

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105901	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2019
NAME OF PROVIDER OR SUPPLIER WESTMINSTER WOODS ON JULINGTON CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 25 STATE ROAD 13 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)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted 07/15/2019 at Westminster Woods on Julington Creek, a nursing home in Jacksonville, Florida.</p> <p>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.</p> <p>Initial Plan Review: 1974 Existing NFPA 220 Construction Type: Number of beds: 60 Census: 57</p> <p>The following is description of the noncompliance.</p>	K 000		
K 345 SS=D	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>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 NFPA 70, National Electric Code, and NFPA 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 facility failed to maintain their fire alarm system records indicating all alarm and initiation devices were inspected, tested, and maintained in</p>	K 345	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that the deficiency exists. This response is also not</p>	8/16/19

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

TITLE

(X6) DATE

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.

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K 345	<p>Continued From page 1</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1</p> <p>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</p> <p>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.</p>	K 345	<p>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.</p> <p>1) WW Gay Mechanical Contractor has been scheduled on August 12,2019 to conduct semi-annual Fire Alarm Testing.</p> <p>2) All residents had the potential to be affected.</p> <p>3) Director of Facilities Maintenance has placed semi-annual Fire Alarm Inspection on electronic preventive maintenance calendar system to ensure compliance with NFPA requirement.</p> <p>4) Fire Alarm Inspection schedule and results will be reported in monthly QAPI meeting by Director of Facilities Maintenance and/or designee.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2019
NAME OF PROVIDER OR SUPPLIER WESTMINSTER WOODS ON JULINGTON CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 25 STATE ROAD 13 JACKSONVILLE, FL 32259		
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety re-licensure survey was conducted on 07/15/2019 at Westminster Woods on Julington Creek, state license: #15900961, a nursing home in Jacksonville, Florida. The survey was in accordance with National Fire Protection Association (NFPA) 1, 99, and 101 (2015 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-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1, 99, and 101 (2015 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> <p>.</p>	K 000		
K 345 SS=D	<p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>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 NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and staff interview, the</p>	K 345	Preparation and/or execution of this plan	8/16/19

AHCA Form 3020-0001

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

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K 345	<p>Continued From page 1</p> <p>facility failed to maintain their fire alarm system records indicating all alarm and initiation devices were inspected, tested, and maintained in 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.</p> <p>The findings include:</p> <p>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.</p> <p>NFPA 101 (2012) 9.6, 9.6.1.5, 19.3.4.1</p> <p>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</p> <p>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.</p> <p>CLASS III</p>	K 345	<p>does not constitute admission or agreement by the provider that a deficiency exists. This response is also not 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 of correction is submitted as the facility's credible allegation of compliance.</p> <p>1) WW Gay Mechanical Contractor has been scheduled on August 12, 2019, to conduct semi-annual Fire Alarm Testing.</p> <p>2) All residents had the potential to be affected.</p> <p>3) Director of Facilities Maintenance has placed semi-annual Fire Alarm Inspection on electronic prevent maintenance calendar system to ensure compliance with NFPA requirement.</p> <p>4) Fire Alarm Inspection schedule and results will be reported in monthly QAPI meeting by Director of Facilities Maintenance and/or designee.</p>	

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E 000	<p>Initial Comments</p> <p>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.</p> <p>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.</p>	E 000			

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