

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>235724</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ORIGINAL BUILDING</b> B. WING		(X3) DATE SURVEY COMPLETED <b>12/15/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>DJ Jacobetti Home for Veterans</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 Fisher Street , Marquette, Michigan, 49855</b>			
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K0000	<p>INITIAL COMMENTS</p> <p>On December 15, 2025, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, DJ Jacobetti Home for Veterans was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code.</p> <p>The facility was constructed in three phases. The original building constructed in 1954, of Type I(332) construction walks out to the ground floor and has 3 floors above. The second phase was built in 1964, of Type I(332) construction with a ground floor walkout and has 2 floors above. The third phase was built in 1988, of Type II(222) construction with open parking below and two stories above. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 81 certified beds. At the time of the survey the census was 59.</p>		K0000			12/23/2025	
K0321 SS = D	<p>Hazardous Areas - Enclosure</p> <p>CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure</p> <p>2012 New</p> <p>Hazardous areas are protected in accordance with 18.3.2.1. The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4.</p>		K0321	<p>In accordance with NFPA 101 18.3.2.1 the strike plate was replaced on the woodshop door, and the door closes and positively latches. Doors will continue to be inspected on a monthly basis and completion will be logged in the TELS Workorder system. Maintenance staff were reeducated on maintaining doors to ensure proper closure.</p>		01/15/2026	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0321 SS = D	<p>Continued from page 1</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms</p> <p>(exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces</p> <p>(over 50 and less than 100 square feet)</p> <p>g. Combustible Storage Rooms/Spaces</p> <p>(over 100 square feet)</p> <p>h. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure hazardous areas are protected as required by 18.3.2.1. This deficient practice can affect 3 occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On December 15, 2025, at approximately 1:38 PM, observation revealed the east door to the woodshop failed to close to a positive latch as required when tested 3 out of 3 times. This finding was confirmed by the Facilities Director and Fire Safety Officer at the time of discovery.</p>	K0321					
K0353 SS = E	<p>Sprinkler System - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p>	K0353	<p>In accordance with the NFPA 25, 5.2.1.1.2(2) the sprinkler heads will be replaced. Maintenance staff were reeducated on inspecting the sprinkler system. The sprinkler system will continue to be routinely inspected with results logged in the TELS workorder system.</p>			02/13/2026	

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K0353 SS = E	<p>Continued from page 2</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure their sprinkler system was maintained as required by NFPA 25, 5.2.1.1.2(2). This deficient practice can affect all occupants in the kitchen in the event of a fire.</p> <p>Findings Include:</p> <p>On December 15, 2025 at approximately 2:20 PM, observation revealed approximately 10 sprinkler heads in the kitchen showing signs of corrosion. During interview with the Fire Safety officer at this time, he stated he has mentioned these heads in the past to their sprinkler vendor, but the vendor stated the heads didn't warrant replacement because the corrosion wasn't on the bulb.</p>		K0353				
K0374 SS = E Bldg. 01	<p>Subdivision of Building Spaces - Smoke Barriers</p> <p>CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors</p> <p>2012 NEW</p> <p>Doors in smoke barriers have at least a 20 minute fire protection rating or are at least 1-3/4 inch thick solid bonded core wood.</p> <p>Required clear widths are provided per 18.3.7.6(4) and</p>		K0374	<p>In accordance with NFPA 101 8.5.4.4 the cross-corridor door was repaired to ensure proper closure and smoke tight fit. Cross corridor doors will continue to be inspected monthly and completion will be documented into a log in the TELS workorder system. Maintenance staff were reeducated on maintaining cross corridor doors to ensure proper closure.</p>		01/15/2026	

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K0374 SS = E  Bldg. 01	<p>Continued from page 3 (5).</p> <p>Nonrated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal-sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction.</p> <p>Doors shall be self-closing and rabbets, bevels, or astragals are required at the meeting edges. Positive latching is not required.</p> <p>18.3.7.6, 18.3.7.7, 18.3.7.8</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoke barrier doors close to a smoke tight fit as required. This deficient practice can affect all occupants on ground floor in the event of a fire.</p> <p>Findings Include:</p> <p>On December 15, 2025 at approximately 1:42 PM, observation revealed the cross-corridor smoke barrier doors by the smoking area failed to completely close. Further inspection of the door revealed it appears the door was catching on the coordinator, preventing full closure. This finding was confirmed by the Facilities Director and Fire Safety Officer at the time of discovery.</p>			K0374			

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E0000	Initial Comments  On December 15, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey DJ Jacobetti Home for Veterans was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.		E0000			12/22/2025	

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