

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED R 05/06/2025
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER OF THE PALM BEACHES,1	STREET ADDRESS, CITY, STATE, ZIP CODE 301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL 33407
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(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
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{K 000}	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety revisit survey was conducted on 05/06/2025 at Rehabilitation Center of the Palm Beaches, The, a nursing home in West Palm Beach, Florida. This was a follow-up to the Annual Fire & Life Safety survey completed on 03/31/2025.</p> <p>All previously cited Fire & Life Safety deficiencies were corrected. There was one new deficiency found at the time of the revisit. The following is a description of deficiencies found at the time of the visit.</p>	{K 000}		
K 372 SS=F	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction</p> <p>2021 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3 through 19.3.7.5.2, 8.5</p> <p>2021 NEW Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless otherwise permitted by one of the following: (1) This requirement shall not apply where an atrium is used, in which case both of the following criteria also shall apply: (a) Smoke barriers shall be permitted to</p>	K 372		6/6/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

05/21/25

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K 372	<p>Continued From page 1</p> <p>terminate at an atrium wall constructed in accordance with 8.6.7(1)(c).</p> <p>(b) Not less than two separate smoke compartments shall be provided on each floor.</p> <p>(2) Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems.</p> <p>(3) The provisions of 8.5.6.5 and 8.5.7.2 shall not apply.</p> <p>18.3.7.3 through 18.8.7.5.2, 8.5</p> <p>For other than existing assemblies, where there is an accessible concealed floor, floor/ceiling, or attic space, fire barriers, smoke barriers, and smoke partitions shall be permanently identified with signs or stenciling in the concealed space and shall comply with all of the following:</p> <ul style="list-style-type: none"> " (1) Be located in accessible concealed floor, floor/ceiling, or attic spaces. " (2) Be located within 15 ft (4572 mm) of the end of each wall and at intervals not exceeding 30 ft (9144 mm) measured horizontally along the wall or partition. " (3) Include lettering not less than 3 in. (76 mm) in height with a minimum 3/8 in. (9.5 mm) stroke in a contrasting color. " (4) Identify the wall type and its fire resistance rating, as applicable. <p>8.2.2.5</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain their fire/smoke barrier construction in accordance with NFPA 101, for 3 of 4 sampled fire and smoke barriers.</p> <p>The findings included:</p>	K 372	<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</p>	

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K 372	<p>Continued From page 2</p> <p>On 05/06/2025, at 10:05 AM, during the fire safety tour of the facility with the Administrator and the Maintenance Director, it was observed that the Electrical Room #5 had five (5) penetrations through the South side 1-hour fire rated wall. These penetrations were open conduit without any visible fire stopping. There were three (3) penetrations through the North side smoke wall. Also, there were thirteen (13) areas on the East and South side 1-hour fire rated walls which had red fire stopping mixed with a white putty and areas that were just white putty surrounding the penetrating conduit. No documentation was able to be produced at the time of the revisit stating the approved use of the white putty was for fire stopping.</p> <p>An interview was conducted with the Administrator and the Maintenance Director, concurrently with the observations and they acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on 05/06/2025 at 11:15 AM.</p> <p>NOTE: These examples are not to be considered as the only unprotected penetration of the facility's fire/smoke barriers. A thorough inspection of each barrier shall be made along its full length and height to ensure that all penetrations are found and properly sealed. It is required that every breach (penetration) of a fire barrier be appropriately repaired and the wall, ceiling, floor above or below brought back to its original fire or smoke rated integrity. This is essential to restrict the movement of fire and smoke and to ensure the safety of occupants within the facility in a fire emergency. The penetrations in fire rated barriers shall be sealed with a UL (Underwriters Laboratories) listed</p>	K 372	<p>Federal and State Laws.</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"> 1. No residents were affected by this alleged deficient practice. <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"> 2. The facility will maintain the fire/smoke barrier construction in Electrical room #5. Penetration holes five (5) through the South side; three through the North side smoke wall; thirteen (13) areas on the East and South side 1-hour fire rated walls were resealed by a 3M trained professional in accordance with NFPA 101. A thorough inspection of each fire/smoke barrier will be conducted to ensure that all penetrations are found and properly sealed in accordance with NFPA 101. <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> <ol style="list-style-type: none"> 3. Maintenance staff re-educated on ensuring fire/smoke barrier penetrations are inspected along its full length, height and properly sealed with a UL (Underwriters Laboratories) listed 	

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K 372	<p>Continued From page 3</p> <p>approved system.</p> <p>NFPA 101 (2021 Edition) 4.6.12.1, 8.3.4, 8.3.4.2.1, 8.4.4, 8.4.6.2, 8.5.5.2, 8.5.5.4.1, 8.5.5.4.2, 8.5.6.2, 19.1.1.1.3, 19.3.7.5, 19.7.6</p> <p>Photographic evidence obtained.</p> <p>Class III</p>	K 372	<p>approved 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 fire/smoke barrier penetrations audits to the QAA&C monthly times three months or until substantial compliance is met.</p>	

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED R 05/06/2025
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER OF THE PALM BEACHES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL 33407	
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{K 000}	INITIAL COMMENTS An unannounced Fire & Life Safety revisit survey was conducted on 05/06/2025 at Rehabilitation Center of the Palm Beaches, The, a nursing home in West Palm Beach, Florida. This was a follow-up to the Annual Fire & Life Safety survey completed on 03/31/2025. All previously cited Fire & Life Safety deficiencies were corrected. There was one new deficiency found at the time of the revisit. The following is a description of deficiencies found at the time of the visit.	{K 000}		
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain their fire/smoke barrier construction in accordance with NFPA 101, for 3 of 4 sampled fire and smoke barriers. The findings included:	K 372	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	6/6/25

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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 372	<p>Continued From page 1</p> <p>On 05/06/2025, at 10:05 AM, during the fire safety tour of the facility with the Administrator and the Maintenance Director, it was observed that the Electrical Room #5 had five (5) penetrations through the South side 1-hour fire rated wall. These penetrations were open conduit without any visible fire stopping. There were three (3) penetrations through the North side smoke wall. Also, there were thirteen (13) areas on the East and South side 1-hour fire rated walls which had red fire stopping mixed with a white putty and areas that were just white putty surrounding the penetrating conduit. No documentation was able to be produced at the time of the revisit stating the approved use of the white putty was for fire stopping.</p> <p>An interview was conducted with the Administrator and the Maintenance Director, concurrently with the observations and they acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on 05/06/2025 at 11:15 AM.</p> <p>NOTE: These examples are not to be considered as the only unprotected penetration of the facility's fire/smoke barriers. A thorough inspection of each barrier shall be made along its full length and height to ensure that all penetrations are found and properly sealed. It is required that every breach (penetration) of a fire barrier be appropriately repaired and the wall, ceiling, floor above or below brought back to its original fire or smoke rated integrity. This is essential to restrict the movement of fire and smoke and to ensure the safety of occupants within the facility in a fire emergency. The</p>	K 372	<p>executed solely because it is required by Federal and State Laws.</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"> 1. No residents were affected by this alleged deficient practice. <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"> 2. The facility will maintain the fire/smoke barrier construction in Electrical room #5. Penetration holes five (5) through the South side; three through the North side smoke wall; thirteen (13) areas on the East and South side 1-hour fire rated walls were resealed by a 3M trained professional in accordance with NFPA 101. A thorough inspection of each fire/smoke barrier will be conducted to ensure that all penetrations are found and properly sealed in accordance with NFPA 101. <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> <ol style="list-style-type: none"> 3. Maintenance staff re-educated on ensuring fire/smoke barrier penetrations are inspected along its full length, height and properly sealed with a UL. 	

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K 372	Continued From page 2 penetrations in fire rated barriers shall be sealed with a UL (Underwriters Laboratories) listed approved system. NFPA 101 (2012 Edition) 4.6.12.1, 8.3.4, 8.3.4.2.1, 8.4.4, 8.4.6.2, 8.5.5.2, 8.5.5.4.1, 8.5.5.4.2, 8.5.6.2, 19.1.1.1.3, 19.3.7.5, 19.7.6 Photographic evidence obtained.	K 372	(Underwriters Laboratories) listed approved system. 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: 4. Maintenance Director or Designee will report the findings of fire/smoke barrier penetrations audits to the QAA&C monthly times three months or until substantial compliance is met.	