

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105522	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER LEHIGH ACRES HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 LEE BOULEVARD , LEHIGH ACRES, Florida, 33936	
(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
E0000	Initial Comments During the Fire & Life Safety recertification survey conducted on 6/16/25 at Lehigh Acres Healthcare & Rehab Center, a nursing home, Emergency Preparedness was reviewed. Lehigh Acres Healthcare & Rehab Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E0000		
K0000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted on 6/16/25 at Lehigh Acres Healthcare & Rehab Center, a nursing home in Lehigh Acres, Florida. Lehigh Acres Healthcare & Rehab Center 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. Initial Plan Review: 1976 Existing NFPA 220 Construction Type: II (002) Number of beds: 128 Census: 119 The following is the description of the noncompliance.	K0000		
K0353	Sprinkler System - Maintenance and Testing	K0353	No individual residents appear to be affected as no	07/25/2025

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 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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K0353 SS = E	<p>Continued from page 1</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>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 system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, observation and staff interview, the facility failed to maintain the automatic fire sprinkler system (AFSS) in accordance with National Fire Protection Association (NFPA) 101.</p> <p>The findings included:</p> <p>On 6/16/25 between 1:00 p.m. and 5:00 p.m., while touring the facility with the Maintenance Director, the sprinkler gauge on the backflow, 1 of 1 and the gauges on the riser, 2 of 2, were observed dated 2019. Sprinkler testing documentation did not include 5-year gauge testing. Photographic evidence obtained. The Maintenance Director was interviewed, concurrent with the observations acknowledging the findings, saying he did not know if the gauges were tested.</p> <p>per NFPA 101 (2012 Edition) 19.3.5, 9.7.5</p> <p>per NFPA 25 (2011 Edition) 13.2.7.2</p>	K0353	<p>Continued from page 1 residents were noted.</p> <p>All residents have the potential to be affected.</p> <p>The maintenance director contacted a third-party vendor, and all three identified gauges were replaced on 07/10/2025.</p> <p>Re-education will be completed by the administrator with the maintenance staff regarding maintaining automatic fire sprinkler system in accordance with NFPA 101 standards by 07/25/2025.</p> <p>The Maintenance Director will audit the sprinkler system to ensure it is maintained in accordance with NFPA 101 standards monthly for three months.</p> <p>Results of the audits will be reviewed by the Quality committee monthly for three months and reported thereafter.</p> <p>Date of completion 07/25/2025.</p>	

Ja State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11120951	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2025
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ID FIX G	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
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30	INITIAL COMMENTS An unannounced Fire & Life Safety relicensure survey was conducted on 6/16/25 at Lehigh Acres Healthcare & Rehab Center, a nursing home in Lehigh Acres, 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. The following is the description of the deficiencies found at the time of the visit.	K0000		
53 : E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are completed, 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	K0353	No individual residents appear to be affected as no residents were noted. All residents have the potential to be affected. The maintenance director contacted a third-party vendor, and all three identified gauges were replaced on 07/10/2025. Re-education will be completed by the administrator with the maintenance staff regarding maintaining the automatic fire sprinkler system in accordance with NFPA 101 standards by 07/25/2025. The Maintenance Director will audit the sprinkler system to ensure it is maintained in accordance with NFPA 101 standards monthly for three months. Results of the audits will be reviewed by the QAPI committee monthly for three months and randomly thereafter.	07/25/2025

of Primary Care and Health Systems Management

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K0353 SS = E	<p>Continued from page 1</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, observation and staff interview, the facility failed to maintain the automatic fire sprinkler system (AFSS) in accordance with National Fire Protection Association (NFPA) 101.</p> <p>The findings included:</p> <p>On 6/16/25 between 1:00 p.m. and 5:00 p.m., while touring the facility with the Maintenance Director, the sprinkler gauge on the backflow, 1 of 1 and the gauges on the riser, 2 of 2, were observed dated 2019. Sprinkler testing documentation did not include 5-year gauge testing. Photographic evidence obtained. The Maintenance Director was interviewed, concurrent with the observations acknowledging the findings, saying he did not know if the gauges were tested.</p> <p>per NFPA 101 (2021 Edition) 19.3.5.1, 9.7.1.1</p> <p>per NFPA 13 (2019 Edition) 31.1</p> <p>per NFPA 25 (2020 Edition) 13.2.5.2</p> <p>Class III</p>	K0353	<p>Continued from page 1</p> <p>Date of completion 07/25/2025.</p>	
K1053 SS = F	<p>Emergency Management Plan</p> <p>CFR(s): FAC 59A-4.126</p> <p>A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually, shall be maintained. The health care facility shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the health care facility performance to the health care facility safety committee.</p> <p>Florida Administrative Code 59A-4.126.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, observation and staff interview, the facility failed to provide evidence of</p>	K1053	<p>No individual residents appear to be affected as no residents were noted.</p> <p>All residents reliant on electronic medical equipment have the potential to be affected.</p> <p>The DON/designee reviewed all residents to identify those reliant on electronic medical equipment on 07/11/2025 with 58 residents identified.</p> <p>The Administrator will develop and implement a policy and procedure regarding meeting the emergency needs of residents reliant on electronic medical equipment during a power outage by 07/25/2025.</p> <p>The Maintenance Director contacted a third-party vendor</p>	07/25/2025

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K1053 SS = F	<p>Continued from page 2 an emergency power plan.</p> <p>The findings included:</p> <p>On 6/16/25 between 10:00 a.m. and 12:30 p.m. during record review, the facility emergency power plan was observed. The plan described 3 cool zones for resident evacuation during power disruptions. Photographic evidence obtained.</p> <p>On 6/16/25 between 1:00 p.m. and 5:00 p.m. while touring the facility, the number of emergency power outlets provided in the cool zones numbered as follows:</p> <ol style="list-style-type: none"> 1. C-Wing Dining room: 10 receptacles. 2. Main Dining room: 1 receptacle. 3. Gym: 3 receptacles. <p>A limited supply of available emergency outlets during a power disruption puts at risk the health and comfort of all residents reliant on electronic medical equipment. The Maintenance Director was interviewed, concurrent with the observations acknowledging the findings, saying he was unaware of the limited emergency outlets.</p> <p>Per Florida Administrative Code 59A-4.1265</p> <p>Class III</p>	K1053	<p>Continued from page 2 to add additional generator powered outlets to the facility cool zones on 07/15/2025. Quote received for additional generator powered outlet installation, approved and signed by the Administrator on 7/16/2025.</p> <p>Re-education was completed by the Administrator with the maintenance staff regarding Florida Administrative code 59A-4.126 Emergency Environmental Control for Nursing Homes 07/15/2025.</p> <p>The Administrator/Designee will audit the facilities Emergency Management Plan monthly for three months to ensure that the Emergency Management Plan addresses residents reliant on electronic medical equipment.</p> <p>Results of the audits will be reviewed by the QAPI committee monthly for three months and randomly thereafter.</p> <p>Date of completion 07/25/2025.</p>	

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