

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

PRINTED: 04/01/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>KISSIMMEE NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2511 JOHN YOUNG PARKWAY NORTH KISSIMMEE, FL 34741</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
E 000	Initial Comments  During the Fire & Life Safety recertification survey conducted on 2/24/25 at Kissimmee Nursing and Rehabilitation Center, Emergency Preparedness was reviewed. Kissimmee Nursing and Rehabilitation Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care.	E 000		
K 000	INITIAL COMMENTS  An unannounced Fire & Life Safety recertification survey was conducted on 2/24/25 at Kissimmee Nursing and Rehabilitation Center, a Long-Term Care facility in Kissimmee, Florida. Kissimmee Nursing and Rehabilitation Center is not in compliance with 42 CFR 483.90 (a), and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012), requirements for Long-Term Care facilities.  Initial Plan Review: 1990 Existing NFPA 220 Construction Type: 11(222) Number of beds: 120 Census:119  The following is a description of the noncompliance:	K 000		
K 345 SS=E	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	K 345		3/26/25

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

TITLE

(X6) DATE

Electronically Signed

03/26/2025

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 345	<p>Continued From page 1</p> <p>acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and interview with the Maintenance Director, the facility failed to maintain the fire alarm system in accordance with National Fire Protection Association (NFPA) 101.</p> <p>Findings Include:</p> <p>During a record review with the Maintenance Director on 2/24/25 at 8:45 AM, he failed to provide evidence of the duct detectors' annual air flow testing having been conducted. An interview was conducted at this time with the Maintenance Director, and he acknowledged and concurred with the findings.</p> <p>NFPA 101(2012 Edition) 19.3.4.4, 9.6.5.1 NFPA 72 (2010 Edition) 14.4.5.3.2</p>	K 345	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provide of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>(a) Immediate action(s) taken for the resident(s) found to have been affected include:</p> <p>The Duct Detector's annual air flow testing was scheduled and completed on 3/25/25.</p> <p>(b) Identification of other residents having the potential to be affected was accomplished by:</p> <p>All Residents have the potential to be affected.</p> <p>The Maintenance Director reviewed all the other required Fire Alarm System testing and found no other testing deficiencies.</p> <p>(c) Actions taken/systems put into place to reduce the risk of future occurrence include:</p> <p>The Administrator provided re-education to the Maintenance Director and Maintenance staff on the Fire Alarm System on 3/14/25 to include: Testing and Maintenance A fire alarm system is tested and maintained in accordance with an</p>	

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K 345	Continued From page 2	K 345	<p>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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72).</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>The Maintenance Director or Designee will review All Fire Alarm System testing weekly for 4 weeks and then monthly for 2 months to ensure compliance.</p> <p>Any discrepancies identified will be corrected immediately, and trends will be addressed through additional staff training or process adjustments.</p> <p>Findings will be reported in the monthly QA/QAPI meeting for further review and action as needed for a minimum of 3 months.</p> <p>(e) The compliance date is 3/28/25.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35960940</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>KISSIMMEE NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2511 JOHN YOUNG PARKWAY NORTH KISSIMMEE, FL 34741</b>		
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K 000	INITIAL COMMENTS  An unannounced Fire & Life Safety relicensure survey was conducted on 2/24/25 at Kissimmee Nursing and Rehabilitation Center, a nursing home in Kissimmee, 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.	K 000		
K 345 SS=E	NFPA 101 Fire Alarm System - Testing and Maintenance  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. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72  This Statute or Rule is not met as evidenced by: Based on record review, and interview with the Maintenance Director, the facility failed to maintain the fire alarm system in accordance with National Fire Protection Association (NFPA) 101  Findings Include:	K 345	Preparation and/or execution of this plan does not constitute admission or agreement by the provide of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed	3/26/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

03/26/25

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K 345	Continued From page 1  During a record review with the Maintenance Director on 2/24/25 at 8:45 AM, he failed to provide evidence of the duct detectors' annual air flow testing having been conducted. An interview was conducted at this time with the Maintenance Director, and he acknowledged and concurred with the findings.  NFPA 101(2021 Edition) 19.3.4.4, 9.6.5.1 NFPA 72 (2019 Edition) 14.4.5.3.2  CLASS III	K 345	solely because it is required.  (a) Immediate action(s) taken for the resident(s) found to have been affected include: The Duct Detector's annual air flow testing was scheduled and completed on 3/25/25.  (b) Identification of other residents having the potential to be affected was accomplished by: All Residents have the potential to be affected. The Maintenance Director reviewed all the other required Fire Alarm System testing and found no other testing deficiencies.  (c) Actions taken/systems put into place to reduce the risk of future occurrence include: The Administrator provided re-education to the Maintenance Director and Maintenance staff on the Fire Alarm System on 3/14/25 to include: 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72).  (d) How the corrective action(s) will be monitored to ensure the practice will not recur: The Maintenance Director or	

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K 345	Continued From page 2	K 345	<p>Designee will review All Fire Alarm System testing weekly for 4 weeks and then monthly for 2 months to ensure compliance.</p> <p>Any discrepancies identified will be corrected immediately, and trends will be addressed through additional staff training or process adjustments.</p> <p>Findings will be reported in the monthly QA/QAPI meeting for further review and action as needed for a minimum of 3 months.</p> <p>(e) The compliance date is 3/28/25.</p>	
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