

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

PRINTED: 04/17/2025
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 R 03/31/2025
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	
(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 3/31/25 at Rehab & Healthcare Center of Cape Coral, a skilled nursing facility in Cape Coral, Florida. This was a follow-up to the Annual Fire & Life Safety recertification survey completed on 2/11/25. 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. The following is the description of the noncompliance	{K 000}		
{K 345} SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 THIS REQUIREMENT is not met as evidenced by: Based on record review and staff interview with the Maintenance Director, the facility failed to maintain the Fire Alarm System in accordance with National Fire Protection Association (NFPA) 101. Maintaining the Fire Alarm System ensures	{K 345}	K345 Fire Alarm System - Testing and Maintenance 1. The fire alarm inspection was conducted for sensitivity test on ducks and is currently up to date.	4/15/25

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

TITLE

(X6) DATE

Electronically Signed

04/15/2025

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>proper operation and lessens the chance of delayed alarm activation or failure under hazardous conditions. Injury or death can result in a fire alarm failure.</p> <p>The findings included:</p> <p>On 3/31/25 between 8:30 a.m. and 9:30 a.m., during record review with the Maintenance Director during a revisit survey, a current biennial smoke detector sensitivity test that was performed on 2/26/25 was produced. A smoke detector sensitivity test was completed on 56 devices. The 18 Duct Detectors inventoried were not documented as tested.</p> <p>An interview was conducted with the Maintenance Director, concurrent with the observations acknowledging the findings.</p> <p>per NFPA 101 (2012 Edition) 19.3.4.1, 9.6.1.3 per NFPA 72 (2010 Edition) 14.4.5.3.2, 14.6.2.4</p>	{K 345}	<p>2. Completed audit was conducted and any abnormal findings were corrected.</p> <p>3. A. Vendor has the facility on schedule to do inspection based on F345 B. Education with the maintenance department for K345 4. monthly audits for K345 will be conducted and findings will be brought to QAPI</p>	

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(E 000)	Initial Comments During the Fire & Life Safety revisit survey that was conducted on 3/31/25 at Rehab & Healthcare Center of Cape Coral, a skilled nursing facility, Emergency Preparedness regulations were reviewed. Rehab & Healthcare Center of Cape Coral is in compliance with the Code of Federal Regulations (CFR) 42, Section 483.73, Emergency Preparedness Requirement for Long-Term Care (LTC) Facilities.	(E 000)			

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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 R 03/31/2025
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		
(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 3/31/25 at Rehab & Healthcare Center of Cape Coral, a skilled nursing facility in Cape Coral, Florida. This was a follow-up to the Annual Fire & Life Safety relicensure survey completed on 2/11/25. The 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. The following is the description of the deficiencies found at the time of the visit.	{K 000}		
{K 345} SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance 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 This Statute or Rule is not met as evidenced by: Based on record review and staff interview with the Maintenance Director, the facility failed to	{K 345}	K345 Fire Alarm System - Testing and Maintenance	4/15/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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04/15/25

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 R 03/31/2025
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{K 345}	<p>Continued From page 1</p> <p>maintain the Fire Alarm System in accordance with National Fire Protection Association (NFPA) 101. Maintaining the Fire Alarm System ensures proper operation and lessens the chance of delayed alarm activation or failure under hazardous conditions. Injury or death can result in a fire alarm failure. The findings included:</p> <p>On 3/31/25 between 8:30 a.m. and 9:30 a.m., during record review with the Maintenance Director during a revisit survey, a current biennial smoke detector sensitivity test that was performed on 2/26/25 was produced. A smoke detector sensitivity test was completed on 56 devices. The 18 Duct Detectors inventoried were not documented as tested.</p> <p>An interview was conducted with the Maintenance Director, concurrent with the observations acknowledging the findings.</p> <p>per NFPA 101 (2021 Edition) 19.3.4.1, 9.6.1.3 per NFPA 72 (2019 Edition) 14.4.4.3.2, 14.3.1</p> <p>Class III</p>	{K 345}	<ol style="list-style-type: none"> 1. The fire alarm inspection was conducted for sensitivity test on ducks 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 F345 B. Education with the maintenance department for K345 4. monthly audits for K345 will be conducted and findings will be brought to QAPI 	