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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105801	A. BUILDING **01 - MAIN FED** B. WING	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH L MORSE HEALTH CENTER INC THE	**4847 FRED GLADSTONE DRIVE , WEST PALM BEACH, Florida, 33417**

(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
K0000 Bldg. 01	INITIAL COMMENTS An unannounced Fire & Life Safety Recertification survey was conducted on and at Joseph L Morse Health Center Inc. (The) a nursing home in West Palm Beach, Florida. Joseph L Morse Health Center) was in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 Edition), NFPA 99 (2012 Edition) requirements for nursing homes. Initial Plan Review: 2015 Existing NFPA 220 Construction Type: II (222) Number of beds: 170 Census: 147	K0000		

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

Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1261096	(X2) MULTIPLE CONSTRUCTION A. BUILDING 06 - MAIN LIC B. WING	(X3) DATE SURVEY COMPLETED 04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH L MORSE HEALTH CENTER INC THE	4847 FRED GLADSTONE DRIVE , WEST PALM BEACH, Florida, 33417

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K0000 Bldg. 06	INITIAL COMMENTS An unannounced Fire & Life Safety re-licensure survey was conducted on and at Joseph L Morse Health Center Inc. (The) a nursing home in West Palm 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. The following is a description of the deficiency found at the time of the visit.	K0000		
K1012 SS = D Bldg. 06	Flammable Storage - General CFR(s): NFPA 101 The storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards: (1) NFPA 30, Flammable and Combustible Liquids Code (2) NFPA 54, National Fuel Gas Code (3) NFPA 58, Liquefied Gas Code No storage or handling of flammable liquids or gases shall be permitted in any location where such storage would jeopardize egress from the structure, unless otherwise permitted by 8.7.3.1. NFPA 101 (2021) 18.3.2.1 & 19.3.2.1, 8.7.3.1, 8.7.3.2, NFPA 30, NFPA 54, NFPA 58. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and staff interview the facility failed to comply with NFPA 101, 2021 NFPA 30 and NFPA 54. This deficient practice could affect all occupants in the facility in case of a fire or other emergency. The findings included:	K1012	Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal Law. On , The surveyor observed that aerosol hair spray cans were located on the counter of the beauty salon. Upon discovery, the aerosol hairspray cans were removed immediately and stored in a closed wooden cabinet. A safety inspection was completed in the Beauty Salon by Director of Facilities Management on and no bulk storage of aerosols were found. No residents were injured or	

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K1012 SS = D Bldg. 06	Continued from page 1 During staff interview and a tour of the facility on at 2:30 PM with the Director of Maintenance and Security, it was noted that flammable items were observed in the Beauty Salon. Numerous cans of aerosols were not secured in a flammable cabinet. During the observation, the Director of Maintenance and Security acknowledged that numerous cans of aerosols were not secured in a flammable cabinet. NFPA 101 2021 19.3.2.1 NFPA 30 NFPA 54 Class III	K1012	Continued from page 1 adversely affected by this finding. Life Safety inspections were conducted in other departments on to identify other locations where aerosol spray cans might be stored inappropriately or in bulk. The audit included an inspection of Resident care areas, Housekeeping, Maintenance, Purchasing, Medical Office, Kitchen, Rehabilitation Gym and Therapeutic Recreation department. No bulk storage was found in these areas. The Beauty Salon staff and department managers were educated regarding the proper storage, handling, and monitoring of aerosol and potentially flammable products in accordance with facility Life Safety NFPA code. The Maintenance Director, or designee, will conduct weekly inspections of the Beauty Salon for four (4) weeks, then monthly thereafter for an additional two (2) months, to ensure aerosol and potentially flammable products are properly maintained and stored in accordance with facility practice guidelines and Life Safety requirements. Findings from these inspections will be reviewed through the	

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K1012 SS = D Bldg. 06		K1012	Continued from page 2 facility's Quality Assurance and Performance Improvement (QAPI) process until consistent substantial compliance is achieved as determined by the committee.	

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E0000	Initial Comments During the Fire & Life Safety Recertification survey, conducted on and , at Joseph L Morse Health Center Inc., (The) a nursing home, Emergency Preparedness was reviewed. Joseph L Morse Health Center Inc. (The) is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E0000		

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