

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105474</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN FED</b> B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  <b>VERO BEACH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1310 37TH ST , VERO BEACH, Florida, 32960</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000 Bldg. 01	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety recertification survey was conducted on _____ at Vero Beach Care Center, a nursing home in Vero Beach, Florida.</p> <p>The Facility is not in compliance with 42 CFR 483.90(a), and National Fire Protection Association (NFPA) 101 (2012 Edition), NFPA 99 (2012 Edition) requirements for nursing homes.</p> <p>Initial Plan Review: 1982</p> <p>Existing</p> <p>NFPA 220 Construction Type: II (111)</p> <p>Number of beds: 159</p> <p>Census: 152</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K0000		
K0324 SS = C Bldg. 01	<p><b>Cooking Facilities</b></p> <p>CFR(s): NFPA 101</p> <p><b>Cooking Facilities</b></p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for _____ Control and Fire Protection of Commercial Cooking Operations, unless:</p> <p>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p>	K0324	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by this deficient practice.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Commercial cooking hood system inspected; no additional deficient areas were identified.</p>	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  VERO BEACH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1310 37TH ST , VERO BEACH, Florida, 32960	
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K0324 SS = C Bldg. 01	<p>Continued from page 1</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3,</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interviews, the facility failed to maintain one of one commercial cooking hoods in accordance with NFPA 101. This could endanger staff and residents.</p> <p>The findings included:</p> <p>Between the hours of 1:00 p.m. and 3:00 p.m. while on tour in the kitchen with the Maintenance Director, one of one commercial cooking hoods was observed not grease tight, missing fire-resistant caulk. The findings were acknowledged by the Maintenance Director at the time of observation.</p> <p>NFPA 101 (2012 Edition) 19.3.2.5, 19.3.2.5.3(10), 9.2.3, 4.5.8</p> <p>NFPA 96 (2011 Edition) 5.1.4, 11.2.1</p>	K0324	<p>Continued from page 1</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the practice does not recur;</p> <p>Maintenance staff and Dietary staff education on proper use and reporting of issues related to cooking hood system.</p> <p>Verification of scheduled inspections and cleaning of cooking hood system by licensed vendor.</p> <p>How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>The maintenance director/designee will complete weekly audits of cooking hood system for 4 weeks, then monthly for 2 months to ensure compliance. The findings will be reported to the Quality Assurance Performance Improvement Committee for ongoing compliance.</p>	
K0920 SS = C Bldg. 01	<p>Electrical Equipment - Power and Extens</p> <p>CFR(s): NFPA 101</p> <p>Electrical Equipment - Power and Extension</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension are not used as a substitute for fixed wiring of a structure. Extension used temporarily are removed immediately upon completion of the purpose for which it was installed</p>	K0920	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by this deficient practice.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Facility wide audit of electrical rooms was conducted to identify improper use of power strips. No additional concerns were identified.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>The facility completed education reinforcing</p>	

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K0920 SS = C Bldg. 01	<p>Continued from page 2 and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70),</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to ensure relocatable power taps (RPT) are maintained in accordance with NFPA 1 (2021 Edition). This condition could lead to electric of residents and staff.</p> <p>The findings included:</p> <p>On between the hours of 10:00 a.m. and 12:00 p.m. during the facility tour with the Maintenance Director, one of one power strips was observed in the electrical room being used as permanent power instead of a dedicated receptacle.</p> <p>NFPA 99 (2012 Edition) 10.2.3.6(3) NFPA 70 (2011 Edition) 400.8(1)(2)</p>	K0920	<p>Continued from page 2 compliance with electrical safety requirements in accordance with National Fire Protection Association.</p> <p>How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>The maintenance director/designee will complete random electrical safety audits 2 times per week for 4 weeks, then monthly to ensure compliance with electrical safety standards. The findings will be reported to the Quality Assurance Performance Improvement Committee for ongoing compliance.</p>	

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E0000	Initial Comments  During the Fire & Life Safety recertification survey conducted on at Vero Beach Care Center, a Nursing Home, Emergency Preparedness was reviewed.  Vero Beach Care Center is in compliance with Emergency Preparedness per the Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E0000		

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

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Florida Agency for Health Care Administration

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1247096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>05 - MAIN LIC</b> B. WING	(X3) DATE SURVEY COMPLETED  <b>03/24/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>VERO BEACH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1310 37TH ST , VERO BEACH, Florida, 32960</b>	
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K0000 Bldg. 05	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety re-licensure survey was conducted on _____ at Vero Beach Care Center, a nursing home in Vero Beach, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2021 Edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2021 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K0000		
K0324 SS = C Bldg. 05	<p><b>Cooking Facilities</b></p> <p>CFR(s): NFPA 101</p> <p><b>Cooking Facilities</b></p> <p>Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4.</p> <p>Commercial cooking operations shall be protected in accordance with NFPA 96 unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>18.3.2.5.1 through 18.3.2.5.5, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and interviews, the facility failed to maintain one of one commercial cooking hoods in accordance with NFPA 101. This could endanger staff and residents.</p> <p>The findings included:</p> <p>Between the hours of 1:00 p.m. and 3:00 p.m. while on tour in the kitchen with the Maintenance Director,</p>	K0324	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by this deficient practice.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Commercial cooking hood system inspected; no additional deficient areas were identified.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the practice does not recur;</p> <p>Maintenance staff and Dietary staff education on</p>	

Office of Primary Care and Health Systems Management

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K0324 SS = C Bldg. 05	Continued from page 1 one of one commercial cooking hoods was observed not grease tight, missing fire-resistant caulk. The findings were acknowledged by the Maintenance Director at the time of observation.  NFPA 101 (2021 Edition) 19.3.2.5.1, 9.2.3  NFPA 96 (2019 Edition) 5.1.4  Class	K0324	Continued from page 1 proper use and reporting of issues related to cooking hood system.  Verification of scheduled inspections and cleaning of cooking hood system by licensed vendor.  How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;  The maintenance director/designee will complete weekly audits of cooking hood system for 4 weeks, then monthly for 2 months to ensure compliance. The findings will be reported to the Quality Assurance Performance Improvement Committee for ongoing compliance.	
K0920 SS = C Bldg. 05	Electrical Equipment - Power and Extens  CFR(s): NFPA 99  Electrical Equipment - Power and Extension  Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension are not used as a substitute for fixed wiring of a structure. Extension used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.  10.2.3.6, 10.2.4, 10.5.2.3 (NFPA 99), NFPA 70  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on observation and staff interview, the facility failed to ensure relocatable power taps (RPT) are maintained in accordance with NFPA 1 (2021 Edition). This condition could lead to electric of	K0920	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?  No residents were affected by this deficient practice.  How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;  Facility wide audit of electrical rooms was conducted to identify improper use of power strips. No additional concerns were identified.  What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;  The facility completed education reinforcing compliance with electrical safety requirements in accordance with National Fire Protection Association,  How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;  The maintenance director/designee will complete random electrical safety audits 2 times per week for	

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K0920 SS = C Bldg. 05	Continued from page 2 residents and staff.  The findings included:  On _____ between the hours of 10:00 a.m. and 12:00 p.m. during the facility tour with the Maintenance Director, one of one power strips was observed in the electrical room being used as permanent power instead of a dedicated receptacle.  NFPA 1 (2021 Edition) 11.1.2.2, 11.1.4, 11.1.4.1  NFPA 70 (2020 Edition) 400.12 (1)  Class	K0920	Continued from page 2 4 weeks, then monthly to ensure compliance with electrical safety standards. The findings will be reported to the Quality Assurance Performance Improvement Committee for ongoing compliance.	