

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 416020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/3/2024	
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) COMPLETION DATE
E0000 SS=	<p>Initial Comments</p> <p>On April 3, 2024, 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>			E0000			

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

TITLE

(X6) DATE

Electronically Signed

04/26/2024

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.

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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On April 3, 2024, 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 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 residents rooms. The entire facility is fully sprinklered.</p> <p>The facility has 128 certified beds at the time of the survey the census was 118.</p>	K0000			
K0222 SS= E	<p>Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on</p>	K0222	<p>K222</p> <p>Element 1: The delayed egress doors located at Lake Michigan neighborhood near room 505 and on Riverside Park neighborhood near Den room 232 have been fixed so the door releases at 15 seconds.</p> <p>Element 2: Current residents that reside in Lake Michigan and Riverside Park neighborhoods have the</p>		5/7/2024

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	<p>each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised</p>		<p>potential to be affected by this practice. A one-time audit was conducted on 4/16/24 of all the facilities egress doors and no other doors were identified to have not opened within 15 seconds. Element 3: The Physical Plant Supervisor will be reeducated by 4/26/24 on the requirement for egress doors (NFPA 101). Element 4: The physical plant supervisor/designee will complete an audit of the facilities egress doors weekly x 4, and then permanently on a quarterly audit in the TELS preventative maintenance system. The Administrator is responsible for sustained compliance. Element 5: Date of Compliance will be 5/7/2024.</p>		

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	<p>automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for clinical needs in accordance with 18.2.2.2.5.1 and 18.2.2.2.6, special needs locking arrangements in accordance with 18.2.2.2.5.2, delayed egress locking in accordance with 18.2.2.2.4, access-controlled egress doors in accordance with 18.2.2.2.4, or elevator lobby exit access in accordance with 18.2.2.2.4. This deficient practice could potentially affect occupants and staff within the smoke compartments in the event immediate exiting is required from the area and the delayed egress door is listed at 15 seconds, however, releases to open at 30 seconds.</p> <p>Findings Include:</p> <p>1. On 4/3/24, at approximately 9:18 AM, observation revealed the 15 second delayed egress door located at lake Michigan neighborhood near room 505 opened at 30 seconds during testing, instead of 15 seconds as stated on door signage. This finding was confirmed by interview with the facility Maintenance #1 and #2 at the time of observation. As required by 7.2.1.6.1.1 (3) and (4)</p> <p>2. On 4/3/24, at approximately 10:41 AM, observation revealed the 15 second delayed egress door located at riverside park neighborhood, near Den room 232, opened at 30</p>				

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K0920 SS= E	<p>seconds during testing instead of 15 seconds as stated on the door signage.</p> <p>Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure power strips are listed for the area in which they are used as required by 10.2.3.6 of NFPA 99 and 400-8 of NFPA 70, and TIA 12-5 and extension cords are placed in use only temporarily as required by 10.2.4 of NFPA 99 and 590.3(D) of NFPA 70. This deficient practice could potentially affect occupants, staff and visitors within the smoke compartment in the</p>	K0920	<p>K920</p> <p>Element 1: The space heater was unplugged from the power strip located in the infectious control office and immediate education was provided to the staff member.</p> <p>Element 2: Current residents that reside in Pere Marquette household have the potential to be affected by this practice. A one-time facility audit was completed 4/24/24 on power strips in patient care rooms or outside patient care vicinity to ensure appliances were not being plugged in to them.</p> <p>Element 3: The facility electrician and physical plant manager were re-educated 4/26/24 on electrical equipment/Power cords and extension cord usage (NFPA 101). The facility staff have been re-educated by 5/7/24 on ensuring any appliances (such as space heaters) are not plugged in to power strips.</p> <p>Element 4: The facility electrician/designee will complete a monthly audit of power strips in patient care rooms or outside patient care vicinity to ensure appliances are not being plugged in to them. A monthly audit will be added permanently to the TELS preventative maintenance program to ensure compliance with monthly audits of power strips. The Administrator is responsible for sustained compliance.</p> <p>Element 5: Date of Compliance will be 5/7/2024.</p>	5/7/2024	

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	<p>event of an electrical fire as a result of misuse on an electrical power strip.</p> <p>Findings Include:</p> <p>On April 3, 2024, at approximately 8:56 AM, observation revealed an electrical space heater was plugged into a power strip located in the infectious control office room 638, located in Pere Marquette beach. This finding was confirmed by interview with the facility Maintenance #1 and #2 at the time of observation. As required by 9.1.2 and NFPA 99, 10.2.3</p>						