF PROVIDER OR SUPPLIER | STREET ADDRESS CITY STATE 7/B CODE

			07/15/20			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
			25 STATE ROAD 13			
WESTMIN	STER WOODS ON JULINGTON CREEK		JACKSONVILLE, FL 32259			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECTIVE ACTION SHOULD BE CON	(X5) APLETION DATE		
K 345	Continued From page 1 accordance with NFPA 72 to maintain the integrity of the system to alarm in the event of a fire to allow for the emergency egress and relocation of residents, staff, or other building occupants which could result in injury or loss.  The findings include:  On July 15, 2019 at 10:00 AM to 12:00 PM during records review, the Fire Alarm testing records showed that only an annual inspection of the system was performed on September 10, 2018 with no semi-annual service and inspection performed. In discussion with the Director of Facilities Maintenance at time of the finding, it was acknowledged that the system had not been inspected semi-annually and no documentation was available.  NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1  NFPA 72 (2010) 14.1, 14.1.1, 14.2.1.1, 14.2.1.2, 14.2.6.2, 14.4.3, Table 14.4.3, 14.4.5, Table 14.4.5  These findings were reconfirmed with the Administrator, Director of Nursing, and Director of Facilities Maintenance during the exit conference on July 15, 2019 at 4:00 PM.	K	to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan or correction is submitted as the facility's credible allegation of compliance.  1) WW Gay Mechanical Contractor has been scheduled on August 12,2019 to conduct semi-annual Fire Alarm Testing.  2) All residents had the potential to be affected.  3) Director of Facilities Maintenance has placed semi-annual Fire Alarm Inspection on electronic preventive maintenance calendar system to ensure compliance with NFPA requirement.  4) Fire Alarm Inspection schedule and results will be reported in monthly QAPI meeting by Director of Facilities Maintenance and/or designee.			

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STATEMENT	or Health Care Adminis OF DEFICIENCIES OF CORRECTION	tration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 5 - MAIN LIC	(X3) DATE S COMPL	
		45508	B. WING		07/1	15/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	STER WOODS ON JULIN	IGTON CREEK	E ROAD 13 NVILLE, FL 322	59		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
K 000	INITIAL COMMENTS		K 000			and the second second
	survey was conducted Westminster Woods of license: #15900961, a Jacksonville, Flordia. Accordance with Nati Association (NFPA) 1 and applicable requir Marshaf's Rules and 1 Administrative Code (69A-53, F.A.C. 59A-4 400 Part II, and F.S. Grie Protection Association (2015 edition) km Preventino Code and standards and require 101, Chapter 2.	an Julington Creek, state a a nursing home in The survey was in onal Fire Protection , 99, and 101 (2015 edition) ements of Florida State Fire Regulations, Florida F.A.C) 69A-3, F.A.C. , and Florida Statutes (F.S.) 330.2015, adopting National lation (NFPA) 1, 99, and own as the Florida Fire all NFPA referenced ements adopted per NFPA				
K 345 SS=D	A fire alarm system is accordance with an a with the requirements	System - Testing and  Testing and Maintenance tested and maintained in proved program complying of NFPA 70, National PSA 72, National Eira Alam	K 345			8/16/19

AHCA Form 3020-0001

available.

Based on records review and staff interview, the

9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72 This Statute or Rule is not met as evidenced by:

and Signaling Code. Records of system acceptance, maintenance and testing are readily

(X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Electronically Signed 08/08/19

Preparation and/or execution of this plan

PRINTED: 08/09/2019 FORM APPROVED Agency for Health Care Administration						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC		(X3) DATE SURVEY COMPLETED	
45508		B. WING		07/15/2019		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE		
WESTMIN	ISTER WOODS ON JULIE	NGTON CREEK 25 STATE JACKSON	ROAD 13 IVILLE, FL 322	259		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
K 345	Continued From page	1	K 345			
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## PRINTED: 08/09/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STA

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
	105901	B. WING	07/15/2019	

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

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
WESTMINSTER WOODS ON JULINGTON CREEK			25 STATE ROAD 13			
MESIMINSTER MOODS ON JOURNATION CREEK			JACKSONVILLE, FL 32259			
(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) DATE			
E 000	Initial Comments	E O	000			
	During the recertification survey conducted on July 15, 2019 at Westminster Woods on Julington Creek, a Long Term Care Facility, the Emergency Preparedness Program was reviewed.  Westminster Woods on Julington Creek is in compliance with Emergency Preparedness Program per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long Term Care Facilities.					

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

(X6) DATE

Electronically Signed

08/08/2019

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