

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>105298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN FED</b> B. WING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>
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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) COMPLETION DATE
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K0000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety Recertification survey was conducted on _____ at Ft Lauderdale Health and Rehabilitation Center, a nursing home in Fort Lauderdale, Florida. Ft Lauderdale Health and Rehabilitation Center is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 Edition), NFPA 99 (2012 Edition) requirements for nursing homes.</p> <p>Initial Plan Review: 1964</p> <p>Existing</p> <p>NFPA 220 Construction Type: II (111)</p> <p>Number of beds: 169</p> <p>Census: 155</p> <p>The following is a description of the noncompliance.</p>	K0000		/2026
K0211 SS = E	<p>Means of Egress - General</p> <p>CFR(s): NFPA 101</p> <p>Means of Egress - General</p> <p>Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.</p> <p>18.2.1, 19.2.1, 7.1.10.1</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to ensure that all staff had the key or knowledge necessary to utilize the means of egress in accordance with NFPA 101, for 1 of 1 designated smoking area. This deficiency affects the residents who smoke.</p>	K0211	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K211 Means of Egress - General</p> <p>It is the practice of this facility to ensure that all staff have the key, access code or knowledge, necessary to utilize the means of egress.</p> <p>Immediate Corrective Action:</p>	/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>105298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN FED</b> B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>	
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K0211 SS = E	<p>Continued from page 1</p> <p>The findings included:</p> <p>On _____ at 3:40 PM, during the fire safety tour of the facility with the Administrator and the Maintenance Director, it was revealed that all staff did not know how to evacuate through the electronic magnetic locked gate or have a key for it in the Smoking Patio. The Smoking Area Attendant, a Certified Nursing Attendant, was asked to unlock the exit gate leading to the public way. Upon entering the code several times, she was unable to open the gate. The Maintenance Director confirmed that she was entering the correct code, however, she was pulling on the gate instead of pushing the gate.</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 _____ at 5:30 PM.</p> <p>NFPA 101 (2012 Edition) 19.2.2.2.5.2(1), 19.2.2.2.6(1)(a-c)</p>	K0211	<p>Continued from page 1</p> <p>The Smoking Patio C.N.A. was educated that after entering the code or using the key at the gate, the door needs to be pushed to open.</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the CNAs assigned to the smoking patio regarding the code and/or key to the egress gate.</p> <p>Maintenance Director and/or designee will in-service the nurses, that in the event of emergency, the key to the Smoking Patio Gate is on each nurses station key ring.</p> <p>A key to the Smoking Patio egress gate will be added to the all nursing station key ring and the Smoking Patio key ring.</p> <p>Monitoring:</p> <p>Maintenance and/or designee will complete random audits weekly for four weeks of the Smoking Patio to validate that the CNAs have the code and/or key to the Smoking Patio egress gate, and then monthly for 3 months.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	
K0291 SS = F	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Emergency Lighting</p> <p>Emergency lighting of at least 2-hour duration is provided automatically in accordance with 7.9.</p> <p>18.2.9.1, 19.2.9.1</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, and staff interview, the facility failed to maintain emergency battery backup lighting in accordance with NFPA 101, for 3 of 3 sampled battery backup emergency lights. This</p>	K0291	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K291 Emergency Lighting</p> <p>It is the practice of this facility to maintain emergency battery backup lighting.</p>	/2026

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NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>	
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K0291 SS = F	Continued from page 2 deficiency affects all residents and staff in the facility.  The findings included:  On _____, at the following times, during record review with the Maintenance Director, the following was revealed:  1. At 1:15 PM, no documentation was provided for the monthly thirty second battery backup lighting testing for the 3 of 3 battery backup lights.  2. At 1:17 PM, no documentation was provided for the annual ninety-minute battery backup lighting testing for the 3 of 3 battery backup lights.  An interview was conducted with the Maintenance Director concurrently with the record review and he acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on _____ at 5:30 PM.  NFPA 101 (2012 Edition) 7.9.3.1.1( _____ ), 7.10.9, 19.2.9.1	K0291	Continued from page 2 Immediate Corrective Action:  The Maintenance Director was in-serviced on the required monthly and annual testing for emergency battery backup lighting.  The 3 of 3 emergency battery backup lights were tested.  Identification of other residents potentially affected:  All residents have the potential to be affected by this practice.  Measures:  Maintenance Director and/or designee will in-service the Maintenance Assistants on the required monthly and annual testing for emergency battery backup lighting.  Monitoring:  Maintenance Director will complete monthly audits for three months, to ensure that the monthly test is being completed.  Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.	
K0917 SS = D	Electrical Systems - Essential Electric Syste  CFR(s): NFPA 101  Electrical Systems - Essential Electric System Receptacles  Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking.  6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99)  This STANDARD is NOT MET as evidenced by:  Based on observation and staff interview, the facility failed to ensure the critical branch supplied power to select receptacles serving medication preparation areas in accordance with NFPA 99, for 1 of 5 sampled medication refrigerators. This deficiency affects the residents that reside in the South Wing.  The findings included:	K0917	The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.  To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.  K917 Electrical Systems – Essential Electric System  It is the practice of this facility to ensure the critical branch supplied power to select receptacles serving medication refrigerator.  Immediate Corrective Action:  The Maintenance Director was in-services regarding all refrigerators that store medicine in the medication room need to be plugged into a critical branch supplied	/2026

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K0917 SS = D	<p>Continued from page 3</p> <p>On _____, at 4:00 PM, during the fire safety tour of the facility with the Administrator and the Maintenance Director, it was observed that the South Wing medication room refrigerator was not in a distinctly marked receptacle, supplied with power from the critical branch.</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 _____ at 5:30 PM.</p> <p>NFPA 99 (2012 Edition) 6.1.3, 6.4.1, 6.7.2.2.5(B), 6.7.5, 6.7.5.1.3, 6.7.5.1.3.2(2)(b)(c)</p> <p>Photographic evidence obtained.</p>	K0917	<p>Continued from page 3 power receptacle, identified by red cover.</p> <p>The Maintenance Director contacted the vendor to ensure the critical branch supplied power was properly identified.</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the Maintenance Assistants regarding the facilities practice ensuring that critical branch supplied power to select receptacles serving medication refrigerator are properly identified by a red cover.</p> <p>Maintenance Director and/or designee will complete a House-wide audit of all the medication room to ensure that the medication refrigerator are plugged into the correct receptacle.</p> <p>Monitoring:</p> <p>Maintenance Director will random monthly audits of the refrigerators in the medication room to ensure that it is plugged into the red cover receptacle.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	
K0918 SS = F Bldg. 01	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous</p>	K0918	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K918 Electrical Systems – Essential Electric Systems</p> <p>It is the practice of this facility to maintain the Essential Electrical System (EES).</p> <p>Immediate Corrective Action:</p>	/2026

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K0918 SS = F Bldg. 01	<p>Continued from page 4 hours. Scheduled test under load conditions include a complete simulated start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to maintain the Essential Electrical System (EES) in accordance with NFPA 99, for 1 of 1 EES. This deficiency affects all residents and staff in the facility.</p> <p>The findings included:</p> <p>On _____, at 12:15 PM, during record review with the Maintenance Director, it was revealed that the generator battery conductance testing was not performed between _____ through _____ for 2 of 2 sealed batteries. During _____ through _____, only one generator battery was conductance tested.</p> <p>An interview was conducted with the Maintenance Director concurrently with the record review, and he acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on _____ at 5:30 PM.</p> <p>NFPA 99 (2012 Edition) 6.4.1.1.3, 6.4.4.1.1.3, 6.4.4.2</p> <p>NFPA 101 (2012 Edition) 2.1, 9.1.3.1, 19.5.1.1</p> <p>NFPA 110 (2010 Edition) 8.1.1, 8.2.1, 8.2.2, 8.3.4, 8.3.7.1</p>	K0918	<p>Continued from page 4 The Maintenance Director was in-services on completing monthly generator battery conductance testing on both batteries.</p> <p>The Generator Monthly Load Test was completed on both batteries on _____.</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the Maintenance Assistants on completing monthly generator battery conductance testing on both batteries.</p> <p>Monitoring:</p> <p>Maintenance Director and/or designee will do random monthly audits of the Generator battery conductance testing to ensure compliance, for 3 months.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	

Florida State Department of Health

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NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>	
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K0000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire &amp; Life Safety re-licensure survey was conducted on at Ft Lauderdale Health and Rehabilitation Center, a nursing home in Fort Lauderdale, 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>	K0000		/2026
K0211 SS = E	<p>Means of Egress - General</p> <p>CFR(s): NFPA 101</p> <p>Means of Egress - General</p> <p>Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 18/19.2.2 through 18/19.2.11.</p> <p>Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>18.2.1, 19.2.1, 7.1.10.1</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to ensure that all staff had the key or knowledge necessary to utilize the means of egress in accordance with NFPA 101, for 1 of 1 designated smoking area. This deficiency affects the residents who smoke.</p> <p>The findings included:</p>	K0211	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K211 Means of Egress - General</p> <p>It is the practice of this facility to ensure that all staff have the key, access code or knowledge, necessary to utilize the means of egress.</p> <p>Immediate Corrective Action:</p> <p>The Smoking Patio C.N.A . was educated that after entering the code or using the key at the gate, the door needs to be pushed to open.</p>	/2026

Office of Primary Care and Health Systems Management

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NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>	
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K0211 SS = E	<p>Continued from page 1</p> <p>On _____, at 3:40 PM, during the fire safety tour of the facility with the Administrator and the Maintenance Director, it was revealed that all staff did not know how to evacuate through the electronic magnetic locked gate or have a key for it in the Smoking Patio. The Smoking Area Attendant, a Certified Nursing Attendant, was asked to unlock the exit gate leading to the public way. Upon entering the code several times, she was unable to open the gate. The Maintenance Director confirmed that she was entering the correct code, however, she was pulling on the gate instead of pushing the gate.</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 _____ at 5:30 PM.</p> <p>NFPA 101 (2021 Edition) 19.2.2.2.5.2(1), 19.2.2.2.6(1)(a-c)</p> <p>Class III</p>	K0211	<p>Continued from page 1</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the CNAs assigned to the smoking patio regarding the code and/or key to the egress gate.</p> <p>Maintenance Director and/or designee will in-service the nurses, that in the event of emergency, the key to the Smoking Patio Gate is on each nurses station key ring.</p> <p>A key to the Smoking Patio egress gate will be added to the all nursing station key ring and the Smoking Patio key ring.</p> <p>Monitoring:</p> <p>Maintenance and/or designee will complete random audits weekly for four weeks of the Smoking Patio to validate that the CNAs have the code and/or key to the Smoking Patio egress gate, and then monthly for 3 months.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	
K0291 SS = F	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Emergency Lighting</p> <p>Emergency lighting of at least _____/2-hour duration is provided automatically in accordance with 7.9.</p> <p>18.2.9.1, 19.2.9.1</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and staff interview, the facility failed to maintain emergency battery backup lighting in accordance with NFPA 101, for 3 of 3 sampled battery backup emergency lights. This deficiency affects all residents and staff in the facility.</p> <p>The findings included:</p>	K0291	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K291 Emergency Lighting</p> <p>It is the practice of this facility to maintain emergency battery backup lighting.</p> <p>Immediate Corrective Action:</p> <p>The Maintenance Director was in-serviced on the required monthly and annual testing for emergency battery backup lighting.</p>	/2026

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K0291 SS = F	<p>Continued from page 2</p> <p>On _____, at the following times, during record review with the Maintenance Director, the following was revealed:</p> <p>1. At 1:15 PM, no documentation was provided for the monthly thirty second battery backup lighting testing for the 3 of 3 battery backup lights.</p> <p>2. At 1:17 PM, no documentation was provided for the annual ninety-minute battery backup lighting testing for the 3 of 3 battery backup lights.</p> <p>An interview was conducted with the Maintenance Director concurrently with the record review and he acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on _____ at 5:30 PM.</p> <p>NFPA 101 (2021 Edition) 7.9.3.1.1( ), 7.10.9.19.2.9.1</p> <p>Class III</p>	K0291	<p>Continued from page 2</p> <p>The 3 of 3 emergency battery backup lights were tested.</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the Maintenance Assistants on the required monthly and annual testing for emergency battery backup lighting.</p> <p>Monitoring:</p> <p>Maintenance Director will complete monthly audits for three months, to ensure that the monthly test is being completed.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	
K0917 SS = D	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Receptacles</p> <p>Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking.</p> <p>6.7.6.3.2 (NFPA 99)</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to ensure the critical branch supplied power to select receptacles serving medication preparation areas in accordance with NFPA 99, for 1 of 5 sampled medication refrigerators. This deficiency affects the residents that reside in the South Wing.</p> <p>The findings included:</p>	K0917	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K917 Electrical Systems – Essential Electric System</p> <p>It is the practice of this facility to ensure the critical branch supplied power to select receptacles serving medication refrigerator.</p> <p>Immediate Corrective Action:</p> <p>The Maintenance Director was in-services regarding all refrigerators that store medicine in the medication room need to be plugged into a critical branch supplied power receptacle, identified by red cover.</p>	/2026

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>1360951</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>05 - MAIN LIC</b> B. WING	(X3) DATE SURVEY COMPLETED <b>03/25/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>	
(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
K0917 SS = D	<p>Continued from page 3 On _____ at 4:00 PM, during the fire safety tour of the facility with the Administrator and the Maintenance Director, it was observed that the South Wing medication room refrigerator was not in a distinctly marked receptacle, supplied with power from the critical branch.</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 _____ at 5:30 PM.</p> <p>NFPA 99 (2021 Edition) 6.1.3, 6.4.1, 6.7.2.2.5(B), 6.7.5, 6.7.5.1.3, 6.7.5.1.3.2(2)(b)(c)</p> <p>Photographic evidence obtained.</p> <p>Class III</p>	K0917	<p>Continued from page 3 The Maintenance Director contacted the vendor to ensure the critical branch supplied power was properly identified.</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the Maintenance Assistants regarding the facilities practice ensuring that critical branch supplied power to select receptacles serving medication refrigerator are properly identified by a red cover.</p> <p>Maintenance Director and/or designee will complete a House-wide audit of all the medication room to ensure that the medication refrigerator are plugged into the correct receptacle.</p> <p>Monitoring:</p> <p>Maintenance Director will random monthly audits of the refrigerators in the medication room to ensure that it is plugged into the red cover receptacle.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	
K0918 SS = F Bldg. 05	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 99</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40-day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions includes a complete simulated _____ start and automatic or manual</p>	K0918	<p>The statement made on this Plan of Correction are not and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K918 Electrical Systems – Essential Electric Systems</p> <p>It is the practice of this facility to maintain the Essential Electrical System (EES).</p> <p>Immediate Corrective Action:</p> <p>The Maintenance Director was in-services on completing monthly generator battery conformance testing on both</p>	/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>1360951</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - MAIN LIC B. WING	(X3) DATE SURVEY COMPLETED <b>03/25/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>	
(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
K0918 SS = F Bldg. 05	<p>Continued from page 4 transfer of all EES loads and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.9.1, 6.9.2, 6.9.3, 6.9.4, 6.10.18, 6.11 through 6.11.4.4 (NFPA 99), NFPA 110, NFPA 111, NFPA 70</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to maintain the Essential Electrical System (EES) in accordance with NFPA 99, for 1 of 1 EES. This deficiency affects all residents and staff in the facility.</p> <p>The findings included:</p> <p>On _____, at 12:15 PM, during record review with the Maintenance Director, it was revealed that the generator battery conductance testing was not performed between _____ through _____ for 2 of 2 sealed batteries. During _____ through _____, only one generator battery was conductance tested.</p> <p>An interview was conducted with the Maintenance Director concurrently with the record review, and he acknowledged the findings. The findings were reviewed with the Administrator and the Maintenance Director at the exit conference on _____ at 5:30 PM.</p> <p>NFPA 99 (2021 Edition) 6.7.4.1.1.3, 6.7.4.1.1.5, 6.7.4.1.2.3, 6.7.4.2</p> <p>NFPA 101 (2021 Edition) 2.1, 9.1.3.1, 19.5.1.1</p> <p>NFPA 110 (2019 Edition) 8.1.1, 8.2.1, 8.2.2, 8.3.6.1, 8.5</p> <p>Class III</p>	K0918	<p>Continued from page 4 batteries.</p> <p>The Generator Monthly Load Test was completed on both batteries on _____.</p> <p>Identification of other residents potentially affected:</p> <p>All residents have the potential to be affected by this practice.</p> <p>Measures:</p> <p>Maintenance Director and/or designee will in-service the Maintenance Assistants on completing monthly generator battery conductance testing on both batteries.</p> <p>Monitoring:</p> <p>Maintenance Director and/or designee will do random monthly audits of the Generator battery conductance testing to ensure compliance, for 3 months.</p> <p>Results of these audits will be reviewed by the QA committee during monthly meetings to ensure continued compliance.</p>	

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>105298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER  <b>FT LAUDERDALE HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2000 EAST COMMERCIAL BLVD , FORT LAUDERDALE, Florida, 33308</b>
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E0000	Initial Comments  During the Fire & Life Safety Recertification survey, conducted on _____ at Ft Lauderdale Health and Rehabilitation Center, a nursing home, Emergency Preparedness was reviewed.  Ft Lauderdale Health & Rehabilitation Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E0000		/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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