

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

PRINTED: 03/18/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER REHAB & HEALTHCARE CENTER OF CAPE CORAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2629 DEL PRADO BLVD CAPE CORAL, FL 33904	
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted on 2/11/25 at Rehab & Healthcare Center of Cape Coral, a skilled nursing facility in Cape Coral, Florida.</p> <p>Rehab & Healthcare Center of Cape Coral is not in compliance with the Code of Federal Regulations (CFR) 42, Section 483.90(a)&(b), Physical Environment Requirements for Long-Term Care Facilities and the National Fire Protection Association (NFPA) 101 (2012 edition) Life Safety Code.</p> <p>Initial Plan Review: 1980 Existing NFPA 220 Construction Type: II (000) Number of beds: 120 Census: 114</p> <p>The following is the description of the noncompliance.</p>	K 000		
K 345 SS=F	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain the Fire Alarm System in</p>	K 345	<p>K345 Fire Alarm System - Testing and Maintenance</p>	3/12/25

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

TITLE

(X6) DATE

Electronically Signed

03/09/2025

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 345	<p>Continued From page 1</p> <p>accordance with NFPA 101. Maintaining the Fire Alarm System ensures proper operation and lessens the chance of a delayed alarm activation under hazardous conditions.</p> <p>The findings included:</p> <p>On 2/11/25 at 7:56 a.m. the fire alarm annual report dated 11/4/23 indicated that 8 of 12 duct detectors could not be located for testing. The report indicated the batteries needed replacing.</p> <p>On 2/11/25 at 8:00 a.m. the fire alarm smoke detector sensitivity inspection report was dated 2/19/21. The duct detector air stream test was dated 9/6/23.</p> <p>On 2/11/25 at 11:31 a.m. the Administrator acknowledged the findings and said that their vendor would have to provide updated testing.</p> <p>NFPA 72 (2010 Edition) Table 14.4.2.2-14 (g)(6). NFPA 101(2012 Edition) 19.5.2.1, 9.2, NFPA 72 (2010 edition) Table 14.4.2.2-14(g)(6) NFPA 101(2012 Edition) 19.3.4.1, 9.6.1.3 NFPA 72 (2010 Edition) 14.4.5.3</p>	K 345	<ol style="list-style-type: none"> 1. The fire alarm inspection was conducted and is currently up to date. 2. Completed audit was conducted and any abnormal findings were corrected. 3. A. Vendor has the facility on schedule to do inspection based on regulatory requirements. B. Maintenance director educated on K345 4. Maintenance Director will do monthly audits of Fire alarm testing and Maintenance to monthly QAPI 	
K 712 SS=F	<p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded</p>	K 712		3/12/25

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K 712	<p>Continued From page 2</p> <p>announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to provide fire drills as required by NFPA 101. This in the event of a fire could result in staff not being prepared to address and respond to a fire emergency, thereby endangering the occupants of the building.</p> <p>The findings included:</p> <p>On 2/11/25 at 9:16 a.m. while reviewing the facility fire drill records, the fire drill sign in sheets did not have matching dates, the dates were altered on the following drills:</p> <ol style="list-style-type: none"> 1. Fire drills falsified 8/14/24 and 7/25/24, sign in sheets match, date changed 2. 11/29/24 and 10/31/24 sign in sheets match, date removed from sheet. <p>Concurrent with the review, the Maintenance Director said that he had had just started working at the facility, he did not conduct drills prior to the survey.</p> <p>On at 11:20 p.m. the drills were reviewed with the Administrator. The administrator reviewed the drills and acknowledged the the visible alterations and said that he would look into it further.</p> <p>Drillsand drill records shall be conducted in accordance with NFPA 101 (2012 edition) 4.7.6, 19.7.1.6, 19.7.2</p>	K 712	<p>K712 Fire Drills</p> <ol style="list-style-type: none"> 1. Fire Drills are current and up to date 2. Audit was completed on fire drills any abnormal finding was noted. 3. A. Fire Drill will be conducted monthly B. Staff educated on fire drills 4. Administrator will audit monthly to ensure fire drills are completed and findings will be brought to QA 	

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K 761 K 761 SS=F	<p>Continued From page 3</p> <p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review, interviews and observations, the facility failed to inspect fire doors and fire and smoke dampers in accordance with NFPA 80. Failure to maintain fire dampers could result in the failure of these devices under fire and smoke conditions resulting in the spread of fire, smoke, and fire gasses throughout multiple smoke compartments thereby endangering the occupants of the building. This practice affects all smoke compartments in the building.</p> <p>The findings included:</p> <p>On 2/11/25 at 8:31 a.m. while conducting record review, fire and smoke damper maintenance and testing reports were dated 3/5/20. Fire and smoke dampers are required to be tested at intervals not exceeding 4 years.</p>	K 761 K 761	<p>K761 Maintenance Inspection & Testing -Doors</p> <ol style="list-style-type: none"> 1. Fire doors and fire and smoke dampers were inspected and current. 2. All fire doors and dampers were audited and inspected 3. A. Cintas has been retained, and inspection has been placed on their schedule to maintain compliance with regulatory guidelines. B. Maintenance director and maintenance staff educated on K761 4. Maintenance director will audit to ensure facility remains in compliance and report findings to QAPI 	3/12/25

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K 761	Continued From page 4 According to NFPA 80 (2010 edition) 19.4, 19.4.1.1; "The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years." NFPA 90A (2012 edition) 5.4.8; NFPA 80 (2010 edition) 19.4.1.1 On 2/11/25 at 8:34 a.m. while conducting records review, the report of fire of door inspections was dated 7/4/22. Concurrent with the review, the Director of Maintenance said that he had a lot of catching up to do from the previous maintenance director. Inspection, testing and maintenance of fire doors and the qualifications of individuals performing these task is a requirement of NFPA 80 (2010 edition) 5.2.1, 5.2.3, 5.2.4. See also NFPA 101 (2012 edition) 7.2.1.15, 7.2.1.15.5	K 761		
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing 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. 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 hours. Scheduled test under load conditions include a complete	K 918		3/12/25

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K 918	<p>Continued From page 5</p> <p>simulated cold 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 REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to test electrical equipment in accordance with NFPA 99, and NFPA 110. Failure to conduct these tests could result in loss of power to the facility, energized equipment fires or fires resulting from the devices failing to perform as designed. This could endanger the occupants of the building from electric shock hazards or the loss of power providing life support and life safety features of the facility.</p> <p>The findings included:</p> <p>On 2/11/25 at 9:41 a.m. while reviewing the facility maintenance and testing documents, no records of main and feeder circuit breaker inspection and exercising was provided. A record of thermal imaging dated 5/13/22. Concurrent with the review, the Maintenance Director</p>	K 918	<p>K918 Electrical Systems - Essential Electric System</p> <ol style="list-style-type: none"> 1. Main and feeder circuit breaker inspection and exercising was completed. 2. Audit was conducted to ensure all other inspections were completed any abnormal findings were corrected. 3. A. The facility has placed in TELS system a schedule to do the inspection according to the regulatory guidelines to maintain compliance. B. Maintenance director and maintenance staff educated on K918 4. Maintenance Director will do monthly audit to ensure facility maintain compliance with its inspection and report findings to QAPI. 	

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K 918	Continued From page 6 acknowledged the findings and said that he had just started working there and he was not sure how up to date the records were. Exercising these breakers insures their reliability in the event of a fault or overload situation. NFPA 99 (2012 edition) 6.4.4.1.2.1; NFPA 110 (2010 edition) 8.4.7	K 918			

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E 000	Initial Comments During the Fire & Life Safety recertification survey that was conducted on 2/11/25 at Rehab & Healthcare Center of Cape Coral, a skilled nursing facility, Emergency Preparedness regulations were reviewed. Rehab & Healthcare Center of Cape Coral is not in compliance with the Code of Federal Regulations (CFR) 42, Section 483.73, Emergency Preparedness Requirement for Long-Term Care (LTC) Facilities. The following is the description of the noncompliance.	E 000		
E 030 SS=D	Names and Contact Information CFR(s): 483.73(c)(1) §403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.542(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1). [(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:] (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians	E 030		3/12/25

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

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E 030	<p>Continued From page 1</p> <p>(iv) Other [facilities]. (v) Volunteers.</p> <p>*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [hospitals and CAHs]. (v) Volunteers.</p> <p>*[For RNHCs at §403.748(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCs. (v) Volunteers.</p> <p>*[For ASCs at §416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.</p> <p>*[For Hospices at §418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the</p>	E 030			

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E 030	<p>Continued From page 2</p> <p>following:</p> <p>(i) Hospice employees.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Patients' physicians.</p> <p>(iv) Other hospices.</p> <p>*[For HHAs at §484.102(c):] The communication plan must include all of the following:</p> <p>(1) Names and contact information for the following:</p> <p>(i) Staff.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Patients' physicians.</p> <p>(iv) Volunteers.</p> <p>*[For OPOs at §486.360(c):] The communication plan must include all of the following:</p> <p>(2) Names and contact information for the following:</p> <p>(i) Staff.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Volunteers.</p> <p>(iv) Other OPOs.</p> <p>(v) Transplant and donor hospitals in the OPO's Donation Service Area (DSA).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide a communication plan in their Emergency Preparedness Program (EP) that includes the names and contact information of staff and residents' physicians. This in the event of an emergency would leave residents vulnerable from the lack of medical and support staffing particularly during a transfer of the residents to other facilities.</p> <p>The findings included: On 2/11/25 at 11:22 a.m. while reviewing the</p>	E 030	<p>E030</p> <p>1. Name and Contact information was updated. To reflect current contacts and employees.</p> <p>2. Audit of E tags was conducted, and any incorrect findings were corrected</p> <p>3. Education provided for E030</p> <p>4. Audit for compliance for E30 will be completed by administrator or designee monthly and report to QAPI for one quarter.</p>		

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E 030	Continued From page 3 facility's EP, the list of staff included staff that no longer worked at the facility. Concurrent with the review, the Administrator said that the plan was "reviewed through QAPI but still needed several updates including current staffing."	E 030		
E 033 SS=D	Methods for Sharing Information CFR(s): 483.73(c)(4)-(6) §403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.542(c)(4)-(6), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6), §491.12(c)(4), §494.62(c)(4)-(6). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c)] (6) [(4) or (5)]A means of providing information about the general condition and location of	E 033		3/12/25

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NAME OF PROVIDER OR SUPPLIER REHAB & HEALTHCARE CENTER OF CAPE CORAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2629 DEL PRADO BLVD CAPE CORAL, FL 33904		
(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	
E 033	<p>Continued From page 4</p> <p>patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).</p> <p>*[For RNHCs at §403.748(c);] (4) A method for sharing information and care documentation for patients under the RNHC's care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative.</p> <p>*[For RHCs/FQHCs at §491.12(c);] (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide as part of their Emergency Preparedness Program (EP), a method of sharing occupancy information and occupancy needs to the authority having jurisdiction. This in the event of a transfer or intake of residents would leave the receiving facility and caregivers without information needed for occupancy of the transferred residents.</p> <p>The findings include(d):</p> <p>On 2/11/25 at 11:20 p.m. during review of the facility EP, the description of how the facility shares occupancy needs with state officials and other facilities was listed as ESS including a link to the ESS website. Concurrent with the review, the Administrator said that they would use the online resource " HFRS and update the EP to reflect the new website. "</p>	E 033	<p>E033</p> <ol style="list-style-type: none"> 1. The link was updated to reflect HFRS instead of the old site ESS. 2. Audit of E tags was conducted, and any incorrect findings were corrected 3. Education provided for E033 4. Audit for compliance for E33 will be completed by administrator or designee monthly and report to QAPI for one quarter. 		

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E 039 E 039 SS=F	Continued From page 5 EP Testing Requirements CFR(s): 483.73(d)(2) §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2). *[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or	E 039 E 039		3/12/25	

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E 039	<p>Continued From page 6</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.</p> <p>*[For Hospices at 418.113(d):]</p> <p>(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p>(i) Participate in a full-scale exercise that is community based every 2 years; or</p> <p>(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p>	E 039		

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E 039	<p>Continued From page 7</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.</p>	E 039		

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E 039	Continued From page 8 *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d);] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.	E 039		

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E 039	Continued From page 9 *[For PACE at §460.84(d):] (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.	E 039		

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E 039	<p>Continued From page 10</p> <p>*[For LTC Facilities at §483.73(d):]</p> <p>(2) The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.</p> <p>*[For ICF/IIDs at §483.475(d):]</p> <p>(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year.</p>	E 039		

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E 039	<p>Continued From page 11</p> <p>The ICF/IID must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or</p> <p>(B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.</p> <p>*[For HHAs at §484.102]</p> <p>(d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual,</p>	E 039			

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E 039	<p>Continued From page 12</p> <p>facility-based functional exercise every 2 years; or.</p> <p>(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.</p> <p>*[For OPOs at §486.360]</p> <p>(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant</p>	E 039		

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E 039	<p>Continued From page 13</p> <p>emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event.</p> <p>(ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.</p> <p>*[RNHCIs at §403.748]:</p> <p>(d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following:</p> <p>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide documentation of post disaster analysis including potential areas of improvement and revision of the Emergency Preparedness Program (EP) to meet needed areas of improvement. This in the event of an emergency would leave the facility unprepared for unexpected situations that would have been addressed and documented in an After Action</p>	E 039	<p>E039</p> <ol style="list-style-type: none"> 1. Drills were updated to meet the requirements of E039 2. Audit of E tags was conducted, and any incorrect findings were corrected 3. Education provided for E39 4. Audit for compliance for E39 will be completed by administrator or designee 		

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E 039	Continued From page 14 Report (AAR). Findings include: On 2/11/25 at 8:42 a.m. while reviewing disaster drills, one of the required two drills did not include an after action report. Concurrent with the review the Administrator said that all drills in the future would include an AAR including areas for improvement and a full scale community based drill.	E 039	monthly and report to QAPI for one quarter.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 83602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2025
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety relicensure survey was conducted on 2/11/25 at Rehab & Healthcare Center of Cape Coral, a skilled nursing facility in Cape Coral, Florida.</p> <p>This survey was completed in accordance with National Fire Protection Association (NFPA) 1 and 101 (2018 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 NFPA 1 and 101 (2018 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 the description of the deficiencies.</p>	K 000		
K 345 SS=F	<p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the Fire Alarm System in accordance with NFPA 101. Maintaining the Fire Alarm System ensures proper operation and lessens the chance of a delayed alarm activation</p>	K 345	<p>K345 Fire Alarm System - Testing and Maintenance</p> <p>1. The fire alarm inspection was conducted and is currently up to date.</p>	3/12/25

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X8) DATE

03/09/25

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K 345	Continued From page 1 under hazardous conditions. The findings included: On 2/11/25 at 7:56 a.m. the fire alarm annual report dated 11/4/23 indicated that 8 of 12 duct detectors could not be located for testing. The report indicated the batteries needed replacing. On 2/11/25 at 8:00 a.m. the fire alarm smoke detector sensitivity inspection report was dated 2/19/21. The duct detector air stream test was dated 9/6/23. On 2/11/25 at 11:31 a.m. the Administrator acknowledged the findings and said that their vendor would have to provide updated testing. NFPA 72 (2019 Edition) Table 14.4 NFPA 101(2021 Edition) 19.3.4.1, 9.6.1.3 Class III	K 345	2. Completed audit was conducted and any abnormal findings were corrected. 3. A. Vendor has the facility on schedule to do inspection based on regulatory requirements. B. Maintenance director educated on K345 4. Maintenance Director will do monthly audits of Fire alarm testing and Maintenance to monthly QAPI	
K 712 SS=F	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1, 19.7.1, 4.7	K 712		3/12/25

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K 712	<p>Continued From page 2</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide fire drills as required by NFPA 101. This in the event of a fire could result in staff not being prepared to address and respond to a fire emergency, thereby endangering the occupants of the building.</p> <p>The findings included:</p> <p>On 2/11/25 at 9:16 a.m. while reviewing the facility fire drill records, the fire drill sign in sheets did not have matching dates, the dates were altered on the following drills:</p> <ol style="list-style-type: none"> 1. Fire drills falsified 8/14/24 and 7/25/24, sign in sheets match, date changed 2. 11/29/24 and 10/31/24 sign in sheets match, date removed from sheet. <p>Concurrent with the review, the Maintenance Director said that he had had just started working at the facility, he did not conduct drills prior to the survey.</p> <p>On at 11:20 p.m. the drills were reviewed with the Administrator. The administrator reviewed the drills and acknowledged the the visible alterations and said that he would look into it further.</p> <p>Drills and drill records shall be conducted in accordance with NFPA 101 (2021 Edition) 4.7.6, 19.7.1.6, 19.7.2</p> <p>Class III</p>	K 712	<p>K712 Fire Drills</p> <ol style="list-style-type: none"> 1. Fire Drills are current and up to date 2. Audit was completed on fire drills any abnormal finding was noted. 3. A. Fire Drill will be conducted monthly B. Staff educated on fire drills 4. Administrator will audit monthly to ensure fire drills are completed and findings will be brought to QA 	

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K 761 K 761 SS=F	Continued From page 3 NFFA 101 Maintenance Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (NFPA 101) 5.2, 5.2.3 (NFPA 80) This Statute or Rule is not met as evidenced by: Based on records review, interviews and observations, the facility failed to inspect fire doors and fire and smoke dampers in accordance with NFPA 80. Failure to maintain fire dampers could result in the failure of these devices under fire and smoke conditions resulting in the spread of fire, smoke, and fire gasses throughout multiple smoke compartments thereby endangering the occupants of the building. This practice affects all smoke compartments in the building. The findings included: On 2/11/25 at 8:31 a.m. while conducting record review, fire and smoke damper maintenance and testing reports were dated 3/5/20. Fire and smoke dampers are required to be tested at intervals not exceeding 4 years. According to NFPA 80 (2019 Edition) 19.4.	K 761 K 761	 K761 Maintenance Inspection & Testing -Doors 1. Fire doors and fire and smoke dampers were inspected and current. 2. All fire doors and dampers were audited and inspected 3. A. Cintas has been retained, and inspection has been placed on their schedule to maintain compliance with regulatory guidelines. B. Maintenance director and maintenance staff educated on K761 4. Maintenance director will audit to ensure facility remains in compliance and report findings to QAPI	3/12/25

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K 761	Continued From page 4 19.4.1.1; "The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years." NFPA 90A (2021 Edition) 5.4.8; NFPA 80 (2019 Edition) 19.4.1.1 On 2/11/25 at 8:34 a.m. while conducting records review, the report of fire of door inspections was dated 7/4/22. Concurrent with the review, the Director of Maintenance said that he had a lot of catching up to do from the previous maintenance director. Inspection, testing and maintenance of fire doors and the qualifications of individuals performing these task is a requirement of NFPA 80 (2019 Edition) 5.2.1, 5.2.3, 5.2.4. See also NFPA 101 (2021 Edition) 7.2.1.15, 7.2.1.15.5 Class III	K 761		
K 918 SS=D	NFPA 99 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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. 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 hours. Scheduled test	K 918		3/12/25

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K 918	<p>Continued From page 5</p> <p>under load conditions include a complete simulated cold 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 and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Statute or Rule is not met as evidenced by: Based on staff interview and record review, the facility failed to test electrical equipment in accordance with NFPA 99, and NFPA 110. Failure to conduct these tests could result in loss of power to the facility, energized equipment fires or fires resulting from the devices failing to perform as designed. This could endanger the occupants of the building from electric shock hazards or the loss of power providing life support and life safety features of the facility.</p> <p>The findings included:</p> <p>On 2/11/25 at 9:41 a.m. while reviewing the facility maintenance and testing documents, no records of main and feeder circuit breaker inspection and exercising was provided. A record of thermal imaging dated 5/13/22. Concurrent with the review, the Maintenance Director acknowledged the findings and said that he had</p>	K 918	<p>K918 Electrical Systems - Essential Electric System</p> <ol style="list-style-type: none"> 1. Main and feeder circuit breaker inspection and exercising was completed. 2. Audit was conducted to ensure all other inspections were completed any abnormal findings were corrected. 3. A. The facility has placed in TELS system a schedule to do the inspection according to the regulatory guidelines to maintain compliance. B. Maintenance director and maintenance staff educated on K918 4. Maintenance Director will do monthly audit to ensure facility maintain compliance with its inspection and report findings to QAPI. 	

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K 918	<p>Continued From page 6</p> <p>just started working there and he was not sure how up to date the records were. Exercising these breakers insures their reliability in the event of a fault or overload situation. NFPA 99 (2012 edition) 6.4.4.1.2.1; NFPA 110 (2019 edition) 8.4.7</p> <p>Class III</p>	K 918		
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