

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>05 - MAIN LIC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REHABILITATION CENTER OF THE PALM BEACHES,1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL 33407</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety re-licensure survey was conducted on 03/31/25 at The Rehabilitation Center of the Palm Beaches, a nursing home in West Palm Beach, 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-4, and Florida Statutes (F.S.) 400 Part II, 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 a description of the deficiencies found at the time of the visit.</p>	K 000		
K 351 SS=D	<p><b>NFPA 101 Sprinkler System - Installation</b></p> <p><b>Sprinkler System - Installation</b></p> <p><b>2021 EXISTING</b> Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. 19.3.5 through 19.3.5.11, 9.7, 9.7.1.1(1)</p> <p><b>2021 NEW</b> Buildings containing health care occupancies</p>	K 351		4/26/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

04/11/25

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NAME OF PROVIDER OR SUPPLIER  <b>REHABILITATION CENTER OF THE PALM BEACHES,1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL 33407</b>		
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K 351	<p>Continued From page 1</p> <p>shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 18.3.5.5. The sprinkler system required by 18.3.5.1 shall be installed in accordance with 9.7.1.1(1). In Type I and Type II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection without causing a building to be classified as non-sprinklered in specified areas where the authority having jurisdiction has prohibited sprinklers.</p> <p>Listed quick-response or listed residential sprinklers shall be used throughout smoke compartments containing patient sleeping rooms. Sprinklers shall not be required in clothes closets of patient sleeping rooms in hospitals where the area of the closet does not exceed 6 ft2 (0.55 m2), provided that the distance from the sprinkler in the patient sleeping room to the back wall of the closet does not exceed the maximum distance permitted by NFPA 13.</p> <p>18.3.5.1, through 18.3.5.11, 9.7, 9.7.1.1(1), and NFPA 13</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain their sprinkler installation in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 03/31/25 between the hours of 12:15 PM through 2:00 PM while on facility tour with the Maintenance Director, it was observed in Electrical Room #5 there used to be a drop ceiling. The drop ceiling has been removed causing the 2 of 2 sprinkler heads to be too far below the ceiling of the room which causes there to be inadequate coverage of the sprinkler</p>	K 351	<p>Preparation and/ or execution of this plan of correction does not constitute admission or agreement of the provider of the truth of the alleged or conclusion set forth in the CMS measured star ratings. The plan of correction is prepared and executed solely because it is required by Federal and State Laws.</p> <p>K351 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p>	

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K 351	<p>Continued From page 2</p> <p>system.</p> <p>An interview was conducted with the Maintenance Director concurrent with the record review and the findings were confirmed. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on 03/31/25 at 2:30 PM.</p> <p>Photographic Evidence Obtained.</p> <p>Class III</p> <p>NFPA 101 (2021 edition) 19.3.5.1, 9.7, 9.7.1.1 (1) NFPA 13 (2010 edition) 8.6.4.1.1.1</p>	K 351	<p>1. No residents were affected by this alleged deficient practice.</p> <p>How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>2. The facility will maintain the supervised automatic fire sprinkler system in accordance with NFPA 101. Electrical Room #5 is scheduled to be corrected on 4/15/25 to ensure adequate coverage of the automatic fire sprinkler system protection in accordance with NFPA 101.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>3. Maintenance staff re-educated on ensuring inspection of every compartment for sprinkler system.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>4. Maintenance Director or Designee will report the findings of the automatic fire sprinkler audits to the QAA&amp;C monthly times three months or until substantial compliance is met.</p>	

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

PRINTED: 04/24/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN FED</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>REHABILITATION CENTER OF THE PALM BEACHES, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL 33407</b>	
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K 000	INITIAL COMMENTS  An unannounced Fire & Life Safety recertification survey was conducted on 03/31/25 at The Rehabilitation Center of the Palm Beaches, a nursing home in West Palm Beach, Florida. The Rehabilitation Center of the Palm Beaches is not in compliance with 42 CFR 483.90 (a) and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012) requirements for nursing homes.  Initial Plan Review: 12/21/17 Existing NFPA 220 Construction Type: II (000) Number of beds: 109 Census: 90	K 000		
K 351 SS=D	The following is description of the noncompliance. Sprinkler System - Installation CFR(s): NFPA 101  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.	K 351		4/26/25

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

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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 351	<p>Continued From page 1</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to maintain their sprinkler installation in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 03/31/25 between the hours of 12:15 PM through 2:00 PM while on facility tour with the Maintenance Director, it was observed in Electrical Room #5 that there used to be a drop ceiling. The drop ceiling has been removed causing the 2 of 2 sprinkler heads to be too far below the ceiling of the room which causes there to be inadequate coverage of the sprinkler system.</p> <p>An interview was conducted with the Maintenance Director concurrent with the record review and the findings were confirmed. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on 03/31/25 at 2:30 PM.</p> <p>Photographic Evidence Obtained.</p> <p>NFPA 101 (2012 edition) 19.3.5.1, 9.7, 9.7.1.1 (1) NFPA 13 (2010 edition) 8.6.4.1.1.1</p>	K 351	<p>Preparation and/ or execution of this plan of correction does not constitute admission or agreement of the provider of the truth of the alleged or conclusion set forth in the CMS measured star ratings. The plan of correction is prepared and executed solely because it is required by Federal and State Laws.</p> <p>K351</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> <li>1. No residents were affected by this alleged deficient practice.</li> </ol> <p>How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken:</p> <ol style="list-style-type: none"> <li>2. The facility will maintain the supervised automatic fire sprinkler system in accordance with NFPA 101. Electrical Room #5 is scheduled to be corrected on 4/15/25 to ensure adequate coverage of the automatic fire sprinkler system protection in accordance with NFPA 101.</li> </ol> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>REHABILITATION CENTER OF THE PALM BEACHES, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL. 33407</b>	
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K 351	Continued From page 2	K 351	<p>3. Maintenance staff re-educated on ensuring inspection of every compartment for sprinkler system.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>4. Maintenance Director or Designee will report the findings of the automatic fire sprinkler audits to the QAA&amp;C monthly times three months or until substantial compliance is met.</p>	

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E 000	<p>Initial Comments</p> <p>During the Fire &amp; Life Safety recertification survey conducted on 03/31/25 at The Rehabilitation Center of the Palm Beaches, a nursing home, the Emergency Preparedness Program (EP) was reviewed. The Rehabilitation Center of the Palm Beaches is in compliance with Emergency Preparedness rule per CFR (Code of Federal Regulations) 42, Part 483.73, Requirement for Long Term Care Facilities.</p> <p>The facility was found in compliance at the time of the survey.</p>	E 000		

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