

Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1178096	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - MAIN LIC B. WING	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10676 MARVIN JONES BLVD PO BOX 4307, LIVE OAK, Florida, 32060	
(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. 05	INITIAL COMMENTS An unannounced Fire and Life Safety re-licensure survey was conducted on April 27, 2026 at Good Samaritan Center, a nursing home in Live Oak, 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 description of the deficiencies, found at the time of the visit.	K0000		
K0918 SS = F Bldg. 05	Electrical Systems - Essential Electric Syste CFR(s): NFPA 99 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40-day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions includes a complete simulated cold start and automatic or manual transfer of all EES loads and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are	K0918		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0918 SS = F Bldg. 05	<p>Continued from page 1 marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.9.1, 6.9.2, 6.9.3, 6.9.4, 6.10.18, 6.11 through 6.11.4.4 (NFPA 99), NFPA 110, NFPA 111, NFPA 70</p> <p>This LICENSURE REQUIREMENT IS NOT MET as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to maintain and inspect backup generator batteries in accordance with NFPA 110. Testing batteries ensures the reliability of the prime mover starting system. Failure to conduct these tests could result in the loss of power to the facility. This would endanger the occupants of the building from the loss of power to life support and the life safety features of the facility.</p> <p>Findings include:</p> <p>During record review on 4/27/2026 at 10:34 PM, the facility failed to provide documentation on generator battery testing.</p> <p>During an interview concurrent with the record review, the Maintenance Director acknowledged the finding, indicating she did not know the requirements of battery testing per NFPA 110.</p> <p>NFPA 99 (2021 Edition): 6.7.4.1, 6.7.4.1.1.3</p> <p>NFPA 110 (2019 Edition): 8.3.6, 8.3.6.1</p> <p>Class III</p>	K0918		
K0372 SS = E Bldg. 05	<p>Subdivision of Building Spaces - Smoke Barrie</p> <p>CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction</p> <p>2021 EXISTING</p> <p>Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p>	K0372		

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K0372 SS = E Bldg. 05	<p>Continued from page 2 19.3.7.3 through 19.3.7.5.2, 8.5</p> <p>2021 NEW</p> <p>Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless otherwise permitted by one of the following:</p> <p>(1) This requirement shall not apply where an atrium is used, in which case both of the following criteria also shall apply:</p> <p>(a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c).</p> <p>(b) Not less than two separate smoke compartments shall be provided on each floor.</p> <p>(2) Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems.</p> <p>(3) The provisions of 8.5.6.5 and 8.5.7.2 shall not apply.</p> <p>18.3.7.3 through 18.8.7.5.2, 8.5</p> <p>For other than existing assemblies, where there is an accessible concealed floor, floor/ceiling, or attic space, fire barriers, smoke barriers, and smoke partitions shall be permanently identified with signs or stenciling in the concealed space and shall comply with all of the following:</p> <p>" (1) Be located in accessible concealed floor, floor/ceiling, or attic spaces.</p> <p>" (2) Be located within 15 ft (4572 mm) of the end of each wall and at intervals not exceeding 30 ft (9144 mm) measured horizontally along the wall or partition.</p> <p>" (3) Include lettering not less than 3 in. (76 mm) in height with a minimum 3/8 in. (9.5 mm) stroke in a contrasting color.</p> <p>" (4) Identify the wall type and its fire resistance rating, as applicable.</p> <p>8.2.2.5</p>	K0372		

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K0372 SS = E Bldg. 05	<p>Continued from page 3</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to maintain penetrations through smoke/fire rated enclosures. This, in the event of a fire, can result in smoke, flammable gasses to spread to other unaffected areas of the building, and for the smoke/fire rated construction to fail to perform as designed. This deficient practice affects 3 out of 14 smoke compartments.</p> <p>Findings include:</p> <p>During an observation on 4/27/2026 between 2:30-2:45 PM, the following smoke/fire barriers had penetrations that were not properly fire-stopped:</p> <p>The hot water room;</p> <p>Smoke barrier dividing the kitchen and smoke compartment 1; and</p> <p>Smoke wall leading to Alzheimer's unit.</p> <p>During an interview concurrent with the observation, the Maintenance Director acknowledged the finding and indicated that new electrical work was done and that the contractor forgot to properly stop the penetrations. The Maintenance Director also acknowledged the findings in the hot water room.</p> <p>NFPA 101 (2021 Edition) 19.3.7.3., 8.5.6.</p> <p>Class III</p>	K0372		