

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

PRINTED: 03/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105652	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER PALATKA CENTER FOR REHABILITATION AND HEALING			STREET ADDRESS, CITY, STATE, ZIP CODE 110 KAY LARKIN DR PALATKA, FL 32177	
(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 February 17-18, 2025, at Palatka Center for Rehabilitation and Healing, a nursing home, Emergency Preparedness was reviewed.	E 000		
K 000	Palatka Center for Rehabilitation and Healing is 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 February 17-18, 2025, at Palatka Center for Rehabilitation and Healing, a nursing home in Palatka, 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 Edition) requirements for nursing homes. Initial Plan Review: 1987 New or Existing: Existing NFPA 220 Construction Type: II (111) Number of beds: 180 Census: 150	K 000		
K 363	The following is a description of the deficiencies found at the time of the visit. Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke	K 363		

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

TITLE

(X6) DATE

Electronically Signed

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 363	<p>Continued From page 1</p> <p>and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews, the facility failed to maintain the fire/smoke doors. Leaving the door cores exposed results in less fire protection than the approved rating provided.</p>	K 363		

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K 363	Continued From page 2 The findings include: During the facility tour with the Regional Maintenance Director, Maintenance Director and Assistant Maintenance Director on 02/18/2025 between 10:00 AM to 3:00 PM throughout the facility the fire/smoke doors have chips and holes that have not been repaired. On some of these doors the entire corner is missing being able to see inside to the next room. An interview conducted with the Regional Maintenance Director, Maintenance Director and Assistant Maintenance Director on 02/18/2025 at 11:30 AM, stated "The lifts and carts are constantly tearing them up" and confirmed the findings. NFPA 101 (2012 Edition) CH 19.3.6.3 NFPA 80 (2010 Edition) CH 5.2.4.2 These findings were reviewed with the Administrator, the Regional Maintenance Director, Maintenance Director and Assistant Maintenance Director on 02/18/2025 during the exit conference at 3:10 PM.	K 363		
K 923	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 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	K 923		

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K 923	<p>Continued From page 3</p> <p>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 observation and staff interviews, the facility failed to maintain the proper storage of the portable oxygen cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner.</p> <p>The findings include:</p> <p>During the facility tour with the Regional</p>	K 923		

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K 923	<p>Continued From page 4</p> <p>Maintenance Director, Maintenance Director and Assistant Maintenance Director on 02/18/2025 between 10:00 AM to 3:00 PM in the soiled utility room the portable oxygen cylinders (E Cylinders) are observed in different areas of the room without labeling.</p> <p>An interview conducted with the Regional Maintenance Director, Maintenance Director and Assistant Maintenance Director on 02/18/2025 at 12:00 PM, states they were "unaware of the tanks being stored that way", and confirmed the findings.</p> <p>NFPA 99 (2012 Edition) CH 11.6.5.3</p> <p>These findings were reviewed with the Administrator, the Regional Maintenance Director, Maintenance Director and Assistant Maintenance Director on 02/18/2025 during the exit conference at 3:10 PM.</p>	K 923		