

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

PRINTED: 04/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235729		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2023	
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERAN HOMES AT GRAND RAPIDS				STREET ADDRESS, CITY, STATE, ZIP CODE 2950 MONROE NE GRAND RAPIDS, MI 49505			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
E000	<p>Initial Comments</p> <p>On February 8, 2023, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Michigan Veterans Home Grand Rapids was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.</p>			E000			

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

TITLE

(X6) DATE

Electronically Signed

02/17/2023

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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K000	<p>INITIAL COMMENTS</p> <p>On February 8, 2022, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Michigan Veterans Home Grand Rapids 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 is a single story complex containing four identical connected neighborhoods with service areas and separated by a 2-hour fire walls between a common area classified as an assembly occupancy. The facility was determined to be type II (111) construction, The neighborhoods have a fire alarm system with smoke detection in the corridors, spaces open to the corridors and in the resident rooms. The entire facility is fully sprinklered.</p> <p>The facility has 128 certified beds. At the time of the survey the census was 120.</p> <p>The requirement at 42 CFR, subpart 483.90(a) is NOT MET as evidenced by:</p>			K000			
K918 SS=F	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of</p>			K918	<p>K918 Element 1: The fuel sample testing was completed on 2/16/2023 for the two diesel fueled generators. Element 2: Current residents that reside in the facility</p>		3/16/23

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K918	<p>Continued From page 1</p> <p>supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure generators or other alternative power sources and associated equipment is capable of supplying service within 10 seconds, is maintained, inspected, tested and exercised in accordance with NFPA 110, and records are readily available as required by 6.4.4, 6.5.4, and 6.6.4 of NFPA 99, NFPA 110,</p>			K918	<p>have the potential to be affected by this practice. The diesel fuel for both generators has had a fuel sample tested completed on 2/16/2023 to ensure the quality of the fuel meets recommended specifications.</p> <p>Element 3: The Physical Plant Supervisor will be educated by 2/21/2023 on the requirement for obtaining an annual generator fuel sample testing report to ensure the fuel quality meets the recommended specifications.</p> <p>Element 4: The fuel sample analysis testing report will be added to the TELS preventative maintenance program to ensure compliance with annual testing. The Administrator is responsible for sustained compliance.</p> <p>Element 5: Date of Compliance will be 3/16/2023</p>		

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K918	Continued From page 2 NFPA 111 and 700.10 of NFPA 70. This deficient practice could potentially affect all occupants in the event the generator is affected as a result of poor quality of fuel. Findings Include: On February 8, 2023 between 8:45 am and 10:30 am, a review of records revealed the facility failed to provide current documentation of the required annual diesel fuel sample testing on the facility's two diesel fueled generators. A report titled Cummins Fuel Analysis dated 12/10/21, was the date of the last fuel sample testing. This finding was confirmed by interview with facilities Maintenance #1 and #2 at the time of observation. As required by NFPA 110, 7.9 and NFPA 99, 6.6.4			K918			
K923 SS=E	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less			K923	K923 Element 1: All combustible items were immediately moved to be greater than 5 feet away from the oxygen tanks. Element 2: Current residents that reside in the facility have the potential to be affected by this practice. The combustible items were immediately moved to be greater than 5 feet from the oxygen tanks. Element 3: The ADON/Respiratory Nurse and Central Supply Clerk have been re-educated by 2/21/23 on ensuring combustibles are greater than 5 feet from the oxygen tanks. Element 4: The oxygen room audit will be completed weekly x 4, monthly thereafter, by the Physical Plant Supervisor or designee to ensure there are no combustibles within 5 feet of the oxygen tanks. A monthly audit will be added permanently to the TELS		3/16/23

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K923	<p>Continued From page 3</p> <p>than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure storage of nonflammable gasses meet all requirements of 11.3.1 through 11.3.4 and 11.6.5 of NFPA 99. This deficient practice could potentially affect occupants and staff within the smoke compartment in the event of a fire in the oxygen storage room</p> <p>Findings Include: On February 8, 2023, at approximately 12:43 PM, observation revealed the storage of combustible materials within 5 feet of oxygen storage located in the facility main oxygen storage room. This finding was confirmed by interview with the facility Maintenance #1 and #2 at the time of observation. As required by NFPA 99, 11.3.3.3 (2)</p>			K923	<p>preventative maintenance program to ensure compliance with monthly audits of oxygen room. The Administrator is responsible for sustained compliance. Element 5: Date of Compliance will be 3/16/2023</p>		

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