

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2021
NAME OF PROVIDER OR SUPPLIER Parklands Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SW 16th Ave Gainesville, FL 32601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>34769</p> <p>Based on observation, interview, and review of the policies and procedures, the facility failed to ensure resident rights to be free from neglect by failing to ensure structures and processes were in place to prevent the likelihood of harm due to respiratory smoke inhalation, burns from fire, and death by failure to have a functioning fire alarm system that would alert the monitoring company and the fire department in case of smoke and/or fire, and failed to implement a fire watch for 109 of 109 residents, which consist of two residents who are bedfast, 70 requiring extensive assistance for ambulation, 32 ambulate with assistance or assistive device, and five are independently ambulatory.</p> <p>Findings:</p> <p>During an observation on 8/17/2021 at 11:35 AM, while conducting a tour of the facility, in the Therapy room/fire alarm control panel area the control panel indicated a trouble mode. The control panel trouble light (orange) was illuminated, and the control panel was silent. The control panel was illuminated, but the panel was not sounding an audible noise to indicate the trouble mode.</p> <p>During an observation on 8/17/2021 at 2:05 PM the fire alarm system dialer was tested by unplugging the control panel battery (one of the two ways that the dialer unit can be tested). After waiting ten minutes for an audible/visual signal on the panel and a phone call from the monitoring company, the audible/visual signal nor the call from the monitoring company happened.</p> <p>During an observation on 8/17/2021 at 2:15 PM of the annunciator panel (secondary fire alarm panel) located in the main lobby showed the trouble light was also illuminated (orange).</p> <p>Review of the [Company's Name] fire alarm system service invoice report dated 9/3/2020 reads: Trouble shot panel and found all of loop 2 in trouble. Panel is bad and needs to be replaced.</p> <p>Review of the [Company's Name] fire alarm system service inspection and testing form dated 1/14/2021 at 8:30 AM reads Discrepancy list: Dialer trouble module 01-017, Loop 2 all devices communication error.</p> <p>Review of the [Company's Name] fire alarm system service inspection and testing form dated 6/10/2021 at 10:00 AM reads Discrepancy List: Dialer unplugged and not working. Loop #2 failed to function. See initiating device sheets for devices that failed to function. Need to be on fire watch.</p> <p>(continued on next page)</p>		

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.

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

TITLE

(X6) DATE

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/20/2021 at 10:15 AM the facility Administrator stated, I knew approximately in September 2020 that the control panel needed to be replaced, but I was not aware that we needed to be on fire watch. We did get a service call back in September 2020, but the Maintenance Director did not tell me that we needed to be on a fire watch. I am responsible for the building. My Maintenance Director spoke to the Fire Marshall, and he told me that he said that the pull station would still work, and we did not need to be on fire watch. I do not know the date he spoke with him. I think it was sometime in June after the 6/10/2021 inspection. I do not think any contact was made with the Fire Marshall prior to that. I do not have that in writing. I do not have any electronic mail from the Fire Marshall, and I do not have any documentation that the Fire Marshall was contacted. We do have a policy that states in the event of the fire system failure we will initiate a fire watch, that we should notify the fire department and the agency [Agency for Health Care Administration]. We did not begin a fire watch and we did not call the fire department or AHCA [Agency for Health Care Administration]. I was supposed to initiate a fire watch according to our policies and procedures. I was supposed to alert the Fire Marshall and notify the agency. I did not reach out to the Fire Marshall and verify the information provided to me by the Maintenance Director. We began training and the fire watch on 8/17/2021. We educated all staff on the fire watch. I'm not sure how many staff were trained. Staff are assigned to complete fire watch on each unit. We did not identify the number of residents that might be affected, we just noted that no residents were affected.</p> <p>During a telephone interview on 08/20/21 at 11:00 AM, the President/CEO (Chief Executive Officer) of the monitoring company stated, The fire system that serves Loop 2 of the building is not functioning and none of the pull stations will dial the fire department and get them to the building. When we were there in January 2021, we recommended they provide a fire watch. We had been to the facility back in September 2020 or October 2020 and recommended a complete replacement of the system as Loop 2 was not functioning then. That would mean that pull stations would not dial the fire department. The dialer itself is not functioning and that would not dial the fire department.</p> <p>During a follow up telephone interview on 08/20/21 at 11:19 AM the service invoice report dated 9/3/2020 was read to the President/CEO of the monitoring company. It read as follows: Trouble shot panel and found all of Loop 2 in trouble. Panel is bad and needs to be replaced. The President/CEO stated, That means that Loop 2 was not working at all and needed to be replaced. The facility was told that they needed to be on fire watch at that time.</p> <p>During an interview on 8/20/2021 at 11:25 AM Staff A, Licensed Practical Nurse (LPN) stated, In case of a fire I would pull the fire alarm and start to evacuate the residents. We wouldn't need to call 911, pulling the alarm gets the fire department here. We are on fire watch, but the alarms still work. I am doing fire watch so every 30 minutes I tour the unit. I am giving residents medications; I am on the medication cart also.</p> <p>During an interview on 8/20/2021 at 11:30 AM Staff R, LPN, stated, If there was a fire, I would pull the fire alarm and start closing doors and if I found the fire, I would rescue the resident, close the door, and get the extinguisher. I would not need to call 911, pulling the fire pull would do that.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/20/2021 at 11:35 AM Staff S, LPN stated, I am on fire watch today. I look in all the rooms every one-half hour. I am also working the medication cart. If I smelled smoke, I would rescue the resident and pull the nearest fire alarm station. I would do the RACE [Rescue, Alarm, Confine, Extinguish] procedure and when I got the fire extinguisher, I would follow PASS [Pull, Aim, Squeeze, Sweep] procedure. I don't need to call 911, pulling the fire alarm does that. I would need to rescue the residents or make sure they are safe.</p> <p>During an interview on 8/20/2021 at 11:40 AM Staff T, Certified Nursing Assistant (CNA), stated, If there was a fire, I would pull the fire alarm and start to close doors after I got the resident out of their room. We have been on fire watch this week. I did not know that the fire alarm doesn't work and didn't know I needed to call 911 to get the fire department. I'm used to calling if the nurses need the ambulance, but I didn't know that.</p> <p>During an interview on 8/20/2021 at 11:45 AM Staff U, CNA stated, We have been on fire watch, the nurses are assigned to do that, I don't. I would pull the fire alarm and start to close doors and get the residents safe. I don't have to call 911; just pull the alarm. I did not know that we needed to call 911 too.</p> <p>During an interview on 8/20/2021 at 11:49 AM Staff V, CNA, stated, We did get training that we are on fire watch, and someone has to go into every room every 30 minutes. I think the nurses are doing that. I would pull the fire alarm and close the doors of the patients' rooms if there was a fire. I don't think that I need to call 911. I just would pull the fire alarm and get the fire extinguisher.</p> <p>During an interview on 8/20/2021 at 11:58 AM Staff W, LPN stated, I am on fire watch, so I am supposed to check the rooms for smells of smoke. If I smell any smoke; I would pull the fire alarm, start the rescue of the residents, close the doors to residents' rooms, and rescue the resident where the fire was. I am on the medication cart today. I am working and doing the fire watch.</p> <p>During an interview on 8/20/2021 at 12:05 PM Staff B, LPN stated, If I smelled smoke, I would pull the fire alarm and start the RACE procedure. We are on fire watch, that means that I have to round every 30 minutes in every room and sign the sheet. I am doing patient care and working the med cart also. I don't have to call 911 unless I want Emergency Medical Services. I did not know that there was any problem with the fire alarms until they started the fire watch.</p> <p>During an interview on 8/20/2021 at 12:15 PM Staff X, Dietary Aide stated, If I smelled smoke, I would pull the fire alarm and let my boss know. We are on fire watch but I'm not doing anything on that. I don't know what to do and I would just take direction from anyone in charge as to what to do. I don't know why we are on fire watch.</p> <p>During an interview on 8/20/2021 at 12:20 PM, Human Resources stated, We are on fire watch. I am not assigned to do that. We were trained that we need to be on fire watch in case of a fire. I would pull the fire alarm and page Code Red overhead. I wouldn't need to call 911.</p> <p>During an interview on 8/20/2021 at 12:25 PM Staff Y, Housekeeper stated, If I saw a fire, I would pull the fire alarm. I have not had any training and I don't know what a fire watch is.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/20/2021 at 12:30 PM Staff Z, Physical Therapy Assistant (PTA), stated, If I smelled smoke, I would find the fire station and pull it and then I would start the RACE/PASS process. I have not had any training that told me the fire alarms weren't working. They did say we are on fire watch, but I am not involved in the fire watch.</p> <p>During an interview on 8/20/2022 at 12:40 PM, the Assistant Director of Nursing, Registered Nurse stated, We are on fire watch currently, so staff are assigned to do it every 30 minutes. They look through every room. They are assigned to other duties, the nurses are assigned to the cart, giving meds and on fire watch. The fire pull stations are working so in the event of a fire we would pull them, and the fire department would come.</p> <p>During an interview on 8/20/2021 at 12:49 PM with Staff Q, CNA stated, In case of a fire I would pull the alarm and start to close doors and get the residents out if I needed to. The fire pull would call the fire department so I would not need to. I think we are on fire watch, but I don't do that, the nurses are.</p> <p>During an interview on 8/20/21 at 1:00 PM, Staff AA, CNA stated Of course I would pull the fire alarm and then I would start to close the doors and do anything else I was told. I don't know why we are on fire watch, but I am not doing it, the nurses are. When you pull the fire alarm it automatically calls the fire department so I would not call 911.</p> <p>During an interview on 8/20/21 at 1:05 PM, Staff E, CNA stated, If I smelled smoked, I would pull the fire alarm then rescue the resident. The fire alarm pull calls the fire department. We are on fire watch, that means rooms are checked every 30 minutes. When we pull the fire alarm, we do not need to call 911.</p> <p>During a follow up interview on 08/20/21 at 2:18 PM the Administrator stated, I was aware that the panel needed to be replaced and I was not sure what the report meant. Residents were possibly at risk for injury while the loop was not functional. Residents were possibly at risk for injury when we did not have the fire alarm system and they are possibly still at risk that is why we are getting a security company.</p> <p>During an interview on 08/20/21 at 3:10 PM, the Director of Nursing (DON) stated, I was not aware of any problems with the fire alarm system until a few days ago. We did not provide any training related to the fire alarms before a few days ago. It is conceivable that residents were at risk since the fire alarm system was broken. I was trained on the fire watch process and the training involved the policy. We should not have staff doing anything more than fire watch if that is what our policy says, so it is conceivable that residents are still at risk of harm. We should have known the seriousness of this before the survey started. This was not brought up in QAPI [Quality Assurance Performance Improvement]. I do not recall ever hearing that the fire pulls did not work and would not get the fire department. In an emergency staff would pull the fire alarm and start RACE [Rescue, Alarm, Confine, Extinguish] and PASS [Pull, Aim, Squeeze, Sweep] procedures. I'm not sure if they would have called 911. I would hope so, but in an emergency of a fire I just can't say.</p> <p>During an interview on 08/20/21 at 3:19 PM, the Maintenance Assistant stated, I did know that we needed to have the fire alarm panel replaced. I have never notified the Fire Marshal about any of this. I have never heard that we had to be on fire watch until you all came in.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/20/21 at 4:08 PM, the Regional Director of Plant Operations stated, We have completed testing of the alarms today and verified that the system was not alerting the fire department. We verified this with the monitoring company that the alarms we tested did not connect to the fire department. I was not aware of the extent of the malfunction and would have started fire watch immediately. All residents, staff, and visitors are at risk of injury if a fire had started, and staff did not understand that they needed to call 911 to get the fire department to respond. I was not aware that staff were doing their normal job duties and being assigned to fire watch. They should not be.</p> <p>Review of the training provided by the facility titled, Fire Watch dated 8/17/21 revealed 32 out of 145 staff attended the training totaling 22% of all staff.</p> <p>Review of the training titled Fire Watch/Call 911 dated 8/20/21 revealed 24 out of 145 staff attended the training totaling 38% of all staff. Sixty three percent (63%) of staff remained untrained in Fire Watch procedures.</p> <p>Review of the policy titled Abuse Protection and Response Policy, undated, last reviewed on 12/28/20, reads, Policy: Abuse, as hereafter defined, will not be tolerated by anyone, including staff, patients, volunteers, family members or legal guardians, friends or any other individuals. The health center Administrator is responsible for assuring that patient safety, including freedom from risk of abuse, holds the highest priority. Definitions - Neglect: is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Policy Number 13.04.07, titled Fire Watch, with an issue date of 3/18, last review on 12/28/2020, reads, Standards: Fire Watch: Guidelines: In the event of a failure of the fire alarm system, sprinkler system, the facility will initiate a fire watch. Guidelines: 1. Notify the local fire department and document instructions. 2. Notify the Agency through the area office. 3. Assess the extent of the condition and effect corrective action, with a documented time frame. If corrective action will take more than 4 hours, do the following: Implement a contingency plan to the facility fire plan containing: a description of the problem, specifically what the system is not doing that it normally does, and the projected correction time frame. All staff on shifts involved shall have documented in-service and drilling for the contingency. Begin a documented fire watch, until the system is restored. Persons used for fire watch will not be assigned to any other duty and must be trained in what to look for, what to do, and be able to expeditiously contact the fire department. 4. Maintenance Director will initiate 'fire watch'. If the maintenance director is not in the facility, the manager on duty or the charge nurse will initiate the 'fire watch'. Until staff (not on duty) or other contracted agency can be called to carry out the 'fire watch'. 5. The fire watch person will conduct a tour of the facility every 15 minutes. This tour will include checking each resident room, offices, closets, storage, common areas and mechanical rooms for signs of smoke, fire smoke, or fire hazards. Smoke from under a door, feel the door and handle for heat, if any exist, they will need to sound the alarm and call fire dept. 6. Announcements will be made to staff reminding them that the fire alarm or sprinkler is not working. 7. In the event if a fire watch person or any person discovers a fire in progress or smoke indicating fire, he/she will contact 911 and then the point of contact person (i.e. maintenance director or manager on duty or charge nurse) and report the fire to him/her. The fire watch person will stay at the scene and try to contain and/or extinguish the fire. 8. The point of contact will immediately call 911 (local fire department) and then announce over the facility intercom CODE RED (area of fire, i.e. RM 53). CODE RED (area of fire, i.e. RM 53), CODE RED (area of fire, i.e. RM 53). The point of contact person will ensure that the RACE procedure is followed. 9. The fire watch will continue until the fire alarm panel or sprinkler system is restored and tested in the presence of the Maintenance Director or Administrator. The fire department and local area office will be notified of the stand down of the fire watch. 10. In the event that there is a phone system failure in the facility, cell phones are available for the employee doing fire watch to be able to dial '911' in case of emergency.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the policy titled Fire Watch, revised in August 2018, last reviewed on 12/28/2020, reads, Policy statement: Fire watch procedures will be initiated if the fire alarm system fails. Policy interpretation and Implementation: 1. The purpose of the Fire Watch is to serve as a plan of correction should the fire alarm system fail to work properly to provide continuous facility wide fire detection and alarm capabilities. 2. A fire alarm system should include, but is not limited to, fire alarm panel, smoke or heat detection system, sprinkler system and for department notification system. 3. Fire alarm outages can occur during construction, renovation, electrical storms, component/system failure or unplanned events that eliminate a portion of or all of the fire alarm system. Emergency Procedure-Fire Watch. 1. Contact the Administrator, Director of Nursing, and Maintenance Director when any problems are encountered with the fire alarm system. 2. Contact the fire alarm company if the maintenance director or other responsible party is unable to correct the problem. 3. Notify the Fire Department and State Regulatory/Licensure Agency that the fire alarm system is not working correctly and that fire watch procedures are in place until the system is restored. 4. Report to the Incident Command Post for instruction. If warranted, based on the potential severity of the system failure, activate the ICS (Incident Command System) to manage the incident. The most qualified staff member (in regard to the Incident Command system) on duty at the time assumes the Incident Commander position. 5. Initiate fire watch tours throughout the facility. Fire watch tours occur at one-half hour intervals, 24 hours a day and consist of periodic walking tour of the entire facility by one or more assigned and trained staff. a. The fire watch staff monitors the facility through direct observation of all rooms, including resident rooms, mechanical and electrical rooms, kitchen laundry, etc. for all possible signs of fire. b. The fire watch staff documents fire watch tours with findings noting date, time and staff initials. c. The fire watch staff consists of personnel solely dedicated to the fire watch with no other facility related activities or events. 8. Do not terminate the Fire Watch until all fire protection equipment is in normal operating condition and upon authority of the Administrator/Incident commander or designee. Under the section title, Emergency Procedure - Fire reads, Utilize the Fire Procedure in the event of an actual fire, smoke condition, or smell of smoke in the facility. 1. Activate the R-A-C-E response as soon as there is discovery of a fire or potential fire situation with the building. DO NOT PANIC. The documentation for A reads, ALARM: Activate the building's fire alarm system by pulling the nearest manual pull station. Announce CODE RED and the fire location over the loudspeaker-repeat.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>34769</p> <p>Based on interview, record review, and policy and procedure review, the facility Administration failed to effectively and efficiently attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident by not assuming full responsibility for the day to day operations of the facility ensuring the safety for the 109 residents when deficiencies were identified of the non-functioning fire alarm system necessary to alert the monitoring company and the fire department in case of fire and not implementing a fire watch.</p> <p>Findings:</p> <p>During an interview on 8/20/2021 at 10:15 AM the facility Administrator stated, I knew approximately in September 2020 that the control panel needed to be replaced, but I was not aware that we needed to be on fire watch. We did get a service call back in September 2020, but the Maintenance Director did not tell me that we needed to be on a fire watch. I am responsible for the building. My Maintenance Director spoke to the Fire Marshall, and he told me that he said that the pull station would still work, and we did not need to be on fire watch. I do not know the date he spoke with him. I think it was sometime in June after the 6/10/2021 inspection. I do not think any contact was made with the Fire Marshall prior to that. I do not have that in writing. I do not have any electronic mail from the Fire Marshall, and I do not have any documentation that the Fire Marshall was contacted. We do have a policy that states in the event of the fire system failure we will initiate a fire watch, that we should notify the fire department and the agency [Agency for Health Care Administration]. We did not begin a fire watch and we did not call the fire department or AHCA [Agency for Health Care Administration]. I was supposed to initiate a fire watch according to our policies and procedures. I was supposed to alert the Fire Marshall and notify the agency. I did not reach out to the Fire Marshall and verify the information provided to me by the Maintenance Director. We began training and the fire watch on 8/17/2021. We educated all staff on the fire watch. I'm not sure how many staff were trained. Staff are assigned to complete fire watch on each unit. We did not identify the number of residents that might be affected, we just noted that no residents were affected. This was not brought to the Quality Assurance and Performance Improvement committee (QAPI) and no plan of action or correction was started. I really just found out the seriousness of this on Tuesday. I have not had a QAPI emergency meeting yet, it is going to happen, but it hasn't yet. We were getting bids for the repairs, I just didn't think that it was this serious. I did not know that the fire alarm pull stations are not working. I did not follow the policy for QAPI and did not call an emergency meeting.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Administrator Job Description dated 2/1/2013 reads Purpose of Your Job Position. The primary purpose of your position is to direct the day-to-day functions of the Facility in accordance with current federal, state and local standards guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times. Delegation of Authority. As Administrator you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Duties and Responsibilities. Administrative Functions. Plan, develop, organize, implement, evaluate, and direct the Facility's programs and activities in accordance with guidelines issued by the VP [Vice President] of Operations. Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the Facility. Assist department directors in the development, use, and implementation of departmental policies and procedures and professional standards of practice. Committee Functions. Assist the Quality Assurance And Assessment Committee in developing and implementing appropriate plans of action to correct identified quality deficiencies. Safety and Sanitation. Ensure that all Facility personnel, residents, visitors, etc., follow established safety regulations, to include fire protection and prevention, smoking regulations, infection control, etc. Equipment and Supply Functions. Ensure that the Facility is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties and services. The job description is signed by the Administrator.</p> <p>Review of the [Company's Name] fire alarm system service invoice report dated 9/3/2020 reads: Trouble shot panel and found all of loop 2 in trouble. Panel is bad and needs to be replaced.</p> <p>Review of the [Company's Name] fire alarm system service inspection and testing form dated 1/14/2021 at 8:30 AM reads Discrepancy list: Dialer trouble module 01-017, Loop 2 all devices communication error.</p> <p>Review of the [Company's Name] fire alarm system service inspection and testing form dated 6/10/2021 at 10:00 AM reads Discrepancy List: Dialer unplugged and not working. Loop #2 failed to function. See initiating device sheets for devices that failed to function. Need to be on fire watch.</p> <p>During a telephone interview on 08/20/21 at 11:00 AM, the President/CEO (Chief Executive Officer) of the monitoring company stated, The fire system that serves Loop 2 of the building is not functioning and none of the pull stations will dial the fire department and get them to the building. When we were there in January 2021, we recommended they provide a fire watch. We had been to the facility back in September 2020 or October 2020 and recommended a complete replacement of the system as Loop 2 was not functioning then. That would mean that pull stations would not dial the fire department. The dialer itself is not functioning and that would not dial the fire department.</p> <p>During a follow up telephone interview on 08/20/21 at 11:19 AM the service invoice report dated 9/3/2020 was read to the President/CEO of the monitoring company. It read as follows: Trouble shot panel and found all of Loop 2 in trouble. Panel is bad and needs to be replaced. The President/CEO stated, That means that Loop 2 was not working at all and needed to be replaced. The facility was told that they needed to be on fire watch at that time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2021
NAME OF PROVIDER OR SUPPLIER Parklands Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SW 16th Ave Gainesville, FL 32601	
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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a follow up interview on 08/20/21 at 02:18 PM the Administrator stated, I was aware that the panel needed to be replaced and I was not sure what the report meant. Residents were possibly at risk for injury while the loop was not functional. Residents were possibly at risk for injury when we did not have the fire alarm system and they are possibly still at risk that is why we are getting a security company.</p> <p>During an interview on 08/20/21 at 3:10 PM, the Director of Nursing (DON) stated, I was not aware of any problems with the fire alarm system until a few days ago. We did not provide any training related to the fire alarms before a few days ago. It is conceivable that residents were at risk since the fire alarm system was broken. I was trained on the fire watch process and the training involved the policy. We should not have staff doing anything more than fire watch if that is what our policy says, so it is conceivable that residents are still at risk of harm. We should have known the seriousness of this before the survey started. This was not brought up in QAPI [Quality Assurance Performance Improvement]. I do not recall ever hearing that the fire pulls did not work and would not get the fire department. In an emergency staff would pull the fire alarm and start RACE [Rescue, Alarm, Confine, Extinguish] and PASS [Pull, Aim, Squeeze, Sweep] procedures. I'm not sure if they would have called 911. I would hope so, but in an emergency of a fire I just can't say.</p> <p>Review of the Director of Nursing Services Job Description dated 12/5/2018 reads Purpose of Your Job Position. The primary purpose of your position is to plan, organize, develop, and direct the overall operation of our Nursing Service Department in accordance with current federal, state, and local standards, guidelines, and regulations that govern our Facility and as may be directed by the Administrator to ensure that the highest degree of quality care is maintained at all times. Duties and Responsibilities. Administrative Functions. Assist in developing and implementing appropriate plans of action to correct identified deficiencies. Safety and Sanitation: Assist in developing safety standards for the nursing service department. Ensure that the department's policy and procedure manuals identify safety precautions and equipment to use when performing tasks that could result in bodily injury. Develop, implement and maintain a procedure for reporting hazardous conditions or equipment. Job description was signed on 1/10/19 by the Director of Nursing Services.</p> <p>During an interview on 08/20/21 at 3:19 PM, the Maintenance Assistant stated, I did know that we needed to have the fire alarm panel replaced. I have never notified the Fire Marshal about any of this. I have never heard that we had to be on fire watch until you all came in.</p> <p>During an interview on 08/20/21 at 4:08 PM, the Regional Director of Plant Operations stated, We have completed testing of the alarms today and verified that the system was not alerting the fire department. We verified this with the monitoring company that the alarms we tested did not connect to the fire department. I was not aware of the extent of the malfunction and would have started fire watch immediately. All residents, staff, and visitors are at risk of injury if a fire had started, and staff did not understand that they needed to call 911 to get the fire department to respond. I was not aware that staff were doing their normal job duties and being assigned to fire watch. They should not be.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Maintenance Supervisor Job Description dated 5/20/2005 reads Purpose of Your Job Position. The primary purpose of your position is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards guidelines, and regulations governing our Facility and as may be directed by the Administrator, to assure that our Facility is maintained in a clean, safe, and comfortable manner. Duties and Responsibilities. Plan, develop, organize, implement, evaluate, and direct the Maintenance Department, its programs and activities. Assume the administrative authority, responsibility, and accountability of directing the Maintenance Department. Make written oral reports and recommendations to the Administrator, as necessary or required, concerning the operation of the Maintenance Department. Keep abreast of economic conditions or situations and recommend to the Administrator adjustments in maintenance services that assure the continued ability to provide a clean, safe and comfortable environment. Committee Functions. Serve on various committees of the Facility (i.e. Infection Control, Safety, QA, etc.) and provide written or oral reports of maintenance services and activities as required by the committee's guidelines or direction. Evaluate and implement recommendations from established committees. Safety and Sanitation. Supervise safety and fire protection and prevention programs by inspecting work areas and equipment at least weekly. Ensure that maintenance personnel follow established safety regulations in the use of equipment and supplies at all times. Ensure that all supplies, equipment, etc. are maintained to provide a safe and comfortable environment.</p> <p>Promptly report equipment or Facility damage to the Administrator. Equipment and Supply Functions. Recommend to the Administrator the equipment and supply needs of the department. Make periodic rounds to check equipment and to assure the necessary equipment is available and working properly. Job description was signed on 2/14/15 by the Maintenance Director.</p> <p>Review of the training provided by the facility titled, Fire Watch dated 8/17/21 revealed 32 out of 145 staff attended the training totaling 22% of all staff.</p> <p>Review of the training titled Fire Watch/Call 911 dated 8/20/21 revealed 24 out of 145 staff attended the training totaling 38% of all staff. Sixty three percent (63%) of staff remained untrained in Fire Watch procedures.</p> <p>Review of the policy titled Quality Assurance and Performance Improvement (QAPI) Committee, dated July 2016, last reviewed 12/28/20 reads Policy Statement. This facility shall establish and maintain a Quality Assurance and Performance Improvement (QAPI) Committee that oversees the implementation of the QAPI Program. Policy Interpretation and Implementation. 1. The Administrator shall delegate the necessary authority for the QAPI committee to establish, maintain and oversee the QAPI program. 2. The primary goals of the QAPI Committee are to: 1. Establish, maintain, and oversee facility systems and processes to support the delivery of quality of care and services.</p> <p>Review of the policy titled Abuse Protection and Response Policy, undated, last reviewed on 12/28/20, reads, The health center Administrator is responsible for assuring that patient safety, including freedom from risk of abuse, holds the highest priority. Definitions. Neglect: is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Policy Number 13.04.07, titled Fire Watch, with an issue date of 3/18, last review on 12/28/2020, reads, Standards: Fire Watch: Guidelines: In the event of a failure of the fire alarm system, sprinkler system, the facility will initiate a fire watch. Guidelines: 1. Notify the local fire department and document instructions. 2. Notify the Agency through the area office. 3. Assess the extent of the condition and effect corrective action, with a documented time frame. If corrective action will take more than 4 hours, do the following: Implement a contingency plan to the facility fire plan containing: a description of the problem, specifically what the system is not doing that it normally does, and the projected correction time frame. All staff on shifts involved shall have documented in-service and drilling for the contingency. Begin a documented fire watch, until the system is restored. Persons used for fire watch will not be assigned to any other duty and must be trained in what to look for, what to do, and be able to expeditiously contact the fire department. 4. Maintenance Director will initiate 'fire watch'. If the maintenance director is not in the facility, the manager on duty or the charge nurse will initiate the 'fire watch'. Until staff (not on duty) or other contracted agency can be called to carry out the 'fire watch'. 5. The fire watch person will conduct a tour of the facility every 15 minutes. This tour will include checking each resident room, offices, closets, storage, common areas and mechanical rooms for signs of smoke, fire smoke, or fire hazards. Smoke from under a door, feel the door and handle for heat, if any exist, they will need to sound the alarm and call fire dept. 6. Announcements will be made to staff reminding them that the fire alarm or sprinkler is not working. 7. In the event if a fire watch person or any person discovers a fire in progress or smoke indicating fire, he/she will contact 911 and then the point of contact person (i.e. maintenance director or manager on duty or charge nurse) and report the fire to him/her. The fire watch person will stay at the scene and try to contain and/or extinguish the fire. 8. The point of contact will immediately call 911 (local fire department) and then announce over the facility intercom CODE RED (area of fire, i.e. RM 53). CODE RED (area of fire, i.e. RM 53), CODE RED (area of fire, i.e. RM 53). The point of contact person will ensure that the RACE procedure is followed. 9. The fire watch will continue until the fire alarm panel or sprinkler system is restored and tested in the presence of the Maintenance Director or Administrator. The fire department and local area office will be notified of the stand down of the fire watch. 10. In the event that there is a phone system failure in the facility, cell phones are available for the employee doing fire watch to be able to dial '911' in case of emergency.</p> <p>(continued on next page)</p>		

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the policy titled Fire Watch, revised in August 2018, last reviewed on 12/28/2020, reads, Policy statement: Fire watch procedures will be initiated if the fire alarm system fails. Policy interpretation and Implementation: 1. The purpose of the Fire Watch is to serve as a plan of correction should the fire alarm system fail to work properly to provide continuous facility wide fire detection and alarm capabilities. 2. A fire alarm system should include, but is not limited to, fire alarm panel, smoke or heat detection system, sprinkler system and for department notification system. 3. Fire alarm outages can occur during construction, renovation, electrical storms, component/system failure or unplanned events that eliminate a portion of or all of the fire alarm system. Emergency Procedure-Fire Watch. 1. Contact the Administrator, Director of Nursing, and Maintenance Director when any problems are encountered with the fire alarm system. 2. Contact the fire alarm company if the maintenance director or other responsible party is unable to correct the problem. 3. Notify the Fire Department and State Regulatory/Licensure Agency that the fire alarm system is not working correctly and that fire watch procedures are in place until the system is restored. 4. Report to the Incident Command Post for instruction. If warranted, based on the potential severity of the system failure, activate the ICS (Incident Command System) to manage the incident. The most qualified staff member (in regard to the Incident Command system) on duty at the time assumes the Incident Commander position. 5. Initiate fire watch tours throughout the facility. Fire watch tours occur at one-half hour intervals, 24 hours a day and consist of periodic walking tour of the entire facility by one or more assigned and trained staff. a. The fire watch staff monitors the facility through direct observation of all rooms, including resident rooms, mechanical and electrical rooms, kitchen laundry, etc. for all possible signs of fire. b. The fire watch staff documents fire watch tours with findings noting date, time and staff initials. c. The fire watch staff consists of personnel solely dedicated to the fire watch with no other facility related activities or events. 8. Do not terminate the Fire Watch until all fire protection equipment is in normal operating condition and upon authority of the Administrator/Incident commander or designee.		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>34769</p> <p>Based on observation, staff interview, and policy and procedure review, the quality assessment and assurance committee failed to develop and implement appropriate plans of action to correct the identified quality deficiencies of the nonfunctioning fire alarm system that is necessary to alert the monitoring company and the fire department in case of fire, and failed to implement a fire watch.</p> <p>Findings:</p> <p>During an observation on 8/17/2021 at 11:35 AM, while conducting a tour of the facility, in the Therapy room/fire alarm control panel area the control panel indicated a trouble mode. The control panel trouble light (orange) was illuminated, and the control panel was silent. The control panel was illuminated, but the panel was not sounding an audible noise to indicate the trouble mode.</p> <p>During an observation on 8/17/2021 at 2:05 PM the fire alarm system dialer was tested by unplugging the control panel battery (one of the two ways that the dialer unit can be tested). After waiting ten minutes for an audible/visual signal on the panel and a phone call from the monitoring company, the audible/visual signal nor the call from the monitoring company happened.</p> <p>During an observation on 8/17/2021 at 2:15 PM of the annunciator panel (secondary fire alarm panel) located in the main lobby showed the trouble light was also illuminated (orange).</p> <p>Review of the [Company's Name] fire alarm system service invoice report dated 9/3/2020 reads: Trouble shot panel and found all of loop 2 in trouble. Panel is bad and needs to be replaced.</p> <p>Review of the [Company's Name] fire alarm system service inspection and testing form dated 1/14/2021 at 8:30 AM reads Discrepancy list: Dialer trouble module 01-017, Loop 2 all devices communication error.</p> <p>Review of the [Company's Name] fire alarm system service inspection and testing form dated 6/10/2021 at 10:00 AM reads Discrepancy List: Dialer unplugged and not working. Loop #2 failed to function. See initiating device sheets for devices that failed to function. Need to be on fire watch.</p> <p>During an interview on 8/20/2021 at 10:15 AM the facility Administrator stated, I knew approximately in September 2020 that the control panel needed to be replaced, but I was not aware that we needed to be on fire watch. We did get a service call back in September 2020, but the Maintenance Director did not tell me that we needed to be on a fire watch. I am responsible for the building. This was not brought to the Quality Assurance and Performance Improvement committee (QAPI) and no plan of action or correction was started. I really just found out the seriousness of this on Tuesday. I have not had a QAPI emergency meeting yet, it is going to happen, but it hasn't yet. We were getting bids for the repairs. I just didn't think that it was this serious. I did not know that the fire alarm pull stations are not working. I did not follow the policy for QAPI and did not call an emergency meeting.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 08/20/21 at 11:00 AM, the President/CEO (Chief Executive Officer) of the monitoring company stated, The fire system that serves Loop 2 of the building is not functioning and none of the pull stations will dial the fire department and get them to the building. When we were there in January 2021, we recommended they provide a fire watch. We had been to the facility back in September 2020 or October 2020 and recommended a complete replacement of the system as Loop 2 was not functioning then. That would mean that pull stations would not dial the fire department. The dialer itself is not functioning and that would not dial the fire department.</p> <p>During a follow up telephone interview on 08/20/21 at 11:19 AM the service invoice report dated 9/3/2020 was read to the President/CEO of the monitoring company. It read as follows: Trouble shot panel and found all of Loop 2 in trouble. Panel is bad and needs to be replaced. The President/CEO stated, That means that Loop 2 was not working at all and needed to be replaced. The facility was told that they needed to be on fire watch at that time.</p> <p>During an interview on 08/20/21 at 02:47 PM, the Medical Director stated, We meet every quarter and had a QAPI meeting two months ago, we did not talk about fire alarms. I was not aware that there was anything wrong with the fire alarms. When we meet, we get updates related to any problems that there have been and any new concerns there are. I know the maintenance department reports every QAPI meeting, but I do not recall ever being told the fire alarms did not work. That is about all I can tell you.</p> <p>During an interview on 8/20/2021 at 4:08 PM, the Regional Director of Plant Operations stated, We have completed testing of the alarms today and verified that the system was not alerting the fire department. We verified this with the monitoring company that the alarms we tested did not connect to the fire department. I was not aware of the extent of the malfunction and would have started fire watch immediately. All residents, staff, and visitors are at risk of injury if a fire had started, and staff did not understand that they needed to call 911 to get the fire department to respond. I was not aware that staff were doing their normal job duties and being assigned to fire watch. They should not be.</p> <p>During an interview on 8/20/2021 at 3:10 PM, the Director of Nursing (DON) stated, I was not aware of any problems with the fire alarm system until a few days ago. We did not provide any training related to the fire alarms before a few days ago. It is conceivable that residents were at risk since the fire alarm system was broken. I was trained on the fire watch process and the training involved the policy. We should not have staff doing anything more than fire watch if that is what our policy says, so it is conceivable that residents are still at risk of harm. We should have known the seriousness of this before the survey started. I do not recall ever hearing that the fire pulls did not work and would not get the fire department. In an emergency staff would pull the fire alarm and start RACE [Rescue, Alarm, Confine, Extinguish] and PASS [Pull, Aim, Squeeze, Sweep] procedures. I'm not sure if they would have called 911. I would hope so, but in an emergency of a fire, I just can't say. This was not brought up in QAPI.</p> <p>Review of the policy titled Abuse Protection and Response Policy, undated, last reviewed on 12/28/20, reads, The health center Administrator is responsible for assuring that patient safety, including freedom from risk of abuse, holds the highest priority. Policy: Trends of investigative findings will be analyzed and addressed by the QA (Quality Assurance) and Risk Management committee process.</p> <p>(continued on next page)</p>		

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F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	<p>Review of the policy titled, Quality Assurance and Performance Improvement (QAPI) Committee, dated July 2016, last reviewed 12/28/20 reads Policy Statement. This facility shall establish and maintain a Quality Assurance and Performance Improvement (QAPI) Committee that oversees the implementation of the QAPI Program. Policy Interpretation and Implementation. 1. The Administrator shall delegate the necessary authority for the QAPI committee to establish, maintain and oversee the QAPI program. 2. The committee shall be a standing committee of the facility and shall report to the Administrator and Governing board (body). Goals of the Committee. The primary goals of the QAPI Committee are to: 1. Establish, maintain, and oversee facility systems and processes to support the delivery of quality of care and services. 2. Promote the consistent use of facility systems and processes during provision of care and services. 3. Help identify actual or potential negative outcomes relative to resident care and resolve them appropriately. 4. Support the root cause analysis to help identify where patterns of negative outcomes point to underlying systemic problems. 5. Help departments, consultants and ancillary services implement systems to correct potential and actual issues of quality of care. 6. Coordinate the development, implementation, monitoring and evaluation of performance improvement projects to achieve specific goals. 7. Coordinate and facilitate communication regarding the delivery of quality resident care within and among departments and services and between facility staff, residents, and family members. Committee Authority: 8. The QAPI committee advises the Administrator and owner and/or governing/board (body). Committee meetings. 1. The committee will meet monthly at an appointed time. 2. Special meetings may be called by the coordinator as needed to address issues that cannot be held until the next regularly scheduled meeting. Committee Audit Process. 2. The QAPI committee shall help various departments/committees/disciplines/individuals develop and implement plans of correction and monitoring approaches. These plans and approaches should include specific time frames for implementation and follow up. 3. The committee shall track the progress of any active plans of correction.</p>		