

Florida State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>130470982</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/07/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>HARBORVIEW SARASOTA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4783 FRUITVILLE ROAD , SARASOTA, Florida, 34232</b>	
(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	<p>INITIAL COMMENTS</p> <p>A monitoring visit for Emergency Environmental Control was conducted 7/7/25 at Harborview Sarasota, a nursing home in Sarasota, Florida in accordance with Florida Administrative Code 59A-4.1265.</p> <p>The facility did have a generator and had the ability to transfer power, verification of what Heating, Ventilating, and Air-Conditioning (HVAC) equipment was connected to the generator, and the effectiveness of cool zones was verified. The conclusions were based on statements made by the facility staff, review of documents provided by the facility, and observations of the generator systems and cool zones.</p> <p>The following is a description of the deficiency found at the time of the visit.</p>	K0000		
K0918 SS = F	<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 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 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</p>	K0918		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Florida State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>130470982</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/07/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>HARBORVIEW SARASOTA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4783 FRUITVILLE ROAD , SARASOTA, Florida, 34232</b>	
(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
K0918 SS = F	<p>Continued from page 1 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>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (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 provide evidence of generator maintenance and testing in accordance with National Fire Protection Association (NFPA) 101. Failure to maintain the prime mover will result in a loss of power to the facility thus endangering the residents and occupants of the facility.</p> <p>The findings included:</p> <p>On 7/7/25 between 12:30 p.m. and 1:30 p.m., while performing a record review with the Maintenance Director during a monitoring visit for Emergency Environmental Control, the facility failed to show evidence of:</p> <ol style="list-style-type: none"> <li>1. monthly specific gravity, or conductance testing of the generators' maintenance free battery.</li> <li>2. weekly voltage testing of the generators' maintenance free battery.</li> <li>3. Monthly load testing of the facility life safety generator.</li> <li>4. Weekly visual inspection of the facility life safety generator.</li> </ol>	K0918		

Florida State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>130470982</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>HARBORVIEW SARASOTA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4783 FRUITVILLE ROAD , SARASOTA, Florida, 34232</b>			
(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
K0918 SS = F	<p>Continued from page 2</p> <p>The facility has 1 135 KW diesel powered generator. The last monthly load test was documented 2/19/25.</p> <p>An interview was conducted with the Maintenance Director, concurrent with the observations acknowledging the findings.</p> <p>Per NFPA 101 (2021 Edition) 19.5.1.1, 9.1.3.1</p> <p>Per NFPA 110 (2019 Edition) 8.1.1, 8.3.6, 8.3.6.1, 8.4.1, 8.5.1</p> <p>Class III</p>			K0918			