

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111335	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2025
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NAME OF PROVIDER OR SUPPLIER PINES NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 301 NE 141 STREET MIAMI, FL 33161
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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>A re-licensure survey was conducted on 04/28/2025 at Pines Nursing Home, a nursing home in Miami, 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 222 SS=D	<p>NFPA 101 Egress Doors</p> <p>Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p>	K 222		5/29/25

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE 05/29/25
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K 222	<p>Continued From page 1</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected</p>	K 222		

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K 222	<p>Continued From page 2</p> <p>throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain egress doors in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility between 3:00 pm and 4:15 pm on 04/28/2025 with the Maintenance Director, it was observed as follows:</p> <p>3:10 pm 1 of 5 Exit Door A by Dialysis Room: the magnet was not releasing within 15 seconds.</p> <p>3:25 pm 1 of 5 Exit Door B by Resident Room 20: the magnet was not releasing within 15 seconds.</p> <p>During the Staff Interview between 3:00 pm and 4:15 pm on 04/28/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2018 Edition) 19.2.2.2.4, Chapter 7, 7.2.1.6.1</p> <p>Class III</p>	K 222	<ol style="list-style-type: none"> 1. All occupants had the potential of risk but no one was harmed. Corrective action taken was designee from Maintenance or Housekeeping checked door for proper functioning upon daily exit until repair completed. 2. Upon discussion failure in the system was identified and intervention to address the deficit was implemented. During monthly QAPI meeting door check audit meant to track and monitor will be collected by Administrator for three months. Any adverse finding discovered through monitoring will be analyzed amongst the interdisciplinary team during QAPI gatherings. Audit presented to the committee is for recommendations purposes and to ensure department heads practice processes in applicable locations. 3. Facility obtained company on May 6, 2025 to inspect and service the door. 4. Magnet on each deficient door was replaced on May 20, 2025. 5. Maintenance Director or designee will review to assess if any additional task is needed to ensure compliance according to state and federal guidelines. 6. Maintenance team will perform daily scheduled door check. 7. Any identified deficiency will be 	

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K 222	Continued From page 3	K 222	<p>reported to Administrator. Maintenance Director or Administrator will ensure proper party is secured to perform repair.</p> <p>8. Maintenance team will perform preventive maintenance monthly.</p> <p>9. On May 15 the Maintenance team was re-educated by the administrator on the proper procedure to check the door equipment.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105057	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2025
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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 04/28/2025 at Pines Nursing Home, a nursing home in Miami, Florida. The Facility 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: 1962 Existing NFPA 220 Construction Type: V (000) Number of beds: 45 Census: 44	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the	K 222		5/29/25

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

TITLE

(X6) DATE

Electronically Signed

05/29/2025

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 222	<p>Continued From page 1</p> <p>Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p>	K 222		

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K 222	<p>Continued From page 2</p> <p>Based on observations and staff interview, the facility failed to maintain egress doors in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility between 3:00 pm and 4:15 pm on 04/28/2025 with the Maintenance Director, it was observed as follows:</p> <p>3:10 pm 1 of 5 Exit Door A by Dialysis Room: the magnet was not releasing within 15 seconds.</p> <p>3:25 pm 1 of 5 Exit Door B by Resident Room 20: the magnet was not releasing within 15 seconds.</p> <p>During the Staff Interview between 3:00 pm and 4:15 pm on 04/28/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.2.2.2.4, Chapter 7, 7.2.1.6.1</p>	K 222	<ol style="list-style-type: none"> All occupants had the potential of risk but no one was harmed. Corrective action taken was designee from Maintenance or Housekeeping checked door for proper functioning upon daily exit until repair completed. Upon discussion failure in the system was identified and intervention to address the deficit was implemented. During monthly QAPI meeting door check audit meant to track and monitor will be collected by Administrator for three months. Any adverse finding discovered through monitoring will be analyzed amongst the interdisciplinary team during QAPI gatherings. Audit presented to the committee is for recommendations purposes and to ensure department heads practice processes in applicable locations. Facility obtained company on May 6, 2025 to inspect and service the door. Magnet on each deficient door was replaced on May 20, 2025. Maintenance Director or designee will review to assess if any additional task is needed to ensure compliance according to state and federal guidelines. Maintenance team will perform daily scheduled door check. Any identified deficiency will be reported to Administrator. Maintenance Director or Administrator will ensure proper party is secured to perform repair. Maintenance team will perform preventive maintenance monthly. 	

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E 000	<p>Initial Comments</p> <p>During an unannounced Fire & Life Safety recertification survey conducted on 04/28/2025 at Pines Nursing Home, a nursing home in Miami, Florida, Emergency Preparedness was reviewed.</p> <p>Pines Nursing Home is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E 000			

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K 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on 04/28/2025 at Pines Nursing Home, a nursing home in Miami, 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 222 SS=D	<p>NFPA 101 Egress Doors</p> <p>Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p>	K 222		5/29/25

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K 222	<p>Continued From page 1</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected</p>	K 222		
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K 222	<p>Continued From page 2</p> <p>throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain egress doors in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility between 3:00 pm and 4:15 pm on 04/28/2025 with the Maintenance Director, it was observed as follows:</p> <p>3:10 pm 1 of 5 Exit Door A by Dialysis Room: the magnet was not releasing within 15 seconds.</p> <p>3:25 pm 1 of 5 Exit Door B by Resident Room 20: the magnet was not releasing within 15 seconds.</p> <p>During the Staff Interview between 3:00 pm and 4:15 pm on 04/28/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2018 Edition) 19.2.2.2.4, Chapter 7, 7.2.1.6.1</p> <p>Class III</p>	K 222		

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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 04/28/2025 at Pines Nursing Home, a nursing home in Miami, Florida. The Facility 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: 1962 Existing NFPA 220 Construction Type: V (000) Number of beds: 45 Census: 44	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the	K 222		5/29/25

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

TITLE

(X6) DATE

Electronically Signed

05/29/2025

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.

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

PRINTED: 06/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105057	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER PINES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 NE 141 STREET MIAMI, FL 33161	
(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 222	<p>Continued From page 1</p> <p>Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p>	K 222		

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NAME OF PROVIDER OR SUPPLIER PINES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 NE 141 STREET MIAMI, FL 33161		
(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 222	<p>Continued From page 2</p> <p>Based on observations and staff interview, the facility failed to maintain egress doors in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility between 3:00 pm and 4:15 pm on 04/28/2025 with the Maintenance Director, it was observed as follows:</p> <p>3:10 pm 1 of 5 Exit Door A by Dialysis Room: the magnet was not releasing within 15 seconds.</p> <p>3:25 pm 1 of 5 Exit Door B by Resident Room 20: the magnet was not releasing within 15 seconds.</p> <p>During the Staff Interview between 3:00 pm and 4:15 pm on 04/28/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.2.2.2.4, Chapter 7, 7.2.1.6.1</p>	K 222			

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E 000	<p>Initial Comments</p> <p>During an unannounced Fire & Life Safety recertification survey conducted on 04/28/2025 at Pines Nursing Home, a nursing home in Miami, Florida, Emergency Preparedness was reviewed.</p> <p>Pines Nursing Home is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E 000			

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