DDINTED: 01/05/2018

		ID HUMAN SERVICES				M APPROVEC
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(MOVEMENT)	PLE CONSTRUCTION		O. 0938-0391 E SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN			PLETED	
		106027	B. WING _		11	/14/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
*******	T OR! ANDO ING		1	2000 NORTH SEMORAN BOULEVARD		
AVANTE	T ORLANDO INC			ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		К0	00		
	conducted on Novem Orlando, a nursing ho Avante at Orlando is CFR 483 Subpart B, National Fire Protecti	on Association (NFPA) 101 ments for nursing homes. scription of the				
K 100 SS=D	General Requirement CFR(s): NFPA 101	ts - Other	K 1	00		12/16/17
	18.1 and 19.1 General and designed by the pro- deficient. This inform applicable Life Safety citation, should be in This REQUIREMENT by:  Based on observatio survey, the facility fair management programifaction prevention a designed to provide a comfortable environm development and trar	section any LSC Section al Requirements that are not vided K-tags, but are altion, along with the Code or NFPA standard sluded on Form CMS-2567. 'is not met as evidenced on and interview during the ted to maintain a water in that would maintain an ind control program is asfe, samitary, and hent to help prevent the issnission of communicable is per NFPA 101 (2012)		Preparation and/or execution of Correction does not constitut admission or agreement by the alleged deficiencies but, is pre the sole purpose of compliance and Federal regulations. Alleg compliance 12/16/2017.  Tag K100 NFPA 101 General	ite e provider of pared for e with State	
				Requirements - Other		

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

Electronically Signed 12/14/2017 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.

#### PRINTED: 01/05/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES

DELITATION OF THE PERSON OF CENTROLO					FURW APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04		(X3) DATE SURVEY COMPLETED
		106027	B. WING		11/14/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
		1	2000 NORTH SEMORAN BOULEVARD		
AVANTE	AT ORLANDO INC			ORLANDO, FL 32807	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		D BE COMPLETION
		***************************************			· · · · · · · · · · · · · · · · · · ·

K 100 | Continued From page 1

Findings:

During record review on 11/14/2017 at approximately 10:00 a.m. along with the Maintenance Director, a request was made to see the records for their water management program. Interview with the Maintenance Director, at that time, revealed that the facility has not completed policies and procedures for their water management program.

These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m.

Code: NFPA 101 (2012 Edition) Ch 4.6.1.2 42 CFR 483.80

K 100

1. How Corrective action will be accomplished for those found to have been affected.

No resident was observed or reported to have been harmed by this deficient practice..

2. How corrective action will be accomplished for those having potential to be affected by the same practice.

The Facility Maintenance has been working on the water management program. The final completed policies and procedures for the water management program will be in place and filed in the water management binder by December 13. 2017.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.

The Facility maintenance will put notifications on TELS to remind us one month before it is due in order to update the program. 4. How the facility plans to monitor its

performance to make sure that solutions are sustained. The Facility Maintenance will monitor the water management program on a quarterly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/05/2018

DEFAIL	MENT OF HEALTHAN	AD HOMMIN SERVICES				FORM	MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04			SURVEY	
		106027	B. WING			11/	14/2017
NAME OF P	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
				21	000 NORTH SEMORAN BOULEVARD		
AVANTE A	AT ORLANDO INC			0	RLANDO, FL 32807		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	KTE.	DATE
K 711	Continued From page	p 2	K	711			
K 711	Evacuation and Relo			711			12/16/17
SS≃D		sation man		7 11			12/10/17
	Evacuation and Relo	cation Plan					
	There is a written pla	n for the protection of all					
		evacuation in the event of					
	an emergency.						
		dically instructed and kept					
		ities under the plan, and a					
		adily available with telephone					
		rity. The plan addresses the					
	and provides for all of	red of staff per 18/19.7.2.1.2					
	components per 18/1						
		7.1.3, 18.7.2.1.2, 18.7.2.2,					
		ough 19.7.1.3, 19.7.2.1.2,					
	19.7.2.2. 19.7.2.3	Jugii ro.r. ro.; ro.r. E. ri.E.,					
		Γ is not met as evidenced					
	bv:						
	Based on record rev	lew and observation, the			Tag K711 NFPA 101 Evacuation and		
	facility failed to keep	their required Fire Plan			Relocation Plan		
	updated annually. NF	PA 101 Ch. 19.7.1.1			How Corrective action will be		
	specifies that, "The	administration of every			accomplished for those found to have		
	health care occupand	cy shall have, in effect and			been affected.		
	available to all superv	visory personnel, written					
		ne protection of all persons in			No resident was observed or reported	to	
	the event of a fire,	н			have been harmed by this deficient		
					practice.		
	Findings:						
					How corrective action will be		
		records on November 14,			accomplished for those having potentia	AI TO	
		ly 9:45 a.m. the approval			be affected by the same practice.		
	letter from Orange Co				The Escility Comprehensive Emerges	25.5	
		facilities' Comprehensive			The Facility Comprehensive Emergence		
		nent Plan was requested. 5/23/16. Interview with the			Management Plan has been submitted the Orange County office of the	w	
		5/23/16. Interview with the ) p.m., revealed that the plan			Emergency Management for review an	nd .	
		and they were waiting for			approval. Still awaiting for approval fro		

PRINTED: 01/05/2018

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED 0. 0938-0391
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLII		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04		(X3) DATE SURVEY COMPLETED	
		106027	B. WING _			111	14/2017
NAME OF P	ROVIDER OR SUPPLIER			81	FREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE A	T ORLANDO INC				000 NORTH SEMORAN BOULEVARD RLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION]	ID PREFI TAG	Κ.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 711	Continued From page	3	к	711			
	2:00 p.m.	econfirmed with the he closing conference at 3.3, 19.7.2.1.2, 19.7.2.2,			3. What measures will be put into ple or systemic changes made to ensure it the deficient practice will not occur.  The Facility Maintenance will follow up with Orange County Office of Emerger Management as it relates to the Facility Comprehensive Emergency Managem Plan for Approval by Mid-year for approval.  4. How the facility plans to monitor it performance to make sure that solution are sustained.  The Facility Maintenance will monitor to item on a monthly Dassis and informatic will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as need:	hat cy y ent s s ns	
K 741 SS=D	include not less than (1) Smoking shall be ward, or compartmen combustible gases, o and in any other haze area shall be posted SMOKING or shall be international symbol f (2) In health care occ prohibited and signs a major entrances, seco	shall be adopted and shall the following provisions: prohibited in any room, twhere flammable liquids, roxygen is used or stored drdous location, and such with signs that read NO posted with the	к;	741			12/16/17

(3) Smoking by patients classified as not

### PRINTED: 01/05/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES

DELITATIONE OF THE TELLITA	D HOMBER OLIVITOLO		FURW APPROVE		
CENTERS FOR MEDICARE & MEDICAID SERVICES O					
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04	(X3) DATE SURVEY COMPLETED		
	106027	B. WING	11/14/2017		

AND PLAN OF CORRECTION IDENTIFICATION NUM		IDENTIFICATION NUMBER:	A. BUILDING 01, 94			COMPLETED		
		106027	B. WING			11/14/2017		
	ROVIDER OR SUPPLIER			2000 NO	ADDRESS, CITY, STATE, ZIP CODE DRTH SEMORAN BOULEVARD IDO, FL 32807			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERÊNCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 741	responsible shall be p (4) The requirement of where the patient is u (5) Ashtrays of nonco design shall be provice smoking is permitted. (6) Metal containers of devices into which as be readily available to permitted. 18.7.4, 19.7.4  This REQUIREMENT by: Based on observatio failed to remain in core name the safety of the public from accidenta failed to remain in core name the safety of the public from accidenta which ashtrays can be available to all areas permitted. "I also per C discipline with regard might not be nearly as incipient fires from su open recognition of six unicipient fires from su open recognition of six suitable facilities for six suitable facilities for six suitable facilities for six the parking picnic table. A fire exercise the parking picnic table.	worbibited.  if 18.7.4(3) shall not apply inder direct supervision.  mbustible material and safe fed in all areas where  with self-closing cover intrays can be emptied shall all areas where smoking is  is not met as evidenced  an and interview, the facility interpolation of the safe of the safe if it is not met as evidenced  an and interview, the facility interpolation of the safe of the safe if it is not met as evidenced  an and interview, the facility interpolation of safe if it is not met as evidenced  an and interview, the facility interpolation of safe if it is not met as evidenced  if it is not met as evide	K7	Tag Reg 1. acc bee No have prar 2. acc be in the plate receive the stability of the plate receive the stability of the practice of the stability of	g K741 NFPA 101 Smoking guidations How Corrective action will be complished for those found to have an affected.  resident was observed or reported to be been harmed by this deficient citice.  How corrective action will be complished for those having potentia affected by the same practice.  a Facility Maintenance had already coed an order for Ashtrays and cigare patacles. The order was received in afternoon the same day of the survestrays were placed on both picnic less and receptacles placed on the und and fire extinguisher was mount the wall next to the employee smokin a.	I to itte		

metal containers provided.

3. What measures will be put into place

#### PRINTED: 01/05/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED STA

ENTERS FOR MEDICARE &	OMB NO. 0938-0391		
TEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04	(X3) DATE SURVEY
PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED

B. WING 106027 11/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 741 Continued From page 5 K 741 or systemic changes made to ensure that the deficient practice will not occur. These findings were reconfirmed with the

Administrator during the exit conference at 2:00 Ashtrays were placed on both picnic p.m. tables and receptacles on the ground and NFPA Ch 19.7.4 fire extinguisher was mounted on the wall. next to the employee smoking area. 4. How the facility plans to monitor its performance to make sure that solutions are sustained.

will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed. K 914 12/16/17 K 914 Electrical Systems - Maintenance and Testing SS=D CFR(s): NFPA 101

Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing, Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6. which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated

Electrical Systems - Maintenance and Testing

AND

The Facility Maintenance will monitor this item on a monthly basis and information

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/05/2018 FORM APPROVED

CENTERS	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
				MULTIPLE CONSTRUCTION UILDING 01, 04		(X3) DATE SURVEY COMPLETED	
		106027	B. WING			11/	14/2017
NAME OF PR	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE A	T ORLANDO INC				000 NORTH SEMORAN BOULEVARD RLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 914	area tested, and resus (3.4 (NFPA 99) This REQUIREMENT by: Based on observatio failed to maintain the distribution system in requirements of the N 101 (2012 Edition) Ct Ch. 10,5.2.1.1, "The f policies and protocole intervals for testing for electrical equipment. establishes that "All p equipment used in pa equipment used in ya equipment used in ya equipment was the tested in accordance Findings:  During the review of r approximately 10:00. that would indicate th equipment was tested Records indicated the equipment was tested Records indicated the equipment was tested Records indicated the care equipment excep  At approximately 11:0 observed to have an increus marked a spe Interview with the ma time, revealed that can dhad not been ma  At approximately 11:1 and had not been ma	ns, containing date, room or lits.  It is not met as evidenced on an an interview, the facility electrical supply and compliance with the FPPA 70 (NEC) and NFPA 99 facility shall establish for the type of test and or patient care-related electrical stent care-related electrical stent care-related electrical stent care comos shall be with 10.3.5.4"  Tecords on 11/14 2017 at a.m. records were requested at patient care sold a patient care factorical of for leakage to ground, at a testing protocol had all types of electrical patient pt for patient beds.  20 a.m. the electrical panel in the electrical vault was inaccurate panel board. The processor of the proposition intenance director, at that recuits were recently added	К9	14	Tag K914 NFPA 99 Electrical Systems Maintenance and Testing  1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potentia be affected by the same practice.  The Facility Maintenance will make roc rounds to inspect which rooms might in additional electrical poutlets in order to prevent the use of extension cords for TVs. Also, The facility Maintenance has inspected the electrical panel board for missing Marks and will properly mark it circuits as Spares if needed. The facility Maintenance has contacted an Electric vendor Tlan Electric Southeast to represent outlets in the main Hallway. These outlets have been repaired on December 13, 2017.  3. What measures will be put into ple or systemic changes made to ensure the deficient practice will not occur.  The Facility Maintenance will make roc	al to  al to  meed  the s y tip	

proximity to patients receiving care.

rounds to inspect which rooms might need

# DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 0105/2018 CENTERS FOR MEDICARE & MEDICARE S. OMB NO. 0938-0931 VINEBBLY OF REPORTMENT VINEBBLY OF REPORTMENT

CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	IPLE CONSTRUCTION NG 01, 04	(X3) DATE SURVEY COMPLETED
106027 B		B. WING		11/14/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

		106027	B. WING			11/14/2017
NAME OF PROVIDER OR SUPPLIER  AVANTE AT ORLANDO INC			2000	ET ADDRESS, CITY, STATE, ZIP CODE  NORTH SEMORAN BOULEVARD  ANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 914	At approximately 11:3 power tap was observed outlet and suppopatient bed.	io a.m. a non-conforming red to be connected to the rted by a tray table over a reconfirmed with the he exit conference at 2:00	κ:	p T ir n C W tt H re 4 p aa Tit w	dditional electrical outlets in order to revent the use of extension cords for the Vs. Also, The facility Maintenance has spected the electrical panel board for insising Marks and will properly mark the ircuits as Spares if needed. The facility laintenance has contacted an Electrical endor Tilan Electric Southeast to repair uses econcerned outlets in the main alliway. These outlets have been paired on December 13, 2017.  How the facility plans to monitor its erformance to make sure that solutions re sustained. The surface will monitor this error and the pair of the monitor this error and the pair of the monitor this error is provided and information itll also be shared at the monthly QA seetings. Findings were reviewed and ornective action was provided as needer	,

Facility ID: 74809

11/14/2017

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01, 04

NAME OF PROVIDER OR SUPPLIER

74809

B. WING\_ STREET ADDRESS, CITY, STATE, ZIP CODE

WHILE OF FE		UKESS, CITT, ST					
AVANTE AT ORLANDO INC 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807							
(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 DEFIGIENCY)	(X5) COMPLETE DATE			
K 000	INITIAL COMMENTS  An unannounced Relicensure survey was conducted on November 14, 2017 at Avante At Orlando, a nursing home in Orlando, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2012 Edition) and Asplicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida State Fire Marshal's Rules and Regulations, Florida State Fire Marshal's Rules and Regulations, Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2012 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.  Avante Al Orlando was not in compliance at the time of the visit.	K 000					
K 100 SS=D	NFPA 101 General Requirements - Other  General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included.  This Statute or Rule is not met as evidenced by: Based on observation and interview during the survey, the facility failed to maintain a water management program that would maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections per NFPA 101 (2012 Edition) Ch 4.6.1.2 and 42 CFR 483.80.	K 100	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of alleged deficiencies but, is prepared for the sole purpose of compliance with State and Federal regulations. Allegation of compliance 12/16/2017.  Tag K100 NFPA 101 General	12/16/17			

AHCA Form 3020-0001

Electronically Signed

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

12/14/17

(X6) DATE

TITLE

STATE FORM 6889 2L3521 if continuation sheet 1 of 8

FREFIX TAG  K 100  Continued From page 1  Findings:  During record review on 11/14/2017 at approximately 10:00 a.m. along with the Maintenance Director, a request was made to see the records for their water management program. Interview with the Maintenance Director, a fetulate time, revealed that the facility has not completed policies and procedures for their water management program.  These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m.  Code: NFPA 101 (2012 Edition) Ch 4.6.1.2  42 CFR 483.80  Requirements - Other 1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported to have been affected.  No resident was observed or reported to have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potential to be affected by the same practice.  The Facility Maintenance has been working on the water management program will be in place and filed in the water management program will be in place and filed in the water management by December	5/2018 ROVE
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2000 NORTH SEMORAN BOULEVARD ORLANDO, FL. 32807  ORLANDO,	r
AVANTE AT ORLANDO INC  2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32897  ORLANDO, FL 32897  TAG  SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)  FREETX TAG  Continued From page 1  K 100  Continued From page 1  Findings:  During record review on 11/14/2017 at approximately 10:00 a.m. along with the Maintenance Director, a request was made to see the records for their water management program. Interview with the Maintenance Director, at that time, revealed that the facility has not completed policies and procedures for their water management program.  These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m.  Code: NFPA 101 (2012 Edition) Ch 4.6.1.2  42 CFR 483.80  200 PROVIDERS PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD be converted and program and program will be accomplished for those found to have been affected.  No resident was observed or reported to have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potential to be affected by the same practice.  The Facility Maintenance has been working on the water management program. The final completed policies and procedures for the water management program. The final completed policies and procedures for the water management program will be in place and filed in the water management by December	17
Continued From page 1   Requirements - Other 11/14/2017 at approximately 10:00 a m. along with the Maintenance Director, a request was made to see the records for their water management program. Interview with the Maintenance Director, a that time, revealed that the facility has not completed policies and procedures for their water management program. Code: NFPA 101 (2012 Edition) Ch 4.6.1.2   Code: NFPA 10	
SUMMARY STATEMENT OF DEPOCIACIONS   PROVIDENTE NAM OF CORRECTION   PRETEX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETEX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETEX   TAG   SAFETER NAMED TO THE APPROPRIATE   DEPICIENCY	
EACH DEFICIENCY MUST BE PRECEDED BY PLIL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 100  Continued From page 1  Findings:  During record review on 11/14/2017 at approximately 10:00 a.m. along with the Maintenance Director, a retuest was made to see the records for their water management program. Interview with the Maintenance Director, a that time, revealed that the facility has not completed policies and procedures for their water management program.  These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m.  Code: NFPA 101 (2012 Edition) Ch 4.6.1.2  42 CFR 483.80  Requirements - Other 1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported to have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potential to be affected by the same practice.  The Facility Maintenance has been working on the water management program will be in place and filed in the water management program will be in place and filed in the water management binder by December	
Requirements - Other  1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported to have been affected.  No resident was observed or reported to have been affected.  No resident was observed or reported to have been affected.  No resident was observed or reported to have been harmed by this deficient practice.  These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m.  Code: NFPA 101 (2012 Edition) Ch 4.6.1.2  42 CFR 483.80  Requirements - Other  1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported to have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potential to be affected by the same practice.  The Facility Maintenance has been working on the water management program will be in place and filed in the water management binder by December	(X5) WPLETE DATE
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3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.  The Facility maintenance will put notifications on TELS to remind us one month before it is due in order to update the program.  4. How the facility plans to monitor its performance to make sure that solutions	

The Facility Maintenance will monitor the water management program on a quarterly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.

Agency f	or Health Care Adminis	stration				0: 01/05/201 MAPPROVE
Agency for Health Care Administration  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04		(X3) DATE SURVEY COMPLETED		
		74809	B. WING		11/1	14/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	ATE, ZIP CODE		
AVANTE A	AT ORLANDO INC		RTH SEMORAN DO, FL 32807	BOULEVARD		
(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 CROSS-REFERENCED TO THE APPROPS DEFICIENCY)	CTION SHOULD BE COMPLE THE APPROPRIATE DATE	
K 711	Continued From page	2	K 711			
K 711 SS≃D	Evacuation and Reloo There is a written pla patients and for their an emergency. Emple instructed and kept under the plan, and a available with telepho The plan addresses to f staff per 18/19.7.2, the fire safety plan co	of the protection of all evacuation in the event of yopees are periodically formed with their duties copy of the plan is readily nee operator or with security. he basic response required 1.2 and provides for all of imponents per 18/19.2.2.	K 711			12/16/17
	18.7.2.3. 19.7.1.1 thn 19.7.2.2, 19.7.2.3  This Statute or Rule Based on record revir facility failed to keep updated annually. NF specifies that, "The health care occupance available to all supen	administration of every by shall have, in effect and visory personnel, written the protection of all persons in		Tag K711 NFPA 101 Evacuation and Relocation Plan  1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported have been harmed by this deficient practice.		

Findings:

approval.

During the review of records on November 14,

2017 at approximately 9:45 a.m. the approval

Emergency Management Plan was requested.

had been submitted and they were waiting for

These findings were reconfirmed with the

The letter was dated 5/23/16. Interview with the

Administrator, at 1:30 p.m., revealed that the plan

letter from Orange County Emergency Management for the facilities' Comprehensive

STATE FORM 2L3521 If continuation sheet 3 of 8

2. How corrective action will be

be affected by the same practice.

the Orange County office of the

the County.

accomplished for those having potential to

The Facility Comprehensive Emergency

Emergency Management for review and

approval. Still awaiting for approval from

3. What measures will be put into place

Management Plan has been submitted to

PRINTED: 01/A Agency for Health Care Administration						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04		(X3) DATE SURVEY COMPLETED		
		74809	B. WING		11/1	4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST	ATE, ZIP CODE		
AVANTE A	T ORLANDO INC		RTH SEMORAN O. FL 32807	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	LD BE COMPO	
K 711	2:00 p.m.	. 3 he closing conference at .3, 19.7.2.1.2, 19.7.2.2,	К711	or systemic changes made to ensure the deficient practice will not occur.  The Facility Maintenance will follow upith Orange County Office of Emerge Management as it relates to the Facility Comprehensive Emergency Manager Plan for Approval by Mid-year for app 14. How the facility plans to monitor in performance to make sure that solution are sustained. The Facility Maintenance will monitor item on a monthly basis and informati will also be shared at the monthly Camedings. Findings were reviewed an corrective action was provided as need	p ncy ty nent roval. ts suns this	
K 741 SS=D	include not less than (1) Smoking shall be ward, or compartmen combustible gases, o and in any other haza	egulations shall be adopted and shall he following provisions: prohibited in any room, t where flammable liquids, coxygen is used or stored rdous location, and such with sinns that read NO	K 741			12/16/17

AHCA Form 3020-0001

SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe

STATE FORM 2L3521 If continuation sheet 4 of 8

Agency f	or Health Care Adminis	stration			PRINTED: (	01/05/201 APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04		(X3) DATE SURVEY COMPLETED	
		74809	B. WING		11/14/	/2017
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST			
AVANTE A	AT ORLANDO INC		DRTH SEMORAN DO, FL 32807	BOULEVARD		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	TION SHOULD BE COMPL THE APPROPRIATE DATE	
K 741	be readily available to permitted.  18.7.4, 19.7.4 (Note smoking town ot sahfrays).  This Statute or Rule Based on observation failed to remain in color enter the safety of tubblic from accidents Per NFPA 101 Chapt containers with self-chick additional services of the safety of the	ded in all areas where with self-closing cover htrays can be emptied shall be all areas where smoking is or disposal receptacles are disposal receptacles. The facility impliance with standards to he residents, staff and the fires caused by smoking; er 19.7.4(6)* Metal losing cover devices into emptied shall be readily where smoking is Pt. A. 19.7.4 "The most rigid to prohibition of smoking is effective in reducing respititous smoking as the moking, with provision of	K741	Tag K741 NFPA 101 Smoking Regula  1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potent be affected by the same practice.  The Facility Maintenance had already	t to	

Findings:

During the tour of the building on November 14,

2017, at approximately 10:45 a.m. the smoking

areas for employees was observed. The area

picnic table. A fire extinguisher was provided

nearby but was not mounted in a conspicuous location. And there were no metal ashtrays or

These findings were reconfirmed with the

Administrator during the exit conference at 2:00

metal containers provided.

was near the parking lot and consisted of a single

STATE FORM caso 2L3521 If continuation sheet 5 of 8

placed an order for Ashtrays and cigarette receptacles. The order was received in the

tables and receptacles on the ground and

fire extinguisher was mounted on the wall

3. What measures will be put into place

or systemic changes made to ensure that the deficient practice will not occur.

tables and receptacles on the ground and

afternoon the same day of the survey.

Ashtrays were placed on both picnic

next to the employee smoking area.

Ashtrays were placed on both picnic

Agency for Health Care Administration						
AND DI AN OF CORRECTION I PRENTIFICATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04	(X3) DATE SURVEY COMPLETED			
	74809	B. WING	11/14/2017			

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2000 NORTH SEMORAN BOULEVARD

AVANTE AT ORLANDO INC 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFIGIENCY)	(X5) COMPLETE DATE		
K 741	Continued From page 5 p.m. NFPA 101 Ch 19.7.1	K 741	fire extinguisher was mounted on the wall next to the employee smoking area.  4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this litem on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.			
K 914 SS=D	NFPA 99 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuality the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.  6.3.4 (NFPA 99)  This Statute or Rule is not met as evidenced by:	K 914		12/16/17		

Agency fi	or Health Care Adminis	tration				): 01/05/2018 1 APPROVE
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04		(X3) DATE SURVEY COMPLETED	
		74809	B. WING		11/1	4/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
		2000 NORT	H SEMORAN	BOULEVARD		
AVANTE	AT ORLANDO INC	ORLANDO,	FL 32807			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	D BE COMPLETE	
K 914	Continued From page		K 914			
	Based on observation and interview during the survey, the facility failed to maintain the electrical supply and distribution system in compliance with the requirements of the NFPA 70 (NEC) and NFPA 101 (2012 Edition) Ch. 9.1.2. Also per NFPA 99 Ch. 10.5.2.1.1. "The facility shall establish policies and protocols for the type of test and intervals for testing for patient care-related electrical equipment. Additionally, Ch. 10.5.2.1.2 establishes that "All patient care-related electrical equipment used in patient care-roms shall be tested in accordance with 10.3.5.4"			Tag K914 NFPA 99 Electrical Systems Maintenance and Testing 1. How Corrective action will be accomplished for those found to have been affected.  No resident was observed or reported have been harmed by this deficient practice.  2. How corrective action will be accomplished for those having potent be affected by the same practice.	to	
	approximately 10:00 that would indicate squipment was tester Records indicated the been established recare equipment except and the same stables of the same stables o	IO a.m. the electrical panel In the electrical vault was inaccurate panel board. It is position, intenance director, at that cuits were recently added		The Facility Maintenance will make ro rounds to inspect which rooms might additional electrical outlets in order to prevent the use of extension cords for TYs. Also, The facility Maintenance hi inspected the electrical panel board it missing Marks and will properly mark. Circuits as Spares if needed. The facil Maintenance has contacted an Electric Maintenance has contacted an Electric Health of the maintenance on the contact of the maintenance of	need the as or the lity c air aired	

patient bed.

At approximately 11:15 a.m. a non-conforming

At approximately 11:30 a.m. a non-conforming

power tap was observed to be connected to the

wall outlet and supported by a tray table over a

relocatable power tap was observed in close

proximity to patients receiving care.

STATE FORM 2L3521 If continuation sheet 7 of 8

The Facility Maintenance will make room

additional electrical outlets in order to prevent the use of extension cords for the

TVs. Also, The facility Maintenance has

inspected the electrical panel board for

missing Marks and will properly mark the

Circuits as Spares if needed. The facility

rounds to inspect which rooms might need

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 91, 94 COMPI	D: 01/05/2018 M APPROVED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  AVANTE AT ORLANDO INC  2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807  [X0] ID  SUMMARY STATEMENT OF DEFICIENCIES PREFIX [EACH DEFICIENCY MUST BE PRECEDED BY FULL] PREFIX FAC RESULATOR VOR LSC IDENTIFYAND, INFORMATION) TAG  CROSS-REFERENCE DI CAS GENERALDES INFORMATION TAG  CROSS-REF	(X3) DATE SURVEY COMPLETED	
AVANTE AT ORLANDO INC  2000 NORTH SEMORAN BOULEVARD ORLANDO, IT. 32807  [X3] ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX [EACH DEFICIENCY MUST BE PRECEDED BY FULL] PREFIX [EACH CORRECTIVE ACTION SHOULD BE TAGO REQUILATION FOR ICS (DENTIFYING INFORMATION) TAGO RESPEREMENCED TO REPORTING INFORMATION) TAGO RESPEREMENCED TO REPORTING INFORMATION TAGO RESPEREMENCED TO REPORTING INFORMATION) TAGO RESPEREMENCED TO REPORTING INFORMATION TAGO REPORT TO REPO	14/2017	
AVANTE AT ORLANDO INC  ORLANDO, FL 32807  [X4] ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECIDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE A FAGO PROPERTY OF THE APPROPRIATE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION BY PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE ACQUILATION FOR ICC DICTIPINATION INFORMATION) TAG CROSS-REFERENCED TO RAPPORPINATE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE		
	(X5) COMPLETE DATE	
K 914 Continued From page 7 K 914	name and a second	
These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m. NFPA 101 Ch 9.1.2, NFPA 99 10.5.2.1.1, 10.5.2.1.2, 10.3.5.4  Maintenance has contacted an Electrical vendor Titan Electric Southeast to repair these concerned outlets in the main Hallway. These outlets have been repaired on December 13, 2017.  4. How the facility plans to monitor its performance to make sure that solutions are sustained.  The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly OA meetings. Findings were reviewed and corrective action was provided as needed.		