

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150
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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
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K 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on 03/31/2025-04/01/2025 at Miami Shores Nursing and Rehab Center, a nursing home in Miami, 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>	K 000		
K 353 SS=D	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler</p>	K 353		5/1/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

04/25/25

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K 353	<p>Continued From page 1 system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain automatic sprinkler system in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:43 pm on 04/01/2025 with the Maintenance Director, it was observed in the Rehabilitation Standpipe Room as follows: (1) there was no 1 of 1 list posted in sprinkler cabinet and (2) there was no 1 of 1 spare dry sprinkler for freezer nor means to restore service.</p> <p>During the Staff Interview at 2:43 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 25 (2020 Edition) 5.4.1.5.6, 5.4.1.5 through 5.4.1.5.3</p> <p>Class III</p>	K 353	<p>This Plan of Correction does not constitute admission or agreement by Miami Shores Nursing & Rehabilitation Center of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal Laws.</p> <p>K353 Sprinkler System Maintenance and Testing</p> <p>Identify patients that were at risk and what did:</p> <p>When the surveyor identified the issue we contacted vendor, and they provided the list and the director of plant operations framed it and placed it in room adjacent to the cabinet.</p> <p>The Dry pipe has been delivered and placed in same location.</p> <p>How will you identify other patents that are at risk?</p> <p>When the surveyor identified the issue,</p>	

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K 353	Continued From page 2	K 353	<p>we contacted vendor, and they provided the list and the director of plant operations framed it and placed it in the room adjacent to the cabinet.</p> <p>The Dry pipe has been ordered by vendor and waiting for delivery.</p> <p>Measure put in place:</p> <p>The Director of Plant Operations will check monthly to ensure that the box is supplied and nothing is missing.</p> <p>How will you monitor?</p> <p>The Director of Plant Operations will check monthly to ensure that the box is supplied and nothing is missing.</p> <p>Any Variances will be brought the QAPI Committee.</p>	
K 355 SS=D	<p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10</p>	K 355		5/1/25

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K 355	<p>Continued From page 3</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain portable fire extinguishers in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the life safety tour at 2:40 p.m. on 04/01/2025 with the Maintenance Director, it was observed in 1 of 1 Telecommunication Equipment Room (TER) in the Rehabilitation Room that the facility failed to provide required clean agent fire extinguishers.</p> <p>During the Staff Interview at 2:40 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.3.5.12, 9.9, 19.7.6, 4.6.12, 4.6.12.1 NFPA 99 (2021 Edition) 16.10.1.5 NFPA 10 (2018 Edition) 5.5.6</p> <p>Class III</p>	K 355	<p>355 <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Maintenance and Testing <input type="checkbox"/></p> <p>Identify patients that were at risk and did:</p> <p>When the surveyor identified the issue we contacted vendor and ordered a new Clean Agent Fire Extinguisher to be added to the Telecommunication room. This was installed on 4/17/2025</p> <p>How will you identify other patents that are at risk?</p> <p>No other residents were identified at risk. When the surveyor identified the issue, we contacted vendor and ordered a new Clean Agent Fire Extinguisher to be added to the Telecommunication room. This was installed on 4/17/2025</p> <p>Measure put in place:</p> <p>The Director of Plant Operations has added the new extinguishers to his monthly checks for compliance. The Director also checked the rest of the extinguishers to ensure they were ready for use.</p>	

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K 355	Continued From page 4	K 355	How will you monitor? The Director of Plant Operations has added the new extinguishers to his monthly checks for compliance Any Variances will be brought the QAPI Committee.	
K 741 SS=D	NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 (Note smoking tower disposal receptacles are	K 741		5/1/25

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K 741	<p>Continued From page 5</p> <p>not ashtrays)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain the smoking area in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:10 pm on 04/01/2025 with the Maintenance Director, it was observed in the 1 of 1 Smoking Area that (1) there were no ashtrays of noncombustible material and safe design (2) there was no metal container with self-closing cover device into which ashtrays can be emptied.</p> <p>During the Staff Interview at 2:10 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.7.4</p> <p>Class III</p>	K 741	<p>K741 <input type="checkbox"/> Smoking Regulations <input type="checkbox"/></p> <p>Identify patients that were at risk and what did:</p> <p>When the surveyor identified the issue, we researched and purchased Ashtrays of noncombustible materials with metal self-closing lids. Additionally, we purchased a RED metal container by which the Ashtrays can be emptied. Both are located in the designated smoking area.</p> <p>How will you identify other patents that are at risk?</p> <p>No other patients are a risk as the Ashtrays have been replaced with self-closing metal lids and added the RED metal container by which the Ashtrays can be emptied. Both are located in the designated smoking area.</p> <p>Measure put in place:</p>	

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K 741	Continued From page 6	K 741	<p>Purchased Ashtrays of noncombustible materials with metal self-closing lids. Additionally, we purchased a RED metal container by which the Ashtrays can be emptied. Both are located in the designated smoking area.</p> <p>How will you monitor?</p> <p>The Director of Plant Operations and Housekeeping will be responsible for ensuring that the ash trays are emptied on a regular basis. This is part of our daily service.</p> <p>Any Variances will be brought the QAPI Committee.</p>	
K 918 SS=D	<p>NFPA 99 Electrical Systems - Essential Electric Syste</p> <p>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</p>	K 918		5/1/25

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K 918	<p>Continued From page 7</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 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 observations and staff interview, the facility failed to maintain essential electric system generator in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the records review process of the facility between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 with the Maintenance Director, it was revealed that there was no documentation for the performance of the fuel quality test since report dated 05/24/2023.</p> <p>During the Staff Interview between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 the Maintenance Director, acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit</p>	K 918	<p>K918 ☐ Essential Electrical Systems ☐</p> <p>Identify patients that were at risk and what did:</p> <p>When the surveyor identified the issue we contacted the Fuel testing company and scheduled the testing. The Plant Operations director also contacted the Generator service company requested and ordered generator high mortality parts ☐ i.e. Belts and Filters to be stored at the facility.</p>	

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K 918	<p>Continued From page 8</p> <p>conference.</p> <p>During the Life Safety Survey tour of the facility at 2:59 pm on 04/01/2025 with the Maintenance Director, it was observed that there were no generator high mortality spare parts on premises.</p> <p>During the Staff Interview at 2:59 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 110 (2019 Edition) 8.3.7, 8.2.4</p> <p>Class III</p>	K 918	<p>How will you identify other patents that are at risk?</p> <p>No other patients are a risk as the testing was completed on 4/07/2025 and results were pending.</p> <p>On 4/11/25 The Plant Operations director also contacted the Generator service company requested and ordered generator high mortality parts <input type="checkbox"/> i.e. Belts and Filters to be stored at the facility.</p> <p>Measure put in place:</p> <p>When the surveyor identified the issue we contacted the Fuel testing company and scheduled the testing. The Plant Operations director also contacted the Generator service company requested and ordered generator high mortality parts <input type="checkbox"/> i.e. Belts and Filters to be stored at the facility.</p> <p>How will you monitor?</p> <p>The Director of Plant Operations will be responsible to ensure that the Fuel test is</p>	

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K 918	Continued From page 9	K 918		
K 923 SS=D	<p>NFPA 99 Gas Equipment - Cylinder and Container Storage</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier.</p>	K 923	<p>pre scheduled for annual requirement and that the high mortality parts are always available.</p> <p>Any Variances will be brought the QAPI Committee.</p>	5/1/25

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K 923	<p>Continued From page 10</p> <p>Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain gas equipment-cylinder and container storage in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:30 pm on 04/01/2025 with the Maintenance Director, it was observed in the Oxygen Storage Room by Southwest Exit that 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>During the Staff Interview at 2:30 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.3.2.4 NFPA 99 (2021 Edition) 11.3.12 through 11.3.12.4</p> <p>Class III</p>	K 923	<p>K923 ☐ Cylinder and Container Storage</p> <p>Identify patients that were at risk and what did:</p> <p>No Specific resident was compromised but, the facility had a sign that identified the room but not with the specific wording.</p> <p>When the surveyor identified the issue, we proceeded to change the exiting sign to the one that stated Caution: Oxidizing Gas (ES) Stored within No Smoking</p> <p>How will you identify other patents that are at risk?</p> <p>No other patients are a risk as the sign was changed to reflect Caution: Oxidizing Gas (ES) Stored within No Smoking</p>		

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K 923	Continued From page 11	K 923	<p>Measure put in place:</p> <p>The facility had a sign that identified the room but not with the specific wording.</p> <p>When the surveyor identified the issue, we proceeded to change the exiting sign to the one that stated Caution: Oxidizing Gas (ES) Stored within No Smoking</p> <p>How will you monitor?</p> <p>The Director of Plant Operations will be responsible to ensure that the signage is in place and reads Caution: Oxidizing Gas (ES) Stored within No Smoking</p> <p>Any Variances will be brought the QAPI Committee.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 03/31/2025-04/01/2025 at Miami Shores Nursing and Rehab Center, a nursing home in Miami, Florida. The Facility is not in compliance with 42 CFR 483.90 (a), and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012) requirements for nursing homes. Initial Plan Review: 1969 Existing NFPA 220 Construction Type: II (211) Number of beds: 99 Census: 96	K 000		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353		5/1/25

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

TITLE

(X6) DATE

Electronically Signed

04/25/2025

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150	
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K 353	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain automatic sprinkler system in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:43 pm on 04/01/2025 with the Maintenance Director, it was observed in the Rehabilitation Standpipe Room as follows: (1) there was no 1 of 1 list posted in sprinkler cabinet and (2) there was no 1 of 1 spare dry sprinkler for freezer nor means to restore service.</p> <p>During the Staff Interview at 2:43 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.3.5, 9.7.5 NFPA 25 (2011 Edition) 5.4.1 through 5.4.1.4.2, and 5.4.1.4.2.1</p>	K 353	<p>This Plan of Correction does not constitute admission or agreement by Miami Shores Nursing & Rehabilitation Center of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal Laws.</p> <p>K353 Sprinkler System Maintenance and Testing</p> <p>Identify patients that were at risk and what did:</p> <p>When the surveyor identified the issue we contacted vendor, and they provided the list and the director of plant operations framed it and placed it in room adjacent to the cabinet.</p> <p>The Dry pipe has been delivered and placed in same location.</p> <p>How will you identify other patents that are at risk?</p> <p>When the surveyor identified the issue, we contacted vendor, and they provided</p>	

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K 353	Continued From page 2	K 353	<p>the list and the director of plant operations framed it and placed it in the room adjacent to the cabinet.</p> <p>The Dry pipe has been delivered and placed in same location</p> <p>Measure put in place:</p> <p>The Director of Plant Operations will check monthly to ensure that the box is supplied and nothing is missing.</p> <p>How will you monitor?</p> <p>The Director of Plant Operations will check monthly to ensure that the box is supplied and nothing is missing.</p> <p>Any Variances will be brought the QAPI Committee.</p>	
K 741 SS=D	<p>Smoking Regulations CFR(s): NFPA 101</p> <p>Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored</p>	K 741		5/1/25

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K 741	<p>Continued From page 3</p> <p>and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to maintain the smoking area in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:10 pm on 04/01/2025 with the Maintenance Director, it was observed in the 1 of 1 Smoking Area that (1) there were no ashtrays of noncombustible material and safe design (2) there was no metal container with self-closing cover device into which ashtrays can be emptied.</p> <p>During the Staff Interview at 2:10 pm on 04/01/2025, the Maintenance Director</p>	K 741	<p>K741 Smoking Regulations</p> <p>Identify patients that were at risk and what did:</p> <p>When the surveyor identified the issue, we researched and purchased Ashtrays of noncombustible materials with metal self-closing lids. Additionally, we purchased a RED metal container by which the Ashtrays can be emptied. Both are located in the designated smoking area.</p>	

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K 741	Continued From page 4 acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference. NFPA 101 (2012 Edition) 19.7.4	K 741	How will you identify other patents that are at risk? No other patients are a risk as the Ashtrays have been replaced with self-closing metal lids and added the RED metal container by which the Ashtrays can be emptied. Both are located in the designated smoking area. Measure put in place: Purchased Ashtrays of noncombustible materials with metal self-closing lids. Additionally, we purchased a RED metal container by which the Ashtrays can be emptied. Both are located in the designated smoking area. How will you monitor? The Director of Plant Operations and Housekeeping will be responsible for ensuring that the ash trays are emptied on a regular basis. This is part of our daily		

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K 741	Continued From page 5	K 741	service. Any Variances will be brought the QAPI Committee.	
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 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	K 918		5/1/25

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K 918	<p>Continued From page 6 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 observations and staff interview, the facility failed to maintain essential electric system generator in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the records review process of the facility between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 with the Maintenance Director, it was revealed that there was no documentation for the performance of the fuel quality test since report dated 05/24/2023.</p> <p>During the Staff Interview between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 the Maintenance Director, acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>During the Life Safety Survey tour of the facility at 2:59 pm on 04/01/2025 with the Maintenance Director, it was observed that there were no generator high mortality spare parts on premises.</p> <p>During the Staff Interview at 2:59 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 110 (2010 Edition) 8.3.8, 8.2.4 through 8.2.4.1</p>	K 918	<p>K918 Essential Electrical Systems</p> <p>Identify patients that were at risk and what did:</p> <p>When the surveyor identified the issue we contacted the Fuel testing company and scheduled the testing. The Plant Operations director also contacted the Generator service company requested and ordered generator high mortality parts i.e. Belts and Filters to be stored at the facility.</p> <p>How will you identify other patents that are at risk?</p> <p>No other patients are a risk as the testing was completed on 4/07/2025 and results were pending.</p> <p>On 4/11/25 The Plant Operations director also contacted the Generator service company requested and ordered generator high mortality parts i.e. Belts and Filters to be stored at the facility.</p>	

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K 918	Continued From page 7	K 918	<p>Measure put in place:</p> <p>When the surveyor identified the issue we contacted the Fuel testing company and scheduled the testing. The Plant Operations director also contacted the Generator service company requested and ordered generator high mortality parts i.e. Belts and Filters to be stored at the facility.</p> <p>How will you monitor?</p> <p>The Director of Plant Operations will be responsible to ensure that the Fuel test is pre scheduled for annual requirement and that the high mortality parts are always available.</p> <p>Any Variances will be brought the QAPI Committee.</p>	
K 923 SS=D	<p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p>	K 923		5/1/25

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K 923	<p>Continued From page 8</p> <p>>300 but <3,000 cubic feet</p> <p>Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to maintain gas equipment-cylinder and container storage in accordance with NFPA 101.</p> <p>The findings included:</p>	K 923	<p>K923 <input type="checkbox"/> Cylinder and Container Storage</p> <p>Identify patients that were at risk and what did:</p>	

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K 923	<p>Continued From page 9</p> <p>During the Life Safety Survey tour of the facility at 2:30 pm on 04/01/2025 with the Maintenance Director, it was observed in the Oxygen Storage Room by Southwest Exit that 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>During the Staff Interview at 2:30 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.3.2.4 NFPA 99 (2012 Edition) 11.3, 11.3.4 through 11.3.4.2</p>	K 923	<p>No Specific resident was compromised but, the facility had a sign that identified the room but not with the specific wording.</p> <p>When the surveyor identified the issue, we proceeded to change the exiting sign to the one that stated Caution: Oxidizing Gas (ES) Stored within No Smoking</p> <p>How will you identify other patents that are at risk?</p> <p>No other patients are a risk as the sign was changed to reflect Caution: Oxidizing Gas (ES) Stored within No Smoking</p> <p>Measure put in place:</p> <p>The facility had a sign that identified the room but not with the specific wording.</p> <p>When the surveyor identified the issue, we proceeded to change the exiting sign to the one that stated Caution: Oxidizing Gas (ES) Stored within No Smoking</p>	

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K 923	Continued From page 10	K 923	<p>How will you monitor?</p> <p>The Director of Plant Operations will be responsible to ensure that the signage is in place and reads Caution: Oxidizing Gas (ES) Stored within No Smoking</p> <p>Any Variances will be brought the QAPI Committee.</p>		

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E 000	<p>Initial Comments</p> <p>During an unannounced Fire & Life Safety recertification survey conducted on 03/31/2025 - 04/01/2025 at Miami Shores Nursing and Rehab Center, a nursing home in Miami, Florida, Emergency Preparedness was reviewed.</p> <p>Miami Shores Nursing and Rehab Center 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

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150
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K 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on 03/31/2025-04/01/2025 at Miami Shores Nursing and Rehab Center, a nursing home in Miami, 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>	K 000		
K 353 SS=D	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler</p>	K 353		5/1/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

04/25/25

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9390 NW 7TH AVENUE MIAMI, FL 33150		
(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 353	Continued From page 1 system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain automatic sprinkler system in accordance with NFPA 101. The findings included: During the Life Safety Survey tour of the facility at 2:43 pm on 04/01/2025 with the Maintenance Director, it was observed in the Rehabilitation Standpipe Room as follows: (1) there was no 1 of 1 list posted in sprinkler cabinet and (2) there was no 1 of 1 spare dry sprinkler for freezer nor means to restore service. During the Staff Interview at 2:43 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference. NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 25 (2020 Edition) 5.4.1.5.6, 5.4.1.5 through 5.4.1.5.3 Class III	K 353		
K 355 SS=D	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10	K 355		5/1/25

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150		
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K 355	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain portable fire extinguishers in accordance with NFPA 101. Findings included: During the life safety tour at 2:40 p.m. on 04/01/2025 with the Maintenance Director, it was observed in 1 of 1 Telecommunication Equipment Room (TER) in the Rehabilitation Room that the facility failed to provide required clean agent fire extinguishers. During the Staff Interview at 2:40 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference. NFPA 101 (2021 Edition) 19.3.5.12, 9.9, 19.7.6, 4.6.12, 4.6.12.1 NFPA 99 (2021 Edition) 16.10.1.5 NFPA 10 (2018 Edition) 5.5.6 Class III	K 355		
K 741 SS=D	NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.	K 741		5/1/25

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K 741	<p>Continued From page 3</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4 (Note smoking tower disposal receptacles are not ashtrays)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain the smoking area in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:10 pm on 04/01/2025 with the Maintenance Director, it was observed in the 1 of 1 Smoking Area that (1) there were no ashtrays of noncombustible material and safe design (2) there was no metal container with self-closing cover device into which ashtrays can be emptied.</p> <p>During the Staff Interview at 2:10 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p>	K 741		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150
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K 741	Continued From page 4 NFPA 101 (2021 Edition) 19.7.4 Class III	K 741		
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 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	K 918		5/1/25

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
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K 918	<p>Continued From page 5</p> <p>111, 700.10 (NFPA 70)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain essential electric system generator in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the records review process of the facility between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 with the Maintenance Director, it was revealed that there was no documentation for the performance of the fuel quality test since report dated 05/24/2023.</p> <p>During the Staff Interview between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 the Maintenance Director, acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>During the Life Safety Survey tour of the facility at 2:59 pm on 04/01/2025 with the Maintenance Director, it was observed that there were no generator high mortality spare parts on premises.</p> <p>During the Staff Interview at 2:59 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 110 (2019 Edition) 8.3.7, 8.2.4</p> <p>Class III</p>	K 918		

Agency for Health Care Administration

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K 923	Continued From page 6	K 923		
K 923 SS=D	NFPA 99 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.	K 923		5/1/25

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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9390 NW 7TH AVENUE MIAMI, FL 33150
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K 923	<p>Continued From page 7</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain gas equipment-cylinder and container storage in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:30 pm on 04/01/2025 with the Maintenance Director, it was observed in the Oxygen Storage Room by Southwest Exit that 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>During the Staff Interview at 2:30 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.3.2.4 NFPA 99 (2021 Edition) 11.3.12 through 11.3.12.4</p> <p>Class III</p>	K 923		

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

PRINTED: 04/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150	
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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 03/31/2025-04/01/2025 at Miami Shores Nursing and Rehab Center, a nursing home in Miami, Florida. The Facility is not in compliance with 42 CFR 483.90 (a), and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012) requirements for nursing homes. Initial Plan Review: 1969 Existing NFPA 220 Construction Type: II (211) Number of beds: 99 Census: 96	K 000		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353		5/1/25

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

TITLE

(X6) DATE

Electronically Signed

04/25/2025

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 353	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain automatic sprinkler system in accordance with NFPA 101. The findings included: During the Life Safety Survey tour of the facility at 2:43 pm on 04/01/2025 with the Maintenance Director, it was observed in the Rehabilitation Standpipe Room as follows: (1) there was no 1 of 1 list posted in sprinkler cabinet and (2) there was no 1 of 1 spare dry sprinkler for freezer nor means to restore service. During the Staff Interview at 2:43 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference. NFPA 101 (2012 Edition) 19.3.5, 9.7.5 NFPA 25 (2011 Edition) 5.4.1 through 5.4.1.4.2, and 5.4.1.4.2.1	K 353		
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.	K 741		5/1/25

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K 741	<p>Continued From page 2</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain the smoking area in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:10 pm on 04/01/2025 with the Maintenance Director, it was observed in the 1 of 1 Smoking Area that (1) there were no ashtrays of noncombustible material and safe design (2) there was no metal container with self-closing cover device into which ashtrays can be emptied.</p> <p>During the Staff Interview at 2:10 pm on 04/01/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p>	K 741		

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K 741	Continued From page 3 NFPA 101 (2012 Edition) 19.7.4	K 741		
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 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	K 918		5/1/25

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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150	
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K 918	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain essential electric system generator in accordance with NFPA 101.</p> <p>Findings included:</p> <p>During the records review process of the facility between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 with the Maintenance Director, it was revealed that there was no documentation for the performance of the fuel quality test since report dated 05/24/2023.</p> <p>During the Staff Interview between 10:30 am on 03/31/2025 and 5:45 pm on 04/01/2025 the Maintenance Director, acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>During the Life Safety Survey tour of the facility at 2:59 pm on 04/01/2025 with the Maintenance Director, it was observed that there were no generator high mortality spare parts on premises.</p> <p>During the Staff Interview at 2:59 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 110 (2010 Edition) 8.3.8, 8.2.4 through 8.2.4.1</p>	K 918		
K 923 SS=D	<p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p>	K 923		5/1/25

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

PRINTED: 04/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150	
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K 923	Continued From page 5 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 923		

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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150	
(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 923	<p>Continued From page 6</p> <p>Based on observations and staff interview, the facility failed to maintain gas equipment-cylinder and container storage in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility at 2:30 pm on 04/01/2025 with the Maintenance Director, it was observed in the Oxygen Storage Room by Southwest Exit that 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>During the Staff Interview at 2:30 pm on 04/01/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.3.2.4 NFPA 99 (2012 Edition) 11.3, 11.3.4 through 11.3.4.2</p>	K 923		

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NAME OF PROVIDER OR SUPPLIER MIAMI SHORES NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9380 NW 7TH AVENUE MIAMI, FL 33150		
(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 000	<p>Initial Comments</p> <p>During an unannounced Fire & Life Safety recertification survey conducted on 03/31/2025 - 04/01/2025 at Miami Shores Nursing and Rehab Center, a nursing home in Miami, Florida, Emergency Preparedness was reviewed.</p> <p>Miami Shores Nursing and Rehab Center 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

TITLE

(X6) DATE

Electronically Signed

04/25/2025

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.