

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 06 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
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NAME OF PROVIDER OR SUPPLIER CHATSWORTH AT PGA NATIONAL	STREET ADDRESS, CITY, STATE, ZIP CODE 347 HIATT DRIVE PALM BEACH GARDENS, FL 33418
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety relicensure survey was conducted on 04/15/2025 at Chatsworth at PGA National, a nursing home in Palm Beach Gardens, 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>The following is a description of deficiencies found at the time of the visit:</p>	K 000		
K 324 SS=D	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. Commercial cooking operations shall be protected in accordance with NFPA 96 unless such installations are approved existing installations, which shall be permitted to be continued in service. 18.3.2.5.1 through 18.3.2.5.5, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain their commercial cooking equipment in accordance with NFPA 101.</p> <p>The findings included:</p>	K 324	<p>This plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission nor agreement by the provider of the truth and</p>	5/17/25

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/19/25
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K 324	Continued From page 1 On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, no documentation was provided for their commercial cooking hood semi annual inspection. Last inspection was on 12/08/2023. An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM. NFPA 101 (2021 Edition) 19.3.2.5, 19.3.2.5.3 (10), 9.2.3 NFPA 96 (2021 Edition) 12.2.1 Class III	K 324	facts alleged nor conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law. K324 The kitchen hood was serviced and cleaned on 1/23/25. Reports and proof service will be sent to Life Safety Inspector and available upon request	
K 345 SS=D	NFPA 101 Fire Alarm System - Testing and Maintenance 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 Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain their fire alarm system in accordance with NFPA 101.	K 345	K345 1.The semi-annual fire inspection was conducted on 8/1/24. 2.The smoke	5/17/25

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K 345	Continued From page 2 The findings included: On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, the following were revealed: 1. No documentation was provided for their semiannual fire alarm inspection. 2. No documentation was provided for their biennial smoke detector sensitivity. 3. No documentation was provided for their annual duct detector pressure differential. An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM. NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 19.3.4 NFPA 72 (2019 Edition) 14.4.3.2 Table 14.4.3.2, 14.4.4.3.2 Class III	K 345	detector sensitivity testing was completed on 5/14/25. 3.The duct detector air differential pressure testing was completed on 5/15/25. Reports and proof service will be sent to Life Safety inspector and available upon request	
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25. All required documentation regarding the design of the fire protection system and the procedures for maintenance, inspection, and testing of the fire protection system shall be	K 353		5/17/25

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K 353	<p>Continued From page 3</p> <p>maintained at an approved, secured location for the life of the fire protection system. 19.7.6, 4.6.12, 4.6.12.1, 9.11 through 9.11.3.2, and NFPA 25</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to maintain their automatic fire sprinkler system in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 3:30 PM during record review and facility tour with the Director of Continuum and Maintenance Supervisor, the following were revealed:</p> <ol style="list-style-type: none"> 1. No documentation was provided for their automatic fire sprinkler inspection during the first quarter, second quarter and fourth quarter of 2024. Last inspection was dated 08/30/2024. 2. No documentation was provided for their 5 year backflow preventer internal inspection. 3. No spare sprinkler list was posted around or near their spare sprinkler cabinet located inside the riser room. <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and observations and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p> <p>NFPA 101 (2021 Edition) 19.3.5 NFPA 25 (2020 Edition) 4.3.1, 5.1.1.2 Table 5.1.1.2, 5.4.1.5.6, 5.4.1.5.6.1 (1-4), 13.7.1.3</p>	K 353	<p>K353</p> <p>The automatic sprinkler system inspections were conducted on 2/9/24(semi-annual), 4/15/24 (quarterly), 8/1/24(semi-annual), 1/6/25(quarterly). The system was checked by 1St Fire & Safety. The water system supply is the back flow.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon request</p>	

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K 353	Continued From page 4 Class III	K 353		
K 521 SS=D	NFPA 101 HVAC HVAC Heating, Ventilation, and Air Conditioning Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2. 18.5.2.1, 19.5.2.1, 9.2 This Statute or Rule is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to maintain the Heating, Ventilation and Air Conditioning (HVAC) system in accordance with NFPA 101. The findings included: On 04/15/2025 between 10:00 AM and 3:30 PM during record review and facility tour with the Director of Continuum and Maintenance Supervisor, the following were revealed: 1. No documentation was provided for their fire/smoke damper inspection. 2. Exhaust fan not in working condition inside the soiled utility room located in the north wing. 3. Exhaust fan not in working condition inside the soiled utility room located in the south wing. An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and observations they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.	K 521	5/17/25	
			K521 1.The fire/ Smoke damper inspections were conducted on 3/14/2024 and 4/21/2025. There are 8 fusible links and 2 mechanical dampers. 2.The exhaust fans for North and South soiled utility rooms were serviced on 4/16/25. Both function properly and will be maintained ongoing. Reports and proof service will be sent to Life Safety Inspector and available upon request	

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K 521	Continued From page 5 NFPA 101 (2021 Edition) 19.7.6, 4.6.12.1, 8.5.5.4, 8.5.5.4.1, 8.5.5.4.2 NFPA 99 (2021 Edition) 9.3, 9.3.1, 9.3.1.1, 9.3.6.5.3, 9.3.6.5.3.1 NFPA 80 (2019 Edition) 19.3, 19.3.2, 19.3.3, 19.3.4, 19.5, 19.5.1.2, 19.6 Class III	K 521		
K 761 SS=D	NFPA 101 Maintenance Inspection & Testing - Doors Fire door assemblies shall be installed, inspected, tested, and maintained in accordance with NFPA 80. All fire door assemblies shall be labeled. Labels on fire door assemblies shall be maintained in a legible condition. In existing installations, steel door frames without a label shall be permitted where approved by the authority having jurisdiction. Unless otherwise specified, fire doors shall be self-closing or automatic-closing. Doors, other than those listed in 8.2.2.4 and 8.3.3.3.1, that are required to be self-closing or automatic closing shall comply with all of the following: (1) Door assemblies shall be inspected annually. (2) Doors shall be operated to confirm full closure. (3) Parts found to be damaged or inoperative shall be replaced. (4) Door openings and the surrounding areas shall be kept clear of anything that could obstruct or interfere with the free operation of the door. (5) Blocking or wedging of doors in the open position shall be prohibited. (6) Self-closing and automatic-closing devices	K 761		5/17/25

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K 761	<p>Continued From page 6</p> <p>shall be kept in working condition at all times.</p> <p>Written records of inspection and testing are maintained and are available for review. 19.7.6, 4.6.12.1, 8.3.3.3 through 8.3.3.3.5, 8.5.4.3, 8.5.4, 8.7.1.3, 8.8 (NFPA 101) 5.2, 5.2.3 (NFPA 80)</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain and test their fire doors in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, no documentation was provided for their fire door annual inspection. Last inspection was dated 12/18/2023.</p> <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12.1, 8.3 NFPA 80 (2019 Edition) 5.2, 5.2.2.4 (1-11), 5.2.3.5.2 (1-13)</p> <p>Class III</p>	K 761	<p>K761</p> <p>The fire door testing was conducted on 5/13/25 and all doors passed inspection.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon request</p>	
K 918 SS=D	NFPA 99 Electrical Systems - Essential Electric Syste	K 918		5/17/25

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K 918	<p>Continued From page 7</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 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 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 Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain and test their essential electrical system in accordance with NFPA 101.</p>	K 918	<p>K918</p> <p>1.The main and feeder circuit breaker test was conducted on12/31/24. 2.The fuel</p>	
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K 918	<p>Continued From page 8</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, the following were revealed:</p> <ol style="list-style-type: none"> 1. No documentation was provided for the performance of their main & feeder circuit breaker exercise. 2. No documentation was provided for their generator annual fuel quality test. <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p> <p>NFPA 101 (2021 Edition) 19.5.1.1, 9.1, 9.1.3.1 NFPA 99 (2021 Edition) 6.7.4.1.2.1 NFPA 110 (2019 Edition) 8.3.7, 8.4.7</p> <p>Class III</p>	K 918	<p>testing for the generator fuel tank was conducted on 5/12/2025.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon request</p>	
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CZ830 SS=D	<p>408.821 FS Emergency Management Planning</p> <p>408.821 Emergency management planning; emergency operations; inactive license.-</p> <p>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:</p> <p>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.</p> <p>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.</p> <p>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.</p> <p>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.</p> <p>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.</p> <p>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider</p>	CZ830		5/17/25

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

TITLE

(X8) DATE

Electronically Signed

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CZ830	<p>Continued From page 1</p> <p>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:</p> <ol style="list-style-type: none"> 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. <p>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.</p> <p>(4) . . . Licensees providing residential or inpatient services must utilize an online database</p>	CZ830			

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CZ830	<p>Continued From page 2</p> <p>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility is not in compliance with the Comprehensive Emergency Management Plan (CEMP).</p> <p>The findings included:</p> <p>On 04/15/25 between 10:00 AM and 2:00 PM during record review with the Nursing Home Administrator (NHA) and Maintenance Supervisor, it was identified that the facility failed to submit the CEMP within thirty (30) days of rejection. The last approved CEMP was dated 09/19/23 with an expiration of 10/31/24. The CEMP was submitted on 11/11/24 and rejected on 12/20/24. It was resubmitted on 1/10/25 and rejected on 1/24/25. It was resubmitted again on 3/21/25, which was more than 30 days since it had been rejected.</p> <p>During an interview with the NHA and Maintenance Supervisor, concurrent with the record review, they acknowledged the findings. The findings were reviewed with the NHA and Maintenance Supervisor at the exit on 04/15/25 at 3:45 PM.</p> <p>Florida Administrative Code 59A-4.126.</p> <p>Class III</p>	CZ830	<p>ZZ830</p> <p>The facility CEMP for end of 2024 into 2025 was submitted: 11/11/24- submission- rejected 12/20/24 01/10/25- submission- rejected 01/24/25 02/20/25- submission- rejected 03/04/25 03/21/25- submission- rejected 05/02/25 05/15/25- submission- pending</p> <p>All submission follow the 30 day to review and 30 day to submit guidelines. Plan has been received and in review by Brenden DiBerardino with the Division of Emergency Management. Facility is still in compliance with the CEMP guidelines from approved manual dated 9/19/2023.</p>	

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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted on 04/15/2025 at Chatsworth at PGA National, a nursing home in Palm Beach Gardens, Florida. Chatsworth at PGA National is not in compliance with 42 CFR 483.90 (a) & (b) and National Fire Protection Association (NFPA) 101 (2012 Edition) and Tentative Interim Amendments (TIA's) 12-1, 12-2, 12-3 and 12-4, NFPA 99 (2012 Edition) and Tentative Interim Amendments (TIA's) 12-2, 12-3, 12-4, 12-5 and 12-6 requirements for nursing homes.</p> <p>Initial Plan Review: 1996 Existing NFPA 220 Construction Type: II (111) Number of licensed beds: 62 Census: 43</p> <p>The following is a description of deficiencies found at the time of the visit:</p>	K 000		
K 324 SS=D	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p>	K 324		5/17/25

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

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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 324	<p>Continued From page 1</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain their commercial cooking equipment in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, no documentation was provided for their commercial cooking hood semi annual inspection. Last inspection was on 12/08/2023.</p> <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p> <p>NFPA 101 (2012 Edition) 19.3.2.5, 19.3.2.5.3 (10), 9.2.3 NFPA 96 (2011 Edition) 11.2.1</p>	K 324	<p>This plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission nor agreement by the provider of the truth and facts alleged nor conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.</p> <p>K324 The kitchen hood was serviced and cleaned on 1/23/25.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon request</p>	

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K 345 SS=D	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain their fire alarm system in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, the following were revealed:</p> <ol style="list-style-type: none"> 1. No documentation was provided for their semiannual fire alarm inspection. 2. No documentation was provided for their biennial smoke detector sensitivity. 3. No documentation was provided for their annual duct detector pressure differential. <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p>	K 345	<p>K345 1.The semi-annual fire inspection was conducted on 8/1/24. 2.The smoke detector sensitivity testing was completed on 5/14/25. 3.The duct detector air differential pressure testing was completed on 5/15/25.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon request</p>	5/17/25

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K 345	Continued From page 3 NFPA 101 (2012 Edition) 19.7.6, 4.6.12, 19.3.4 NFPA 72 (2010 Edition) 14.4.2.2 Table 14.4.2.2, 14.4.5.3.2	K 345		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain their automatic fire sprinkler system in accordance with NFPA 101. The findings included: On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, no documentation was provided for their automatic fire sprinkler inspection during the first quarter,	K 353	K353 The automatic sprinkler system inspections were conducted on 2/9/24(semi-annual), 4/15/24 (quarterly), 8/1/24(semi-annual), 1/6/25(quarterly). The system was checked by 1St Fire & Safety. The water system supply is the back flow. Reports and proof service will be sent to Life Safety Inspector and available upon	5/17/25

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K 353	Continued From page 4 second quarter and fourth quarter of 2024. Last inspection was dated 08/30/2024. An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM. NFPA 101 (2012 Edition) 19.3.5 NFPA 25 (2011 Edition) 4.3.1, 5.1.1.2 Table 5.1.1.2	K 353	request	
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to maintain the Heating, Ventilation and Air Conditioning (HVAC) system in accordance with NFPA 101. The findings included: On 04/15/2025 between 10:00 AM and 3:30 PM during record review and facility tour with the	K 521	K521 1.The fire/ Smoke damper inspections were conducted on 3/14/2024 and 4/21/2025. There are 8 fusible links and 2 mechanical dampers. 2.The exhaust fans for North and South soiled utility rooms were serviced on 4/16/25. Both function properly and will be maintained ongoing.	5/17/25

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K 521	Continued From page 5 Director of Continuum and Maintenance Supervisor, the following were revealed: 1. No documentation was provided for their fire/smoke damper inspection. 2. Exhaust fan not in working condition inside the soiled utility room located in the north wing. 3. Exhaust fan not in working condition inside the soiled utility room located in the south wing. An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and observations they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM. NFPA 101 (2012 Edition) 19.7.6, 4.6.12.1, 8.5.5.4, 8.5.5.4.1, 8.5.5.4.2 NFPA 99 (2012 Edition) 9.3, 9.3.1, 9.3.1.1, 9.3.7.5.3, 9.3.7.5.3.1 NFPA 80 (2010 Edition) 19.3, 19.3.2, 19.3.3, 19.3.4, 19.5	K 521	Reports and proof service will be sent to Life Safety Inspector and available upon request	
K 761 SS=D	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.	K 761		5/17/25

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K 761	<p>Continued From page 6</p> <p>Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain and test their fire doors in accordance with NFPA 101.</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of Continuum and Maintenance Supervisor, no documentation was provided for their fire door annual inspection. Last inspection was dated 12/18/2023.</p> <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12.1, 8.3.3.1 NFPA 80 (2010 Edition) 5.2, 5.2.2.4 (1-11), 5.2.3, 5.2.3.5.2 (1-13)</p>	K 761	<p>K761 The fire door testing was conducted on 5/13/25 and all doors passed inspection.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon request</p>	
K 918 SS=D	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>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</p>	K 918		5/17/25

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K 918	<p>Continued From page 7</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 staff interview, the facility failed to maintain and test their essential electrical system.</p> <p>The findings included:</p> <p>On 04/15/2025 between 10:00 AM and 2:00 PM during record review with the Director of</p>	K 918	<p>K918</p> <p>1.The main and feeder circuit breaker test was conducted on12/31/24. 2.The fuel testing for the generator fuel tank was conducted on 5/12/2025.</p> <p>Reports and proof service will be sent to Life Safety Inspector and available upon</p>	

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K 918	<p>Continued From page 8</p> <p>Continuum and Maintenance Supervisor, the following were revealed:</p> <ol style="list-style-type: none"> 1. No documentation was provided for the performance of their main & feeder circuit breaker exercise. 2. No documentation was provided for their generator annual fuel quality test. <p>An interview was conducted with the Director of Continuum and Maintenance Supervisor, concurrent with the record review and they acknowledged the findings. The findings were reviewed with the Director of Continuum and Maintenance Supervisor at the exit on 04/15/2025 at 3:45 PM.</p> <p>NFPA 101 (2012 Edition) 19.5.1.1, 9.1, 9.1.3.1 NFPA 99 (2012 Edition) 6.4.4.1.2.1 NFPA 110 (2010 Edition) 8.3.8, 8.4.7</p>	K 918	request		

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E 000	Initial Comments During the Fire & Life Safety recertification survey conducted on 04/15/2025 at Chatsworth at PGA National, a nursing home, Emergency Preparedness was reviewed. Chatsworth at PGA National is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long Term Care Facilities.	E 000			

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