

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105851	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF BOCA RATON			STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR , BOCA RATON, Florida, 33433	
(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	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety Recertification and complaint survey, complaint number 2026003461, was conducted on _____ at Stratford Court of Boca Raton, a nursing home in Boca Raton, Florida. Stratford Court of Boca Raton is not 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.</p> <p>Complaint number 2026003461 had no deficiencies.</p> <p>Initial Plan Review: 1996</p> <p>Existing</p> <p>NFPA 220 Construction Type: II (000)</p> <p>Number of beds: 60</p> <p>Census: 41</p> <p>The following is a description of the noncompliance.</p>	K0000		
K0291 SS = F Bldg. 01	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Emergency Lighting</p> <p>Emergency lighting of at least 1/2-hour duration is provided automatically in accordance with 7.9.</p> <p>18.2.9.1, 19.2.9.1</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to comply with NFPA 101 2012. Emergency lighting must be in compliance with 7.9, annual testing. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p>	K0291	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>Emergency Lighting</p>	

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.

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K0291 SS = F Bldg. 01	Continued from page 1 The findings included: During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities, the facility failed to provide documentation showing the annual 90 minutes testing for the emergency lighting was performed. The Director of Facilities acknowledged that the facility failed to provide documentation showing the annual 90 minutes testing for the emergency lighting was performed. NFPA 101 2012 19.2.9.1, 7.9	K0291	Continued from page 1 K0291 The facility immediately conducted a comprehensive inspection of all emergency lighting systems. On _____ The Director of Facilities performed the required 90-minute annual testing of all emergency lighting units. Documentation of testing has been completed and is maintained on-site. 2. All areas of the facility were considered at risk due to lack of documented annual testing. A full facility-wide audit of all emergency lighting units was completed on _____ by the Director of Facilities to ensure compliance. 3. The facility implemented a preventative maintenance schedule to ensure annual 90-minute emergency lighting testing is completed in accordance with NFPA 101 (2012), Section 7.9. A log tracking system has been developed to document all required testing. The Director of Facilities/designee will receive re-education on Life Safety Code requirements and documentation standards. 4. The Director of Facilities will review fire alarm testing records quarterly for 12 months. will present the findings for 12 months at Quality Assurance Performance Improvement (QAPI) meetings to confirm inspections have taken place. During and at the conclusion of the twelve months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	
K0345 SS = F Bldg. 01	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.	K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of	

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K0345 SS = F Bldg. 01	<p>Continued from page 2</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to comply with NFPA 101 2012. Duct Detector Differential testing must be performed annually. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>The findings included:</p> <p>During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities, the facility failed to provide documentation showing the annual Duct Detector Differential testing was performed.</p> <p>The Director of Facilities acknowledged that the facility failed to provide documentation showing the annual Duct Detector Differential testing was performed.</p> <p>NFPA 101 2012</p> <p>19.2.9.1, 7.9</p>	K0345	<p>Continued from page 2</p> <p>correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>Fire Alarm System - Testing and Maintenance</p> <p>K0345</p> <p>1. On The facility a certified fire alarm vendor to perform annual duct detector differential testing. All required testing has now been completed and documented.</p> <p>2. All residents and staff were considered at risk due to lack of documented testing. A facility-wide review of all fire alarm components was conducted on</p> <p>3. The facility established a service agreement to ensure all fire alarm testing (including duct detectors) is completed annually per NFPA 72 and NFPA 101 requirements. A compliance calendar has been implemented with alerts for required inspections and testing. The Director of Facilities/designee has been re-educated on required testing intervals and documentation.</p> <p>4. The Director of Facilities or designee will audit for 3 months all documentation for the annual testing and inspection of the duct detector pressure differential test. The Director of Facilities will present the findings of site inspections for 3 months at Quality Assurance Performance Improvement (QAPI) meetings to confirm inspections have taken place. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required</p>	
K0918 SS = F Bldg. 01	<p>Electrical Systems - Essential Electric Syste</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p>	K0918	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Preparation and/or execution of this plan does not</p>	

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K0918 SS = F Bldg. 01	<p>Continued from page 3</p> <p>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.</p> <p>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 4 continuous hours. Scheduled test under load conditions include a complete simulated 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 marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to comply with NFPA 99 2012. Main and Feeder breaker testing must be performed annually. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>The findings included:</p> <p>During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities, the facility failed to provide documentation showing the annual Main and Feeder breaker exercise was performed according to manufacturer recommendations.</p> <p>The Director of Facilities acknowledged that the facility failed to provide documentation showing the annual Main and Feeder breaker exercise was performed according to manufacturer recommendations.</p>	K0918	<p>Continued from page 3</p> <p>constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>K0918</p> <p>1. On A licensed electrical contractor performed the annual main and feeder breaker testing/exercising in accordance with manufacturer recommendations. Documentation has been completed and is maintained on-site.</p> <p>2. All residents were considered at risk due to lack of documented testing. A full review of the essential electrical system was conducted on</p> <p>3. A preventative maintenance program has been implemented to ensure that annual breaker testing is completed per NFPA 99 (2012). The facility has incorporated electrical system testing into its environmental compliance tracking system. The Director of Facilities/designee received re-education on NFPA requirements.</p> <p>4. The Director of Facilities will audit electrical system maintenance logs quarterly for 12 months. Inspections have taken place. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.</p>	

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K0918 SS = F Bldg. 01	Continued from page 4 NFPA 99 2012 6.4.4, 6.5.4	K0918		
K0920 SS = F Bldg. 01	Electrical Equipment - Power and Extens CFR(s): NFPA 101 Electrical Equipment - Power and Extension Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension are not used as a substitute for fixed wiring of a structure. Extension used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70). This STANDARD is NOT MET as evidenced by: Based on staff interview and observation, the facility failed to comply with NFPA 99 2012. Adapters and power strips cannot be used as a substitute for permanent wiring. This deficiency could affect all occupants of the facility in case of a fire or other emergency. The findings included: During observation and staff interview on at 5:35 PM with the Director of Facilities, it was observed that an adapter was being used in the kitchen for a refrigerator. The Director of Facilities acknowledged that the facility that an adapter was being used in the kitchen for a refrigerator. During record observation and staff interview on	K0920	Electrical Equipment - Power and Extension CFR(s): NFPA 101 Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required Electrical Equipment - Power and Extension K0920 1. On The adapter in the kitchen refrigerator and the power strip in the dining room manager's office were immediately removed. All equipment was plugged directly into approved wall outlets. 2. On A facility-wide inspection was conducted by The Director of Facilities to identify improper use of power strips and adapters. Any non-compliant items were removed immediately. 3. On Staff were educated on proper electrical safety practices, including prohibited use of extension and adapters. Routine environmental rounds now include electrical safety checks. 4. The Director of Facilities/designee will conduct monthly environmental rounds for 3 months, then quarterly thereafter. Quality Assurance Performance Improvement (QAPI) meetings to confirm inspections have taken place. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that	

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K0920 SS = F Bldg. 01	Continued from page 5 at 5:45 PM with the Director of Facilities, it was observed that a power strip was plugged into a refrigerator in the dining room manager's office. The Director of Facilities acknowledged that the facility that a power strip was plugged into a refrigerator in the dining room manager's office. NFPA 99 2012 6.4.4, 6.5.4	K0920	Continued from page - occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	

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E0000	Initial Comments During the Fire & Life Safety Recertification survey, conducted on _____ at Stratford Court of Boca Raton, a nursing home, Emergency Preparedness was reviewed. Stratford Court of Boca Raton is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E0000		

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.

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Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16170961	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - MAIN LIC B. WING	(X3) DATE SURVEY COMPLETED 03/24/2026
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF BOCA RATON			STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR , BOCA RATON, Florida, 33433	
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K0000 Bldg. 05	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety re-licensure and complaint survey, complaint number 2026003461, was conducted on at Stratford Court of Boca Raton, a nursing home in Boca Raton, 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>Complaint number 2026003461 had no deficiencies.</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K0000		
K0291 SS = F Bldg. 05	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Emergency Lighting</p> <p>Emergency lighting of at least 1/2-hour duration is provided automatically in accordance with 7.9.</p> <p>18.2.9.1, 19.2.9.1</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on staff interview and observation, the facility failed to comply with NFPA 101 2021. Emergency lighting must be in compliance with 7.9, annual testing. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>The findings included:</p> <p>During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities, the facility failed to provide documentation showing the annual 90 minutes</p>	K0291	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>Emergency Lighting</p> <p>K0291</p> <p>The facility immediately conducted a comprehensive inspection of all emergency lighting systems. On The Director of Facilities performed the required 90-minute annual testing of all emergency lighting units. Documentation of testing has been completed and is maintained on-site.</p>	

Office of Primary Care and Health Systems Management

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K0291 SS = F Bldg. 05	Continued from page 1 testing for the emergency lighting was performed. The Director of Facilities acknowledged that the facility failed to provide documentation showing the annual 90 minutes testing for the emergency lighting was performed. NFPA 101 2021 19.2.9.1, 7.9 Class III	K0291	Continued from page 1 2. All areas of the facility were considered at risk due to lack of documented annual testing. A full facility-wide audit of all emergency lighting units was completed on _____ by the Director of Facilities to ensure compliance. 3. The facility implemented a preventative maintenance schedule to ensure annual 90-minute emergency lighting testing is completed in accordance with NFPA 101 (2012), Section 7.9. A log tracking system has been developed to document all required testing. The Director of Facilities/designee will receive re-education on Life Safety Code requirements and documentation standards. 4. The Director of Facilities will review fire alarm testing records quarterly for 12 months. will present the findings for 12 months at Quality Assurance Performance Improvement (QAPI) meetings to confirm inspections have taken place. During and at the conclusion of the twelve months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	
K0345 SS = F Bldg. 05	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance Detection systems, where required, shall be in accordance with Section 9.6. Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA70 and NFPA72 unless otherwise permitted by 9.6.1.4. 18.3.4.1, 19.3.4.1, 9.6, and NFPA 70, and NFPA 72 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on staff interview and record review, the facility failed to comply with NFPA 101 2021. Duct	K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required Fire Alarm System - Testing and Maintenance K0345	

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K0345 SS = F Bldg. 05	<p>Continued from page 2 Detector Differential testing must be performed annually. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>The findings included:</p> <p>During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities, the facility failed to provide documentation showing the annual Duct Detector Differential testing was performed.</p> <p>The Director of Facilities acknowledged that the facility failed to provide documentation showing the annual Duct Detector Differential testing was performed.</p> <p>NFPA 101 2021 19.2.9.1, 7.9 Class III</p>	K0345	<p>Continued from page 2</p> <p>1. On The facility a certified fire alarm vendor to perform annual duct detector differential testing. All required testing has now been completed and documented.</p> <p>2. All residents and staff were considered at risk due to lack of documented testing. A facility-wide review of all fire alarm components was conducted on</p> <p>3. The facility established a service agreement to ensure all fire alarm testing (including duct detectors) is completed annually per NFPA 72 and NFPA 101 requirements. A compliance calendar has been implemented with alerts for required inspections and testing. The Director of Facilities/designee has been re-educated on required testing intervals and documentation.</p> <p>4. The Director of Facilities or designee will audit for 3 months all documentation for the annual testing and inspection of the duct detector pressure differential test. The Director of Facilities will present the findings of site inspections for 3 months at Quality Assurance Performance Improvement (QAPI) meetings to confirm inspections have taken place. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required</p>	
K0918 SS = F Bldg. 05	<p>Electrical Systems - Essential Electric Syste</p> <p>CFR(s): NFPA 99</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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</p>	K0918	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16170961	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - MAIN LIC B. WING	(X3) DATE SURVEY COMPLETED 03/24/2026
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF BOCA RATON			STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR , BOCA RATON, Florida, 33433	
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K0918 SS = F Bldg. 05	<p>Continued from page 3 are performed in accordance with NFPA 110.</p> <p>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 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 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 staff interview and record review, the facility failed to comply with NFPA 99 2021. Main and Feeder breaker testing must be performed annually. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>The findings included:</p> <p>During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities, the facility failed to provide documentation showing the annual Main and Feeder breaker exercise was performed according to manufacturer recommendations.</p> <p>The Director of Facilities acknowledged that the facility failed to provide documentation showing the annual Main and Feeder breaker exercise was performed according to manufacturer recommendations.</p> <p>NFPA 99 2021</p> <p>6.4.4, 6.5.4</p> <p>Class III</p>	K0918	<p>Continued from page 3</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>K0918</p> <p>1. On A licensed electrical contractor performed the annual main and feeder breaker testing/exercising in accordance with manufacturer recommendations. Documentation has been completed and is maintained on-site.</p> <p>2. All residents were considered at risk due to lack of documented testing. A full review of the essential electrical system was conducted on</p> <p>3. A preventative maintenance program has been implemented to ensure that annual breaker testing is completed per NFPA 99 (2012). The facility has incorporated electrical system testing into its environmental compliance tracking system. The Director of Facilities/designee received re-education on NFPA requirements.</p> <p>4. The Director of Facilities will audit electrical system maintenance logs quarterly for 12 months. Inspections have taken place. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.</p>	

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K0920 SS = F Bldg. 05	<p>Electrical Equipment - Power and Extens</p> <p>CFR(s): NFPA 99</p> <p>Electrical Equipment - Power and Extension</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension are not used as a substitute for fixed wiring of a structure. Extension used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6, 10.2.4, 10.5.2.3 (NFPA 99), NFPA 70</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on staff interview and observation, the facility failed to comply with NFPA 99 2021. Adapters and power strips cannot be used as a substitute for permanent wiring. This deficiency could affect all occupants of the facility in case of a fire or other emergency.</p> <p>The findings included:</p> <p>During observation and staff interview on at 5:35 PM with the Director of Facilities, it was observed that an adapter was being used in the kitchen for a refrigerator.</p> <p>The Director of Facilities acknowledged that the facility that an adapter was being used in the kitchen for a refrigerator.</p> <p>During observation and staff interview on at 5:45 PM with the Director of Facilities, it was observed that a power strip was plugged into a refrigerator in the dining room manager's office.</p> <p>The Director of Facilities acknowledged that the</p>	K0920	<p>Electrical Equipment - Power and Extension</p> <p>CFR(s): NFPA 101</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>Electrical Equipment - Power and Extension</p> <p>K0920</p> <ol style="list-style-type: none"> On The adapter in the kitchen refrigerator and the power strip in the dining room manager's office were immediately removed. All equipment was plugged directly into approved wall outlets. On A facility-wide inspection was conducted by The Director of Facilities to identify improper use of power strips and adapters. Any non-compliant items were removed immediately. On Staff were educated on proper electrical safety practices, including prohibited use of extension and adapters. Routine environmental rounds now include electrical safety checks. The Director of Facilities/designee will conduct monthly environmental rounds for 3 months, then quarterly thereafter. Quality Assurance Performance Improvement (QAPI) meetings to confirm inspections have taken place. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required. 	

Florida Agency for Health Care Administration

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K0920 SS = F Bldg. 05	Continued from page 5 facility that a power strip was plugged into a refrigerator in the dining room manager's office. NFPA 99 2021 6.4.4, 6.5.4 Class III	K0920		
K1053 SS = F Bldg. 05	Emergency Management Plan CFR(s): FAC 59A-4.126 A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is ... shall be maintained. The health care facility shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the health care facility performance to the health care facility safety committee. Florida Administrative Code 59A-4.126. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, the facility failed to comply with the Florida Administrative Code 59A-4.126. The facility shall test the implementation of the emergency management plan semi-annually. This deficiency could affect all occupants of the facility in case of a fire or other emergency. Ther findings included: During record review and staff interview on between the hours of 11:30 AM and 3:00 PM with the Director of Facilities and the Administrator, the facility failed to provide documentation showing the semi-annual testing of the emergency management plan was performed. The Director of Facilities and the Administrator acknowledged that the facility failed to provide documentation showing the semi-annual testing of the emergency management plan was performed. 59A-4.126 Class III	K1053	Emergency Management Plan CFR(s): FAC 59A-4.126 Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required Emergency Management Plan K1053 1. On The Director of Facilities conducted a comprehensive emergency management drill to meet semi-annual testing requirements. Documentation of the drill and evaluation has been completed. 2. On Emergency preparedness documentation was reviewed by The Director of Facilities to ensure all required drills and evaluations are up to date. 3. A structured emergency preparedness calendar has been implemented to ensure semi-annual drills are conducted and documented in compliance with FAC 59A-4.126. 4. The Director of Facilities will present emergency preparedness documentation quarterly for compliance at Quality Assurance Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Administrator is	

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K1053 SS = F Bldg. 05		K1053	Continued from page 6 responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction, and resolving variances that may occur. The Administrator is responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	