STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105296	A. BUILDING **01 - MAIN FED** B. WING _____	R **03/14/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTLAKE NURSING AND REHAB CENTER	**440 PHIPPEN WAITERS ROAD** **DANIA BEACH, FL 33004**

(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}	INITIAL COMMENTS An unannounced Fire & Life Safety revisit survey was conducted on 03/14/2025 at Westlake Nursing and Rehab Center, a nursing home in Dania Beach, Florida. This was a follow-up to the Annual Fire & Life Safety survey completed on 01/28/2025. All previously cited Fire & Life Safety deficiencies were corrected. There were no deficiencies found at the time of the revisit.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/04/2025

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.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100606	A. BUILDING: **05 - MAIN LIC** B. WING _____	R **03/14/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTLAKE NURSING AND REHAB CENTER	**440 PHIPPEN WAITERS ROAD** **DANIA BEACH, FL 33004**

(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
{K 000}	INITIAL COMMENTS An unannounced Fire & Life Safety revisit survey was conducted on 03/14/2025 at Westlake Nursing and Rehab Center, a nursing home in Dania Beach, Florida. This was a follow-up to the Annual Fire & Life Safety survey completed on 01/28/2025. This revisit contains both corrected and uncorrected deficiencies. The following previously cited Fire & Life Safety deficiencies were not corrected.	{K 000}		
{K 900} SS=F	NFPA 99 Health Care Facilities Code - Other Health Care Facilities Code - Other List in the REMARKS section any NFPA 99 requirements (including Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Health Care Facilities Code or NFPA standard citation, should be included. This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain its nurse call system in accordance with NFPA 99, for 2 of 2 sampled nurse call systems. The findings included: On 03/14/2025, at the following times, during the fire safety tour of the facility with the Administrator and the Maintenance Director, the following were observed: 1. At 12:40 PM, the West Nurse's Station did not have the required nurse call visual signal at the corridor intersection near the nurse's station, where individual resident room doors are not	{K 900}	Facility denies and disputes the validity of this citation and completes this POC solely to meet the requirements of State licensure and Federal regulations. Facility further denies any and all statements, acknowledgements, confirmations, or comments attributed to facility staff as strictly hearsay. 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Identified nurse call system visual signal	4/14/25

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/04/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100606	A. BUILDING: **05 - MAIN LIC** B. WING _____	R **03/14/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTLAKE NURSING AND REHAB CENTER	**440 PHIPPEN WAITERS ROAD** **DANIA BEACH, FL 33004**

(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
{K 900}	Continued From page 1 directly visible from the associated nurse's station. The West Nurse's Station nurse call system is for rooms 1-20. The West Nurse's Station had a line of sight for three rooms. Room 14 on the nurse call annunciator panel did not light up and there was no audible signal when tested. 2. At 12:50 PM, the East Nurse's Station did not have the required nurse call visual signal at the corridor intersection near the nurse's station, where individual resident room doors are not directly visible from the associated nurse's station. The East Nurse's Station nurse call system is for rooms 21-35. The East Nurse's Station had a line of sight for three rooms. Room 29 on the nurse call annunciator panel did not light up when tested. Room 31 on the nurse call annunciator panel did not light up and there was no audible signal when tested. Room 32 on the nurse call annunciator panel did not light up and there was no audible signal when tested. An interview was conducted with the Administrator and the Maintenance Director concurrent with the observations and they acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on 03/14/2025 at 1:15 PM. NFPA 99 (2021 Edition) 7.3.3.1.1, 7.3.3.1.8.2(2) Class III	{K 900}	on West and East Nurses station; quotes obtained by an outside vendor 2/19/2025. Parts ordered 3/31/2025 for the nurse call system in accordance with NFPA 99 to be completed by 4/14/2025 based upon vendor availability for installation. (2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken; Quality review completed by the ED/Maintenance designee r/t ensuring the nurse call light system is maintained according to NFPA 99 to be completed by 4/14/2025. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; Maintenance re-educated by the ED r/t ensuring the nurse call light system is maintained according to NFPA 99 to be completed by 4/14/2025. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place; Ongoing quality monitoring to be completed by the ED/Maintenance /designee through visual observation to ensure the nurse call light system is maintained according to NFPA 99 weekly x 4 weeks, twice monthly x 2 weeks then monthly and PRN as indicated.	

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{K 900}	Continued From page 2	{K 900}	The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.	