

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

PRINTED: 04/18/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105629	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER SURREY PLACE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5525 21ST AVE W BRADENTON, FL 34209	
(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 survey conducted on 3/12/25 at Surrey Place Healthcare and Rehabilitation, a nursing home, Emergency Preparedness was reviewed.	E 000		
K 000	Surrey Place Healthcare and Rehabilitation was in compliance with Emergency Preparedness per code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 3/12/25 at Surrey Place Healthcare and Rehabilitation, a nursing home in Bradenton, Florida. The Facility was 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. Initial Plan Review: 1987 Existing NFPA 220 Construction Type: II (111) Number of beds: 74 Census: 70 The following is a description of deficiencies found at the time of the visit.	K 000		
K 200 SS=C	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are	K 200		4/12/25

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

TITLE

(X6) DATE

Electronically Signed

04/04/2025

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 200	<p>Continued From page 1</p> <p>deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews during the facility tour, the facility failed to maintain Exit doors in accordance with NFPA 101 (2012 Edition).</p> <p>Findings included:</p> <p>On 3/12/2025 between the hours 9:00 a.m. and 3:00 p.m. during the facility tour with facility maintenance, it was observed that an exit door in the therapy gym was not latching.</p> <p>An interview was conducted with facility maintenance concurrent with the observations and confirmed the findings.</p> <p>NFPA 101 (2012 Edition) 19.2.2.2.1, 7.2.1, 7.2.1.5.10, 4.6</p>	K 200	<p>On 3/12/25 the Maintenance Director/Maintenance Assistance evaluated the Exit Door in the therapy gym and made adjustments to the door so it could latch properly. ATTACHMENT # 55 See corresponding email sent to area office dated 4/4/25 with attachments</p> <p>On 3/12/25 the Maintenance Director inspected the other Exit Doors to ensure that the exit doors close and latch properly. During this inspection, there were no other exit doors that did not close and latch properly. ATTACHEMENT # 56 See corresponding email sent to area office dated 4/4/25 with attachments</p> <p>On 3/12/25, the Administrator provided an inservice for the Maintenance and Therapy staff on the importance for exit doors to close and latch properly. The inservice included notifying the administrator/designee of any exit doors that do not close and latch properly and a plan to correct as indicated. ATTACHMENT # 57 See corresponding email sent to area office dated 4/4/25 with</p>	

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K 200	Continued From page 2	K 200	<p>attachments</p> <p>The facility Maintenance Director/designee will audit facility exit doors weekly to help monitor and maintain proper latching for the facility exit doors. The monthly audit of exit doors will be recorded on a log. ATTACHMENT # 58 See corresponding email sent to area office dated 4/4/25 with attachments</p> <p>The Maintenance Director/designee will provide the monthly QAPI Committee a summary report on the findings from the audits of the facility exit doors for three (3) months.</p> <p>The QAPI committee will evaluate the outcome of the audits and if necessary amend the improvement plan and continue to monitor until sustained improvement has been determined by the committee. ATTACHMENT #59 See corresponding email sent to area office dated 4/4/25 with attachments</p>	

Agency for Health Care Administration

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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety re-licensure survey was conducted on 3/12/25 at Surrey Place Healthcare and Rehabilitation, a nursing home in Bradenton, 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 200 SS=C	<p>NFPA 101 Means of Egress Requirements - Other</p> <p>Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included.</p> <p>18.2, 19.2</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and interviews during the facility tour, the facility failed to maintain Exit doors in accordance with NFPA 101 (2012 Edition).</p> <p>Findings include:</p>	K 200	<p>On 3/12/25 the Maintenance Director/Maintenance Assistance evaluated the Exit Door in the therapy gym and made adjustments to the door so it could latch properly.</p> <p>ATTACHMENT # 55 See corresponding email sent to area office dated 4/4/25 with</p>	4/12/25

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/04/25
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K 200	<p>Continued From page 1</p> <p>On 3/12/2025 between the hours 9:00 a.m. and 3:00 p.m. during the facility tour with facility maintenance, it was observed that an exit door in the therapy gym was not latching.</p> <p>An interview was conducted with facility maintenance concurrent with the observations and confirmed the findings.</p> <p>NFPA 101 (2021 Edition) 19.2.2.2.1, 7.2.1.5, 7.2.1.5.3, 4.6</p> <p>Class III</p>	K 200	<p>attachments</p> <p>On 3/12/25 the Maintenance Director inspected the other Exit Doors to ensure that the exit doors close and latch properly. During this inspection, there were no other exit doors that did not close and latch properly. ATTACHEMENT # 56 See corresponding email sent to area office dated 4/4/25 with attachments</p> <p>On 3/12/25, the Administrator provided an inservice for the Maintenance and Therapy staff on the importance for exit doors to close and latch properly. The inservice included notifying the administrator/designee of any exit doors that do not close and latch properly and a plan to correct as indicated. ATTACHMENT # 57 See corresponding email sent to area office dated 4/4/25 with attachments</p> <p>The facility Maintenance Director/designee will audit facility exit doors weekly to help monitor and maintain proper latching for the facility exit doors. The monthly audit of exit doors will be recorded on a log. ATTACHMENT # 58 See corresponding email sent to area office dated 4/4/25 with attachments</p> <p>The Maintenance Director/designee will provide the monthly QAPI Committee a summary report on the findings from the audits of the facility exit doors for three (3) months.</p> <p>The QAPI committee will evaluate the</p>	
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