

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

PRINTED: 05/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105528	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER TERRACE OF ST CLOUD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3855 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769	
(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	Initial Comments During the Fire & Life Safety recertification survey conducted on 4/21/25 at Terrace of St. Cloud, a nursing home in St Cloud, Florida, Emergency Preparedness Program was reviewed. Terrace of St. Cloud is in compliance with the Emergency Preparedness rule per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted on 4/21/25 at Terrace of St. Cloud, a nursing home in St Cloud, Florida. Terrace of St Cloud is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 Edition) and NFPA 99 (2012 Edition) requirements for nursing homes.	K 000		
K 291 SS=D	Initial Plan Review: Existing NFPA 220 Construction Type: II (111) Number of Beds: 120 Census: 118 Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on record review, and interview with the Assistant Director of Maintenance, the facility failed to maintain yearly testing of the emergency battery back-up exit lighting. Battery back-up exit lighting is required to ensure the safety of building	K 291	A) What corrective action will be accomplished for these residents found to be effective: All residents, employees, and visitors have the potential to be affected by this	5/24/25

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

TITLE

(X6) DATE

Electronically Signed

05/15/2025

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

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K 291	<p>Continued From page 1</p> <p>occupants in the event of public utility failure.</p> <p>Findings include:</p> <p>During record review on 4/21/25 between 9:00 AM and 10:15 AM, the facility failed to provide evidence of complete records for the annual testing of the emergency lighting. The record showed the most recent test was performed on 7/12/23. The Assistant Director of Maintenance who was present when the deficiency was identified, concurred with the findings.</p> <p>These findings were reconfirmed with Administrator and Assistant Director of Facilities during the exit conference on 4/21/25.</p> <p>NFPA 101 (2012 edition) 19.2.9.1, 7.10.4, 7.9.3.1.1(1)(3)(5)</p> <p>Photographic evidence</p>	K 291	<p>deficient practice; however, a specific individual was not identified in this deficiency.</p> <p>On 7/17/24 a testing of the emergency battery back-up exit lighting was completed. No concerns were identified at that time.</p> <p>On 4/28/2025, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct testing of the emergency battery back-up exit lighting yearly.</p> <p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents, employees, and visitors have the potential to be affected by this practice.</p> <p>On 7/17/24, a testing of the emergency battery back-up exit lighting was completed. No concerns were identified at that time.</p> <p>On 4/28/2025, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct testing of the emergency battery back-up exit lighting yearly.</p> <p>C) What measures will be put in place or what system change will be made to ensure this will not recur: On 7/17/24, a testing of the emergency battery back-up exit lighting was completed. No concerns were identified at that time.</p> <p>On 4/28/2025, the Administrator</p>	

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K 291	Continued From page 2	K 291	Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct testing of the emergency battery back-up exit lighting yearly. The Administrator Consultant developed a tracking schedule for the yearly testing of the emergency battery back-up exit lighting. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director on the tracking schedule. The schedule noted the date on which the Maintenance Director is to complete the yearly testing of the emergency battery back-up exit lighting. The Maintenance Director is to provide documentation to the Administrator of the date of the inspection and testing. Upon completion of the inspection and testing, the Maintenance Director is to provide a copy of the report to the Administrator. D) How the corrective action will be monitored to ensure the potential will not occur: The Maintenance Director, or designee, will report the findings of yearly testing of the emergency battery back-up exit lighting to the QA and QAPI committee monthly x 12 months.	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm	K 345		5/24/25

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K 345	<p>Continued From page 3</p> <p>and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and document review with the Assistant Director of Facilities, the facility failed to maintain annual testing of the fire alarm system. Maintaining the fire alarm system ensures proper operation and activation under hazardous conditions.</p> <p>Findings include:</p> <p>During record review on 4/21/25 between 9:00 AM and 10:15 AM, the facility failed to provide evidence of the annual duct detector differential testing. The most recent testing completed occurred on 5/22/23.</p> <p>The Assistant Director of Facilities was present when the deficiency was identified and concurred with the findings.</p> <p>These findings were reconfirmed with Administrator and Assistant Director of Facilities during the exit conference on 4/21/25.</p> <p>NFPA 101 (2012 Edition) 19.3.4.1, 9.6 NFPA 72 (2010 Edition) 14.4.2.2, 14.4.2.2(14)(g) (6)</p>	K 345	<p>A) What corrective action will be accomplished for these residents found to be effective: All residents have the potential to be affected by this deficient practice; however, a specific individual was not identified in this deficiency. On 3/12/25, duct detector differential testing was completed. Any identified problems were immediately corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct the annual duct detector differential testing.</p> <p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents have the potential to be affected by this practice. On 3/12/25, duct detector differential testing was completed. Any identified problems were immediately corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct the annual duct detector differential testing.</p> <p>C) What measures will be put in place or what system change will be made to</p>	

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K 345	Continued From page 4	K 345	<p>ensure this will not recur:</p> <p>On 3/12/25, duct detector differential testing was completed. Any identified problems were immediately corrected.</p> <p>On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct the annual duct detector differential testing.</p> <p>The Administrator Consultant developed a tracking schedule for the completion of the testing of the duct detector differential.</p> <p>On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director on the tracking schedule. The schedule notes the dates on which the Maintenance Director is to have the annual duct detector differential completed. The Maintenance Director is to provide documentation to the Administrator of the date of the testing.</p> <p>Upon completion of the testing, the Maintenance Director is to provide a copy of the report to the Administrator.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur:</p> <p>The Maintenance Director, or designee, will report the findings of the annual duct detector differential testing to the QA and QAPI committee monthly x 12 months.</p>	
K 353 SS=D	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are</p>	K 353		5/24/25

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K 353	<p>Continued From page 5</p> <p>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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, and interview with the Assistant Director of Maintenance, the facility failed to maintain the automatic fire sprinkler system (AFSS) per NFPA 101.</p> <p>Findings Include:</p> <p>During the tour of the facility on 4/21/25 between the hours of 10:00 AM and 1:00 PM, an above the ceiling inspection was conducted in the corridor outside of the Dietary Department.</p> <p>Observations revealed external loading of wiring on the fire sprinkler piping. An interview was conducted with the Assistant Director of Maintenance, present at the time of the finding, who confirmed he was not aware of the issue.</p> <p>These findings were reconfirmed with the Administrator and Assistant Director of</p>	K 353	<p>A) What corrective action will be accomplished for these residents found to be effective: All residents have the potential to be affected by this deficient practice; however, a specific individual was not identified in this deficiency. On 4/28/25, the external loading of wiring on the fire sprinkler piping noted above the ceiling in the corridor outside the Dietary Department was corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct inspections above the ceiling to ensure that there is no wiring touching or around the automatic fire sprinkler system and is maintained in compliance with the regulations (NFPA Code 101).</p>	

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K 353	Continued From page 6 Maintenance during the exit conference on 4/21/25 at which time both parties acknowledged and confirmed the findings. NFPA 101 (2012 Edition) 19.3.5.1, 9.7 NFPA 25 (2011 Edition) 5.2.2.2 Photographic evidence	K 353	B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents have the potential to be affected by this practice. On 4/28/25, the external loading of wiring on the fire sprinkler piping noted above the ceiling in the corridor outside the Dietary Department was corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct inspections above the ceiling to ensure that there is no wiring touching or wrapped around the automatic fire sprinkler system and is maintained in compliance with the regulations (NFPA Code 101). On 4/28/25, the Maintenance Director and Assistant Maintenance Director completed an inspection of the wiring for the fire sprinkler in the area above the ceiling. Any concerns were addressed. C) What measures will be put in place or what system change will be made to ensure this will not recur: On 4/28/25, the external loading of wiring on the fire sprinkler piping noted above the ceiling in the corridor outside the Dietary Department was corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct inspections above the ceiling to ensure there is no wiring touching or wrapped around the automatic fire	

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K 353	Continued From page 7	K 353	<p>sprinkler system and is maintained in compliance with the regulations (NFPA Code 101).</p> <p>On 4/28/25, the Maintenance Director and Assistant Maintenance Director completed an inspection of the wiring for the fire sprinkler in the area above the ceiling. Any concerns were addressed.</p> <p>The Administrator Consultant developed a tracking schedule for the completion of inspections of the wiring for the fire sprinkler in the area above the ceiling. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director on the tracking schedule. The schedule notes the dates on which the Maintenance Director is to complete inspections of the wiring for the fire sprinkler in the area above the ceiling. The Maintenance Director is to provide documentation to the Administrator of the date of the inspections. Upon completion of the inspections, the Maintenance Director is to provide a copy of the report to the Administrator.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur: The Maintenance Director, or designee, will report the findings of the inspections to the QA and QAPI committee monthly x 12 months</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2025
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety re-licensure survey was conducted on 4/21/25 at Terrace of St Cloud, a nursing home in St Cloud, 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 291 SS=D	<p>NFPA 101 Emergency Lighting</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, and interview with the Assistant Director of Maintenance, the facility failed to maintain yearly testing of the emergency battery back-up exit lighting. Battery back-up exit lighting is required to ensure the safety of building occupants in the event of public utility failure.</p> <p>Findings include:</p> <p>During record review on 4/21/25 between 9:00 AM and 10:15 AM, the facility failed to provide evidence of complete records for the annual</p>	K 291	<p>A) What corrective action will be accomplished for these residents found to be effective: All residents, employees, and visitors have the potential to be affected by this deficient practice; however, a specific individual was not identified in this deficiency. On 7/17/24 a testing of the emergency battery back-up exit lighting was completed. No concerns were identified at that time.</p>	5/24/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

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K 291	Continued From page 1 testing of the emergency lighting. The record showed the most recent test was performed on 7/12/23. The Assistant Director of Maintenance who was present when the deficiency was identified, concurred with the findings. These findings were reconfirmed with Administrator and Assistant Director of Facilities during the exit conference on 4/21/25. NFPA 101 (2021 edition) 19.2.9.1, 7.10.4, 7.9.3.1.1(1)(3)(5) Photographic evidence Class III	K 291	On 4/28/2025, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct testing of the emergency battery back-up exit lighting yearly. B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents, employees, and visitors have the potential to be affected by this practice. On 7/17/24, a testing of the emergency battery back-up exit lighting was completed. No concerns were identified at that time. On 4/28/2025, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct testing of the emergency battery back-up exit lighting yearly. C) What measures will be put in place or what system change will be made to ensure this will not recur: On 7/17/24, a testing of the emergency battery back-up exit lighting was completed. No concerns were identified at that time. On 4/28/2025, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct testing of the emergency battery back-up exit lighting yearly. The Administrator Consultant developed a tracking schedule for the yearly testing of the emergency battery back-up exit	

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K 291	Continued From page 2	K 291	lighting. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director on the tracking schedule. The schedule noted the date on which the Maintenance Director is to complete the yearly testing of the emergency battery back-up exit lighting. The Maintenance Director is to provide documentation to the Administrator of the date of the inspection and testing. Upon completion of the inspection and testing, the Maintenance Director is to provide a copy of the report to the Administrator. D) How the corrective action will be monitored to ensure the potential will not occur: The Maintenance Director, or designee, will report the findings of yearly testing of the emergency battery back-up exit lighting to the QA and QAPI committee monthly x 12 months.	
K 345 SS=D	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72 This Statute or Rule is not met as evidenced by: Based on interview, and document review with the Assistant Director of Facilities, the facility	K 345	A) What corrective action will be accomplished for these residents found to	5/24/25

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K 345	<p>Continued From page 3</p> <p>failed to maintain annual testing of the fire alarm system. Maintaining the fire alarm system ensures proper operation and activation under hazardous conditions.</p> <p>Findings include:</p> <p>During record review on 4/21/25 between 9:00 AM and 10:15 AM, the facility failed to provide evidence of the annual duct detector differential testing. The most recent testing completed occurred on 5/22/23.</p> <p>The Assistant Director of Facilities was present when the deficiency was identified and concurred with the findings.</p> <p>These findings were reconfirmed with Administrator and Assistant Director of Facilities during the exit conference on 4/21/25.</p> <p>NFPA 101 (2021 Edition) 19.3.4.1, 9.6 NFPA 72 (2016 Edition) 14.4.3.2, 14.4.3.2(17)(g) (5)</p> <p>Class III</p>	K 345	<p>be effective:</p> <p>All residents have the potential to be affected by this deficient practice; however, a specific individual was not identified in this deficiency.</p> <p>On 3/12/25, duct detector differential testing was completed. Any identified problems were immediately corrected.</p> <p>On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct the annual duct detector differential testing.</p> <p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents have the potential to be affected by this practice.</p> <p>On 3/12/25, duct detector differential testing was completed. Any identified problems were immediately corrected.</p> <p>On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct the annual duct detector differential testing.</p> <p>C) What measures will be put in place or what system change will be made to ensure this will not recur: On 3/12/25, duct detector differential testing was completed. Any identified problems were immediately corrected.</p> <p>On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct the annual duct detector differential testing.</p> <p>The Administrator Consultant developed a tracking schedule for the completion of the</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2025
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NAME OF PROVIDER OR SUPPLIER TERRACE OF ST CLOUD, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3855 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769
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K 345	Continued From page 4	K 345	<p>testing of the duct detector differential.</p> <p>On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director on the tracking schedule. The schedule notes the dates on which the Maintenance Director is to have the annual duct detector differential completed. The Maintenance Director is to provide documentation to the Administrator of the date of the testing. Upon completion of the testing, the Maintenance Director is to provide a copy of the report to the Administrator.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur:</p> <p>The Maintenance Director, or designee, will report the findings of the annual duct detector differential testing to the QA and QAPI committee monthly x 12 months.</p>	
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>	K 353		5/24/25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2025
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K 353	<p>Continued From page 5</p> <p>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</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, and interview with the Assistant Director of Maintenance, the facility failed to maintain the automatic fire sprinkler system (AFSS) per NFPA 101.</p> <p>Findings Include:</p> <p>During the tour of the facility on 4/21/25 between the hours of 10:00 AM and 1:00 PM, an above the ceiling inspection was conducted in the corridor outside of the Dietary Department.</p> <p>Observations revealed external loading of wiring on the fire sprinkler piping. An interview was conducted with the Assistant Director of Maintenance, present at the time of the finding, who confirmed he was not aware of the issue.</p> <p>These findings were reconfirmed with the Administrator and Assistant Director of Maintenance during the exit conference on 4/21/25 at which time both parties acknowledged and confirmed the findings.</p> <p>NFPA 101 (2021 Edition) 19.3.5.1, 9.7 NFPA 25 (2020 Edition) 5.2.2.2</p> <p>Photographic evidence</p> <p>Class III</p>	K 353	<p>A) What corrective action will be accomplished for these residents found to be effective: All residents have the potential to be affected by this deficient practice; however, a specific individual was not identified in this deficiency. On 4/28/25, the external loading of wiring on the fire sprinkler piping noted above the ceiling in the corridor outside the Dietary Department was corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct inspections above the ceiling to ensure that there is no wiring touching or around the automatic fire sprinkler system and is maintained in compliance with the regulations (NFPA Code 101).</p> <p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents have the potential to be affected by this practice. On 4/28/25, the external loading of wiring on the fire sprinkler piping noted above the ceiling in the corridor outside the Dietary Department was corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct</p>	

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K 353	Continued From page 6	K 353	<p>inspections above the ceiling to ensure that there is no wiring touching or wrapped around the automatic fire sprinkler system and is maintained in compliance with the regulations (NFPA Code 101). On 4/28/25, the Maintenance Director and Assistant Maintenance Director completed an inspection of the wiring for the fire sprinkler in the area above the ceiling. Any concerns were addressed.</p> <p>C) What measures will be put in place or what system change will be made to ensure this will not recur: On 4/28/25, the external loading of wiring on the fire sprinkler piping noted above the ceiling in the corridor outside the Dietary Department was corrected. On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director of the need to conduct inspections above the ceiling to ensure there is no wiring touching or wrapped around the automatic fire sprinkler system and is maintained in compliance with the regulations (NFPA Code 101). On 4/28/25, the Maintenance Director and Assistant Maintenance Director completed an inspection of the wiring for the fire sprinkler in the area above the ceiling. Any concerns were addressed. The Administrator Consultant developed a tracking schedule for the completion of inspections of the wiring for the fire sprinkler in the area above the ceiling On 4/28/25, the Administrator Consultant in-serviced the Administrator, Maintenance Director and Assistant Maintenance Director on the tracking schedule. The</p>	

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K 353	Continued From page 7	K 353	<p>schedule notes the dates on which the Maintenance Director is to complete inspections of the wiring for the fire sprinkler in the area above the ceiling. The Maintenance Director is to provide documentation to the Administrator of the date of the inspections. Upon completion of the inspections, the Maintenance Director is to provide a copy of the report to the Administrator.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur: The Maintenance Director, or designee, will report the findings of the inspections to the QA and QAPI committee monthly x 12 months</p>	