

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

PRINTED: 04/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 05 B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER OSPREY POINT NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 NORTH MAIN STREET BUSHNELL, FL 33513	
(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
E 000	Initial Comments During the Fire & Life Safety recertification survey conducted on March 11, 2025 at Osprey Point Nursing Center, a nursing home, Emergency Preparedness, was reviewed.	E 000		
K 000	Osprey Point Nursing Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted on March 11, 2025 at Osprey Point Nursing Center, a nursing home in Bushnell, Florida. The facility is not in compliance with 42 CFR 483.90(a), and National Fire Protection Association (NFPA) 101 (2012 Edition), NFPA 99 (2012 Edition) requirements for nursing homes. Initial Plan Review: 1997 New or Existing: Existing NFPA 220 Construction Type: I (332) Number of beds: 60 Census: 53	K 000		
K 918	The following is a description of the deficiencies found at the time of the visit. Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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	K 918		

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

TITLE

(X6) DATE

Electronically Signed

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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K 918	<p>Continued From page 1</p> <p>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 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 REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain the emergency and standby power system per the requirement of NFPA 110.</p> <p>Findings include:</p> <p>During record review with the Maintenance Director on 3/11/2025 at 11:51 AM, the facility</p>	K 918		

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K 918	<p>Continued From page 2</p> <p>failed to produce the documentation for the weekly emergency backup generator testing.</p> <p>During an interview on 3/11/2025 at 11:55 AM, the Maintenance Director stated, "We have not been doing them or the voltage checks."</p> <p>NFPA 110 (2010 Edition) 8.3.8</p> <p>These findings were gone over with the Administrator and the Maintenance Director at the exit conference on 3/11/2025 at 4:00 PM.</p>	K 918			