

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

PRINTED: 04/08/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF NEW PORT RICHEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653</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 survey conducted on 3/6/25 at Life Care Center of New Port Richey, a nursing home, Emergency Preparedness was reviewed.  Life Care Center of New Port Richey is in compliance with Emergency Preparedness per code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
K 000	INITIAL COMMENTS  An unannounced Fire & Life Safety recertification survey was conducted 3/6/25 at Life Care Center of New Port Richey, a nursing home in New Port Richey, Florida.  The Facility is not in compliance with 42 CFR 483.90(a), and National Fire Protection Association (NFPA) 101 (2012 Edition) requirements for nursing homes.  Initial Plan Review: 2003 Existing NFPA 220 Construction Type: V (III) Number of beds: 113 Census: 107  The facility was found not in compliance at the time of this survey.	K 000		
K 761 SS=C	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.	K 761		4/5/25

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

TITLE

(X6) DATE

Electronically Signed

03/28/2025

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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NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF NEW PORT RICHEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653</b>	
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K 761	<p>Continued From page 1</p> <p>Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews the facility failed to maintain emergency exit doors in accordance with NFPA 101.</p> <p>Findings include:</p> <p>On 03/6/2025 between the hours of 11:30 a.m. and 2:00 p.m., during the facility tour with the maintenance director observations were made that the exit door by Room 114 did not latch when in the closed position. An interview was conducted with the maintenance director concurrent with the observations and confirmed the findings.</p> <p>NFPA 101 (2012 Edition) 19.2.2.2.1, 7.2.1, 7.2.1.5.10, 4.6</p>	K 761	<p>On March 6, 2025 a security and fire protection company repaired the latch on the exit door by room 114.</p> <p>A facility wide audit on exit doors was performed by a security and fire protection company on March 6, 2025 with no variances noted.</p> <p>Education was provided to the Maintenance Staff by the Executive Director on March 27, 2025 about NFPA 101 Inspection &amp; Testing Doors per (2012 and 2021 Editions).</p> <p>Monthly audits will be completed by the Maintenance Director or Designee to ensure the exit doors are maintained.</p> <p>These audits will be reviewed in Quality Assurance Performance Improvement meeting for three months until substantial compliance is met.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35960969</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01, 05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2025</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Fire &amp; Life Safety re-licensure survey was conducted on 3/6/25 at Life Care Center of New Port Richey, a nursing home in New Port Richey, 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 the deficiencies found at the time of the visit.</p>	K 000		
K 761 SS=C	<p><b>NFPA 101 Maintenance Inspection &amp; Testing - Doors</b></p> <p>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.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>19.7.6, 8.3.3.1 (NFPA 101) 5.2, 5.2.3 (NFPA 80)</p> <p>This Statute or Rule is not met as evidenced by:</p>	K 761		4/5/25

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X8) DATE <b>03/28/25</b>
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K 761	<p>Continued From page 1</p> <p>Based on observations and interviews the facility failed to maintain emergency exit doors in accordance with NFPA 101.</p> <p>Findings include:</p> <p>On 03/6/2025 between the hours of 11:30 a.m. and 2:00 p.m., during the facility tour with the maintenance director observations were made that the exit door by Room 114 did not latch when in the closed position. An interview was conducted with the maintenance director concurrent with the observations and confirmed the findings.</p> <p>NFPA 101 (2021 Edition) 19.2.2.2.1, 7.2.1.5, 7.2.1.5.3, 4.6</p> <p>Class III</p>	K 761	<p>On March 6, 2025 a security and fire protection company repaired the latch on the exit door by room 114.</p> <p>A facility wide audit on exit doors was performed by a security and fire protection company on March 6, 2025 with no variances noted.</p> <p>Education was provided to the Maintenance Staff by the Executive Director on March 27, 2025 about NFPA 101 Inspection &amp; Testing Doors per (2012 and 2021 Editions).</p> <p>Monthly audits will be completed by the Maintenance Director or Designee to ensure the exit doors are maintained. These audits will be reviewed in Quality Assurance Performance Improvement meeting for three months until substantial compliance is met.</p>	