

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER VIVO HEALTHCARE FORT PIERCE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 S 29TH STREET FORT PIERCE, FL 34947		
(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) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety re-licensure survey was conducted on 02/17/24 at Vivo Healthcare Fort Pierce, a nursing home in Ft. Pierce, 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. All required documentation regarding the design of the fire protection system and the procedures for maintenance, inspection, and testing of the fire protection system shall be maintained at an approved, secured location for the life of the fire protection system. 19.7.6, 4.6.12, 4.6.12.1, 9.11 through 9.11.3.2, and NFPA 25</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to maintain their automatic fire sprinkler system (AFSS) in accordance with NFPA 101.</p>	K 353	<p>K353 - Sprinkler System Maintenance and Testing</p> <p>A new inspection of the back flow sprinkler</p>	3/7/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

03/07/25

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K 353	<p>Continued From page 1</p> <p>The findings included:</p> <p>On 02/17/25 between the hours of 11:30 AM through 1:00 PM while conducting record review with the Maintenance Director, the facility failed to provide the 5-year internal inspection report of the backflow device. No previous inspection report was provided.</p> <p>An interview was conducted with the Executive Director and the Maintenance Director concurrent with the record review and they acknowledged the findings. These findings were reviewed with the Executive Director and the Maintenance Director during the exit conference on 02/17/25 at 2:45 PM.</p> <p>NFPA 101 (2021 edition) 19.7.6, 4.6.12 NFPA 25 (2020 edition) 13.7.2.1</p> <p>Class III</p>	K 353	<p>system was conducted on 3/07/2025, under the observation of City of Fort Pierce Utility Authority. Inspection was conducted by PYE Barker Fire Protection Systems.</p> <p>Inspection revealed no abnormalities and both the servicing company and representative from the city acknowledged that the system is in good working order, and this inspection satisfies the code requirement.</p> <p>Certification and evidence of this inspection is available and on file.</p> <p>The next inspection is scheduled for February of 2030.</p>	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105804	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER VIVO HEALTHCARE FORT PIERCE			STREET ADDRESS, CITY, STATE, ZIP CODE 700 S 29TH STREET FORT PIERCE, FL 34947	
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted on 02/17/25 at Vivo Healthcare Fort Pierce, a nursing home in Fort Pierce, Florida.</p> <p>Vivo Healthcare Fort Pierce is in compliance with 42 CFR 483.90 (a) and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012) requirements for nursing homes.</p> <p>Initial Plan Review: 07/05/11 Existing NFPA 220 Construction Type: II (000) Number of beds: 79 Census: 79</p> <p>The facility was found in compliance at the time of the survey.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/07/2025
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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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E 000	<p>Initial Comments</p> <p>During the recertification survey conducted on 02/17/25 at Vivo Healthcare Fort Pierce, a nursing home, the Emergency Preparedness Program (EP) was reviewed. Vivo Healthcare Fort Pierce is in compliance with Emergency Preparedness rule per CFR (Code of Federal Regulations) 42, Part 483.73, Requirement for Long Term Care Facilities.</p> <p>The facility was found in compliance at the time of the survey.</p>	E 000			

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