

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

PRINTED: 05/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER HAMPTON COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169		
(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	<p>Initial Comments</p> <p>During an unannounced Fire & Life Safety recertification survey conducted on 04/03/2025 at Hampton Court Nursing and Rehabilitation Center, a nursing home in North Miami Beach, Florida, Emergency Preparedness was reviewed.</p> <p>Hampton Court Nursing and Rehabilitation Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

04/28/2025

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.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2025
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NAME OF PROVIDER OR SUPPLIER HAMPTON COURT NURSING AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169
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K 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on 04/03/2025 at Hampton Court Nursing and Rehabilitation Center, a nursing home in North Miami 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>	K 000		
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> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler</p>	K 353		4/17/25

AHCA Form 3020-0001

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K 353	Continued From page 1 system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain automatic sprinkler system in accordance with NFPA 101. The findings included: During the Life Safety Survey tour of the facility between 11:30 am and 2:30 pm on 04/03/2025 with the Maintenance Director, it was observed there was no 1 of 1 spare dry sprinkler for freezer nor means to restore service. During the Staff Interview between 11:30 am and 2:30 pm on 04/03/2025, the Maintenance Director acknowledged this finding. This finding was also discussed and acknowledged by the Administrator during the exit conference. NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1 NFPA 25 (2020 Edition) 5.4.1.5 through 5.4.1.5.3 Class III	K 353		
K 923 SS=D	NFPA 99 Gas Equipment - Cylinder and Container Storag 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 limited- combustible construction, with door (or	K 923		4/10/25

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K 923	<p>Continued From page 2</p> <p>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.</p> <p>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 Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain gas equipment-cylinder and container storage in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility between 11:30 am and 2:30 pm on 04/03/2025 with the Maintenance Director, it was observed as</p>	K 923		
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K 923	<p>Continued From page 3</p> <p>follows:</p> <p>1) Central Oxygen Storage Room: 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>2) South Oxygen Storage Room in Respiratory Office: 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>During the Staff Interview between 11:30 am and 2:30 pm on 04/03/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2021 Edition) 19.3.2.4 NFPA 99 (2021 Edition) 11.3.12 through 11.3.12.4</p> <p>Class III</p>	K 923		

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K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 04/03/2025 at Hampton Court Nursing and Rehabilitation Center, a nursing home in North Miami Beach, 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) requirements for nursing homes. Initial Plan Review: 1988 Existing NFPA 220 Construction Type: II (111) Number of beds: 120 Census: 105	K 000		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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. 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	K 353		4/17/25

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K 923 SS=D	NFPA 101 (2012 Edition) 19.3.5, 9.7.5 NFPA 25 (2011 Edition) 5.4.1.4.2.1 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 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	K 923		4/10/25

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K 923	<p>Continued From page 2</p> <p>noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet 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." 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. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain gas equipment-cylinder and container storage in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the Life Safety Survey tour of the facility between 11:30 am and 2:30 pm on 04/03/2025 with the Maintenance Director, it was observed as follows:</p> <p>1) Central Oxygen Storage Room: 1 of 1 precautionary sign was missing the wording</p>	K 923		

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K 923	<p>Continued From page 3</p> <p>"CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>2) South Oxygen Storage Room in Respiratory Office: 1 of 1 precautionary sign was missing the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>During the Staff Interview between 11:30 am and 2:30 pm on 04/03/2025, the Maintenance Director acknowledged these findings. These findings were also discussed and acknowledged by the Administrator during the exit conference.</p> <p>NFPA 101 (2012 Edition) 19.3.2.4 NFPA 99 (2012 Edition) 11.3, 11.3.4 through 11.3.4.2</p>	K 923			