

Florida State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN LIC</b> B. WING	(X3) DATE SURVEY COMPLETED <b>08/04/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE HERON HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5085 EAGLESTON BLVD , WESLEY CHAPEL, Florida, 33544</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 re-licensure survey was conducted on 08/04/2025 at Blue Heron Health and Rehab Center, a nursing home in Wesley Chapel, 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>Date Opened: 2021</p> <p>Bldg. Type: II (222)</p> <p>Square Footage: 102,826</p> <p>Smoke Compartments: 15</p> <p>Floor Levels: 2</p> <p>Generator: 800 kW diesel 8000-gal fuel tank ATS</p> <p>License Bed: 141</p> <p>Fully Sprinklered: yes</p> <p>Fire Alarm: yes</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K0000		08/31/2025
K0223	<p>Doors with Self-Closing Devices</p> <p>CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure (except boiler rooms, heater rooms, and mechanical equipment rooms) shall be permitted to be</p>	K0223	<p>1) No residents were identified.</p> <p>2) No residents were identified.</p> <p>3) Administrator immediately discarded bungee cord found to be propping fire door open on 08/04/2025.</p> <p>An in-service education was conducted by the</p>	08/31/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0223	<p>Continued from page 1 held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system and the fire alarm system, and the systems required by 7.2.1.8.2, shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.</p> <p>18.2.2.2.8, 19.2.2.2.8, 7.2.1.8.2</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and interviews, the facility failed to maintain Doors with Self-Closing Devices in accordance with NFPA 101 (2021 Edition).</p> <p>On 08/04/2025 between 1:00 PM - 3:30 PM, during the facility tour with the Director of Maintenance (DOM) and the Administrator, the fire rated door in the Kitchen exit passage leading into the hazardous (dry storage) room that is protected by a 1 hour fire barrier and equipped with a self-closing device was observed held open by a bungee cord wrapped around the door handle and a storage rack restricting the door from self-closing and latching. An interview was conducted with the Administrator concurrent with the observations and confirmed the findings and stated that the door should be kept closed.</p> <p>per NFPA 101 (2021 Edition) 19.2.2.2.8</p> <p>Class III</p>	K0223	<p>Continued from page 1 Administrator, Director of Plant Operations, or designee 08/21/2025 with staff addressing the maintaining doors with self-closing devices in accordance with NFPA 101 (2012 Edition).</p> <p>4) The Director of Plant Operations, or designee will audit at random five (5) Fire Rated Doors to observe door is free from devices that would prevent self-close and latch. Audits will be conducted once a week for four weeks, once a month for two months, or until substantial compliance is achieved.</p> <p>The results of the audit will be forwarded to the Quality Assurance Committee for review monthly for at least three months with a goal of 100% compliance. Upon completion and 100% compliance for at least three months is achieved, frequency of further review and ongoing need for review will be determined by the QAPI committee.</p>		
K0324  Bldg. 01	<p>Cooking Facilities</p> <p>CFR(s): NFPA 101</p> <p>Cooking Facilities</p> <p>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.</p> <p>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.</p> <p>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 LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and interviews, the facility failed to maintain the commercial cooking equipment in</p>	K0324	<p>1) No residents were identified.</p> <p>2) No residents were identified.</p> <p>3) Restraint tethers immediately attached and secured to wall attachments located behind appliances on 08/04/2025 at 1:55 PM by Director of Plant Operations or designee.</p> <p>An in-service education was conducted by the Administrator, Director of Plant Operations, or designee on 08/21/2025 with dining staff addressing the commercial cooking equipment in accordance with NFPA 101 (2012 Edition).</p> <p>4) The Director of Plant Operations, or designee will audit commercial coking equipment in accordance with NFPA 101 (2012 Edition) to observe restraint tethers attached and secured to wall attachments located behind appliances. Audits will be conducted once a week for</p>	08/31/2025	

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K0324  Bldg. 01	<p>Continued from page 2 accordance with NFPA 101 (2021 Edition).</p> <p>On 08/04/2025 between 1:00 PM - 3:30 PM, during the facility tour with the Director of Maintenance (DOM) and the Administrator, it was observed that 3 of 3 gas fed appliances mounted on casters under the commercial cooking hood were not limited in movement by a restraining device to the wall. All 3 of 3 gas appliances on casters had restraint tethers that were observed attached to them but not secured to the installed wall attachments located behind each appliances. An interview was conducted with the DOM concurrent with the observations and confirmed the findings by looking behind the appliances and stating that they were not attached to the wall attachments provided.</p> <p>per NFPA 101 (2021 Edition) 19.3.2.5.1, 9.2.3</p> <p>per NFPA 96 (2021 Edition) 13.1.2.1</p> <p>per NFPA 54 (2021 Edition) 9.6.1.4</p> <p>Class III</p>	K0324	<p>Continued from page 2 four weeks, once a month for two months, or until substantial compliance is achieved.</p> <p>The results of the audit will be forwarded to the Quality Assurance Committee for review monthly for at least three months with a goal of 100% compliance. Upon completion and 100% compliance for at least three months is achieved, frequency of further review and ongoing need for review will be determined by the QAPI committee.</p>		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>106147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN FED</b> B. WING	(X3) DATE SURVEY COMPLETED <b>08/04/2025</b>
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K0000	<p>INITIAL COMMENTS</p> <p>An unannounced recertification survey was conducted 08/04/2025 at Blue Heron Health and Rehab Center, a nursing home in Wesley Chapel, Florida. Blue Heron Health and Rehab Center is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 Edition) requirements for nursing homes.</p> <p>Initial Plan Review: 2021</p> <p>New or Existing: New</p> <p>NFPA 220 Construction Type: II (222)</p> <p>Number of beds: 141</p> <p>The following is description of the noncompliance.</p>	K0000		08/31/2025
K0223	<p>Doors with Self-Closing Devices</p> <p>CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices</p> <p>Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <p>*Required manual fire alarm system; and</p> <p>*Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>*Automatic sprinkler system, if installed; and</p> <p>*Loss of power.</p> <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8</p>	K0223	<p>1) No residents were identified.</p> <p>2) No residents were identified.</p> <p>3) Administrator immediately discarded bungee cord found to be propping fire door open on 08/04/2025.</p> <p>An in-service education was conducted by the Administrator, Director of Plant Operations, or designee 08/21/2025 with staff addressing the maintaining doors with self-closing devices in accordance with NFPA 101 (2012 Edition).</p> <p>4) The Director of Plant Operations, or designee will audit at random five (5) Fire Rated Doors to observe door is free from devices that would prevent self-close and latch. Audits will be conducted once a week for four weeks, once a month for two months, or until substantial compliance is achieved.</p> <p>The results of the audit will be forwarded to the Quality Assurance Committee for review monthly for at least three months with a goal of 100% compliance. Upon completion and 100% compliance for at least three</p>	08/31/2025

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 reverse for further 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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K0223	Continued from page 1 This STANDARD is NOT MET as evidenced by:  Based on observation and interview, the facility failed to maintain doors with self-closing devices in accordance with NFPA 101 (2012 Edition).  On 08/04/2025 between 1:00 PM - 3:30 PM, during the facility tour with the Director of Maintenance (DOM) and the Administrator, the fire rated door in the Kitchen exit passage leading into the hazardous (dry storage) room that is protected by a 1 hour fire barrier and equipped with a self-closing device was observed held open by a bungee cord wrapped around the door handle and a storage rack restricting the door from self-closing and latching. An interview was conducted with the Administrator concurrent with the observations and confirmed the findings and stated that the door should be kept closed.  per NFPA 101 (2012 Edition) 18.2.2.2.7	K0223	Continued from page 1 months is achieved, frequency of further review and ongoing need for review will be determined by the QAPI committee.	
K0324	Cooking Facilities  CFR(s): NFPA 101  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  *cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.  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.  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  This STANDARD is NOT MET as evidenced by:  Based on observations and interviews, the facility	K0324	1) No residents were identified.  2) No residents were identified.  3) Restraint tethers immediately attached and secured to wall attachments located behind appliances on 08/04/2025 at 1:55 PM by Director of Plant Operations or designee.  An in-service education was conducted by the Administrator, Director of Plant Operations, or designee on 08/21/2025 with dining staff addressing the commercial cooking equipment in accordance with NFPA 101 (2012 Edition).  4) The Director of Plant Operations, or designee will audit commercial coking equipment in accordance with NFPA 101 (2012 Edition) to observe restraint tethers attached and secured to wall attachments located behind appliances. Audits will be conducted once a week for four weeks, once a month for two months, or until substantial compliance is achieved.  The results of the audit will be forwarded to the Quality Assurance Committee for review monthly for at least three months with a goal of 100% compliance. Upon completion and 100% compliance for at least three months is achieved, frequency of further review and ongoing need for review will be determined by the QAPI committee.	08/31/2025
Bldg. 02				

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

FORM APPROVED  
OMB NO. 0938-0391

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>106147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN FED</b> B. WING	(X3) DATE SURVEY COMPLETED <b>08/04/2025</b>	
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K0324  Bldg. 02	<p>Continued from page 2 failed to maintain the commercial cooking equipment in accordance with NFPA 101 (2012 Edition).</p> <p>On 08/04/2025 between 1:00 PM - 3:30 PM, during the facility tour with the Director of Maintenance (DOM) and the Administrator, it was observed that 3 of 3 gas fed appliances mounted on casters under the commercial cooking hood were not limited in movement by a restraining device to the wall. All 3 of 3 gas appliances on casters had restraint tethers that were observed attached to them but not secured to the installed wall attachments located behind each appliance. An interview was conducted with the DOM concurrent with the observations and confirmed the findings by looking behind the appliances and stating that they were not attached to the wall attachments provided.</p> <p>per NFPA 101 (2012 Edition) 18.3.2.5.1, 9.2.3</p> <p>per NFPA 96 (2011 Edition) 12.1.2.1, 13.2.3</p> <p>per NFPA 54 (2012 Edition) 9.6.1.2</p>	K0324			

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E0000	<p>Initial Comments</p> <p>During the recertification survey conducted on 08/04/2025 at Blue Heron Health and Rehab Center, a Nursing Home, Emergency Preparedness was reviewed.</p> <p>Blue Heron Health and Rehab Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E0000		08/31/2025

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