

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2025
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NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT AT ST ANDREWS ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 6152 N VERDE TRAIL BOCA RATON, FL 33433
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety relicensure survey was conducted on 04/29/2025 at Willowbrooke Court at St. Andrews Estates, a nursing home in Boca Raton, 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 deficiencies found at the time of the visit:</p>	K 000		
K 222 SS=D	<p>NFPA 101 Egress Doors</p> <p>Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side, unless otherwise permitted by one of the following:</p> <ul style="list-style-type: none"> (1) Locks complying with 18/19.2.2.2.5 shall be permitted. (2) Delayed-egress electrical locking systems complying with 7.2.1.6.1 shall be permitted. (3) Sensor-release of electrical locking systems complying with 7.2.1.6.2 shall be permitted. (4) Elevator lobby exit access door locking in accordance with 7.2.1.6.4 shall be permitted. (5) Approved existing door-locking installations shall be permitted. <p>18.2.2.2.4 through 18.2.2.2.7, 19.2.2.2.4 through 19.2.2.2.7</p>	K 222		5/29/25

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

TITLE

(X8) DATE

05/16/25

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K 222	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain their egress doors equipped with delayed egress locking arrangements in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/29/2025 between 1:15 PM and 2:45 PM during facility tour with the Director of Property Management, the delayed egress doors located in the Coconut Grove hallway failed to open when tested.</p> <p>An interview was conducted with the Administrator and Director of Property Management, concurrent with the observations they acknowledged the findings. The findings were reviewed with the Administrator and Director of Property Management at the exit on 04/29/2025 at 3:00 PM.</p> <p>NFPA 101 (2021 Edition) 19.2, 19.2.2, 19.2.2.2, 19.2.2.2.1, 7.2.1, 7.2.1.6.1.1(3)(c)</p> <p>Class III</p>	K 222	<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 regulation the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K222 Egress Doors</p> <p>Immediate Corrective Action: On 4/29/2025, an emergency purchase order was submitted and service request scheduled for vendor RF Technology to provide service to the egress door located on the west unit adjacent to the Coconut dining room. On 4/30/2025 RF Technology Inc. field service technician repaired the egress door. The door is equipped with delayed egress locking arrangements in accordance with NFPA 101.</p> <p>Identification of other residents potentially affected: All residents have the potential to be affected; however, based on inspection no residents were affected by this deficiency. All egress doors were inspected throughout the units to ensure compliance with NFPA 101 standards. No other egress doors were identified out of compliance.</p> <p>Measures: Director of Property Management and Maintenance team</p>	

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K 222	Continued From page 2	K 222	members were re-educated on conducting weekly egress door inspection and document on preventative maintenance sheet and report any non-functioning doors to supervisor immediately. Doors must be equipped with delay egress locking arrangements in accordance with NFPA 101. Monitoring: The Director of Property Management and Maintenance Assistants will complete weekly audits for 4 weeks and then monthly x two months to ensure compliance with NFPA 101 standards. Director of Property management will report the findings to the Quality Assurance Performance Improvement Committee Monthly X 3 months or until committee determines substantial compliance.	
K 521 SS=D	NFPA 101 HVAC HVAC Heating, Ventilation, and Air Conditioning Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2. 18.5.2.1, 19.5.2.1, 9.2 This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain their Heating, Ventilation and Air Conditioning (HVAC) system in accordance with NFPA 101. The findings included:	K 521	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 regulation the center has taken or will take the actions set forth in the	5/29/25

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K 521	<p>Continued From page 3</p> <p>On 04/29/2025 between 1:15 PM and 2:45 PM during facility tour with the Director of Property Management, the following were revealed:</p> <ol style="list-style-type: none"> One of one exhaust fans inside the soiled utility holding room located in the east wing of Pineapple Trail was not in working condition. One of one exhaust fans inside the soiled utility holding room located in the west wing of Lakeshore was not in working condition. <p>An interview was conducted with the Administrator and Director of Property Management, concurrent with the observations they acknowledged the findings. The findings were reviewed with the Administrator and Director of Property Management at the exit on 04/29/2025 at 3:00 PM.</p> <p>NFPA 101 (2021 Edition) 19.7.6, 4.6.12.1, 8.5.5.4, 8.5.5.4.1 NFPA 99 (2021 Edition) 9.3, 9.3.1, 9.3.1.1, 9.3.6.5.3, 9.3.6.5.3.1</p> <p>Class III</p>	K 521	<p>following plan of correction. The following plan of correction constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K521 HVAC</p> <p>Immediate Corrective Action: On 4/29/2025, HVAC technician assessed the exhaust fans immediately. A HVAC vendor was contracted to replace the two exhaust fans in soiled utility rooms.</p> <p>Identification of other residents potentially affected: All residents have the potential to be affected; however, based on inspection no residents were affected by this deficiency. HVAC system throughout the units were inspected to ensure compliance with NFPA 101 (2012 edition) and NFPA 99 (2012 edition) standards. No other HVAC system was identified out of compliance.</p> <p>Measures: Director of Property management and Maintenance assistance were re-educated on maintaining HVAC system by ensuring exhaust fans are inspected weekly, documented on preventative maintenance sheet and report any non-functioning HVAC system to supervisor immediately. Exhaust fans in biohazard rooms are required to be functioning to ensure ventilation to manage airborne particles and prevent contamination.</p> <p>Monitoring: The Director of Maintenance and Maintenance Assistants will complete</p>	

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K 521	Continued From page 4	K 521		
K 918 SS=D	<p>NFPA 99 Electrical Systems - Essential Electric Syste</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 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</p>	K 918	<p>weekly audits for 4 weeks and then monthly x two months to ensure in compliance with NFPA 101 (2012 edition) and NFPA 99 (2012 edition) standards. Director of Maintenance will report the findings to the Quality Assurance Performance Improvement Committee Monthly X 3 months or until the committee determines substantial compliance.</p>	5/29/25

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K 918	<p>Continued From page 5</p> <p>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. 6.9.1, 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 Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain and test their Essential Electrical System in accordance with NFPA 99.</p> <p>The findings included:</p> <p>On 04/29/2025 between 10:00 AM and 1:00 PM during record review with the Director of Property Management, no documentation was provided for 2 of 2 generator monthly conductance tests.</p> <p>An interview was conducted with the Administrator and Director of Property Management, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Administrator and Director of Property Management at the exit on 04/29/2025 at 3:00 PM.</p> <p>NFPA 99 (2021 Edition) 6.7.1.3.5 NFPA 110 (2019 Edition) 8.3, 8.3.6.1</p> <p>Class III</p>	K 918	<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 regulation the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's 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 System Maintenance and Testing</p> <p>Immediate Corrective Action: On 4/30/2025, an Ancel BST500 electronic battery tester was purchased to test the generator battery.</p> <p>Identification of other residents potentially affected: All residents have the potential to be affected; however, based on inspection no residents were affected by this deficiency. No other generator was identified out of compliance.</p> <p>Measures: On 4/29/2025 the Director of</p>	

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K 918	Continued From page 6	K 918	<p>Property management and maintenance assistance were re-educated on ensuring the generator battery tests are completed monthly by using the electronic battery tester and to record the conductance measurement on the log.</p> <p>On 5/07/2025, TAW Service Representative provided training and education to Director of Property management and maintenance assistance on using the electronic battery system tester to conduct cold cranking amps conductance test and documenting information on the monthly generator test log.</p> <p>Monitoring: The Director of Maintenance and Maintenance Assistants will complete weekly audits for 4 weeks and then monthly x two months to ensure compliance with NFPA 99 (2012 edition) and NFPA 110 (2010 Edition) standards. The Director of Maintenance will report the findings to the Quality Assurance Performance Improvement Committee Monthly X 3 months or until the committee determines substantial compliance.</p>	

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted on 04/29/2025 at Willowbrooke Court at St. Andrews Estates, a nursing home in Boca Raton, Florida. Willowbrooke Court at St. Andrews Estates is not in compliance with 42 CFR 483.90 (a) & (b) and National Fire Protection Association (NFPA) 101 (2012 Edition) and Tentative Interim Amendments (TIA's) 12-1, 12-2, 12-3 and 12-4, NFPA 99 (2012 Edition) and Tentative Interim Amendments (TIA's) 12-2, 12-3, 12-4, 12-5 and 12-6 requirements for nursing homes.</p> <p>Initial Plan Review: 1978 Existing NFPA 220 Construction Type: II (111) Number of licensed beds: 89 Census: 44</p> <p>The following is a description of deficiencies found at the time of the visit:</p>	K 000		
K 222 SS=D	<p>Egress Doors CFR(s): NFPA 101</p> <p>Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of</p>	K 222		5/31/25

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

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(X6) DATE

Electronically Signed

05/16/2025

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

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K 222	Continued From page 1 locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in	K 222		

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K 222	<p>Continued From page 2</p> <p>accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to maintain their egress doors equipped with delayed egress locking arrangements in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/29/2025 between 1:15 PM and 2:45 PM during facility tour with the Director of Property Management, the delayed egress doors located in the Coconut Grove hallway failed to open when tested.</p> <p>An interview was conducted with the Administrator and Director of Property Management, concurrent with the observations they acknowledged the findings. The findings were reviewed with the Administrator and Director of Property Management at the exit on 04/29/2025 at 3:00 PM.</p> <p>NFPA 101 (2012 Edition) 19.2, 19.2.2, 19.2.2.2, 19.2.2.2.1, 7.2.1, 7.2.1.6.1.1(3)(c)</p>	K 222	<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 regulation the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>K222 Egress Doors</p> <p>Immediate Corrective Action: On 4/29/2025, an emergency purchase order was submitted and service request scheduled for vendor RF Technology to provide service to the egress door located on the west unit adjacent to the Coconut dining room. On 4/30/2025 RF Technology Inc. field service technician repaired the egress door. The door is equipped with delayed egress locking arrangements in accordance with NFPA 101.</p> <p>Identification of other residents potentially affected: All residents have the potential to be affected; however, based on inspection no residents were affected by</p>	

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K 222	Continued From page 3	K 222	<p>this deficiency. All egress doors were inspected throughout the units to ensure compliance with NFPA 101 standards. No other egress doors were identified out of compliance.</p> <p>Measures: Director of Property Management and Maintenance team members were re-educated on conducting weekly egress door inspection and document on preventative maintenance sheet and report any non-functioning doors to supervisor immediately. Doors must be equipped with delay egress locking arrangements in accordance with NFPA 101.</p> <p>Monitoring: The Director of Property Management and Maintenance Assistants will complete weekly audits for 4 weeks and then monthly x two months to ensure compliance with NFPA 101 standards. Director of Property management will report the findings to the Quality Assurance Performance Improvement Committee Monthly X 3 months or until committee determines substantial compliance.</p>	
K 521 SS=D	<p>HVAC CFR(s): NFPA 101</p> <p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p>	K 521		5/29/25

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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
K 521	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain their Heating, Ventilation and Air Conditioning (HVAC) system in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/29/2025 between 1:15 PM and 2:45 PM during facility tour with the Director of Property Management, the following were revealed:</p> <ol style="list-style-type: none"> One of one exhaust fans inside the soiled utility holding room located in the east wing of Pineapple Trail was not in working condition. One of one exhaust fans inside the soiled utility holding room located in the west wing of Lakeshore was not in working condition. <p>An interview was conducted with the Administrator and Director of Property Management, concurrent with the observations they acknowledged the findings. The findings were reviewed with the Administrator and Director of Property Management at the exit on 04/29/2025 at 3:00 PM.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12.1, 8.5.5.4, 8.5.5.4.1 NFPA 99 (2012 Edition) 9.3, 9.3.1, 9.3.1.1, 9.3.7.5.3, 9.3.7.5.3.1</p>	K 521	<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 regulation 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>K521 HVAC</p> <p>Immediate Corrective Action: On 4/29/2025, HVAC technician assessed the exhaust fans immediately. A HVAC vendor was contracted to replace the two exhaust fans in soiled utility rooms.</p> <p>Identification of other residents potentially affected: All residents have the potential to be affected; however, based on inspection no residents were affected by this deficiency. HVAC system throughout the units were inspected to ensure compliance with NFPA 101 (2012 edition) and NFPA 99 (2012 edition) standards. No other HVAC system was identified out of compliance.</p> <p>Measures: Director of Property management and Maintenance</p>	

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K 521	Continued From page 5	K 521	assistance were re-educated on maintaining HVAC system by ensuring exhaust fans are inspected weekly, documented on preventative maintenance sheet and report any non-functioning HVAC system to supervisor immediately. Exhaust fans in biohazard rooms are required to be functioning to ensure ventilation to manage airborne particles and prevent contamination. Monitoring: The Director of Maintenance and Maintenance Assistants will complete weekly audits for 4 weeks and then monthly x two months to ensure in compliance with NFPA 101 (2012 edition) and NFPA 99 (2012 edition) standards. Director of Maintenance will report the findings to the Quality Assurance Performance Improvement Committee Monthly X 3 months or until the committee determines substantial compliance.	
K 918 SS=D	Electrical Systems - Essential Electric System 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	K 918		5/29/25

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K 918	<p>Continued From page 6</p> <p>day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test 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, 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 record review and staff interview, the facility failed to maintain and test their Essential Electrical System in accordance with NFPA 99.</p> <p>The findings included:</p> <p>On 04/29/2025 between 10:00 AM and 1:00 PM during record review with the Director of Property Management, no documentation was provided for 2 of 2 generator monthly conductance tests.</p> <p>An interview was conducted with the Administrator and Director of Property Management, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Administrator and Director</p>	K 918	<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 regulation the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's 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 System Maintenance and Testing</p>	

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K 918	Continued From page 7 of Property Management at the exit on 04/29/2025 at 3:00 PM. NFPA 99 (2012 Edition) 6.4.1.1.13 NFPA 110 (2010 Edition) 8.3, 8.3.7.1	K 918	<p>Immediate Corrective Action: On 4/30/2025, an Ancel BST500 electronic battery tester was purchased to test the generator battery.</p> <p>Identification of other residents potentially affected: All residents have the potential to be affected; however, based on inspection no residents were affected by this deficiency. No other generator was identified out of compliance.</p> <p>Measures: On 4/29/2025 the Director of Property management and maintenance assistance were re-educated on ensuring the generator battery tests are completed monthly by using the electronic battery tester and to record the conductance measurement on the log.</p> <p>On 5/07/2025, TAW Service Representative provided training and education to Director of Property management and maintenance assistance on using the electronic battery system tester to conduct cold cranking amps conductance test and documenting information on the monthly generator test log.</p> <p>Monitoring: The Director of Maintenance and Maintenance Assistants will complete weekly audits for 4 weeks and then monthly x two months to ensure compliance with NFPA 99 (2012 edition) and NFPA 110 (2010 Edition) standards. The Director of Maintenance will report the findings to the Quality Assurance Performance Improvement Committee</p>	

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K 918	Continued From page 8	K 918	Monthly X 3 months or until the committee determines substantial compliance.	

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E 000	<p>Initial Comments</p> <p>During the Fire & Life Safety recertification survey conducted on 04/29/2025 at Willowbrooke Court at St. Andrews Estates, a nursing home, Emergency Preparedness was reviewed. Willowbrooke Court at St. Andrews Estates is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long Term Care Facilities.</p>	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/16/2025
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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.