

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

PRINTED: 03/27/2025
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 01 - NEW FACILITY B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2025	
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
K000	<p>INITIAL COMMENTS</p> <p>On March 17, 2025, a complaint intake# MI00151200, Life Safety Code Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Michigan veteran Homes at Grand Rapids was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, subpart 483.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety code and the 2012 Edition of NFPA 99, Health Care Facilities Code.</p> <p>It was alleged the facility is using areas of the building that are unsafe and under construction.</p> <p>The allegations were substantiated with deficiencies.</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 built in 2021, was determined to be type II (111) construction.</p> <p>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. Except as noted during this survey.</p> <p>The facility has 128 dually certified beds.</p> <p>The requirement at 42 CFR, subpart 483.90(a) is not met as evidenced by:</p>			K000			

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

TITLE

(X6) DATE

Electronically Signed

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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K111 K111 SS=E	<p>Continued From page 1</p> <p>Building Rehabilitation</p> <p>CFR(s): NFPA 101</p> <p>Building Rehabilitation</p> <p>Repair, Renovation, Modification, or</p> <p>Reconstruction</p> <p>Any building undergoing repair, renovation,</p> <p>modification, or reconstruction complies with</p> <p>both of the following:</p> <p>*Requirements of Chapter 18 and 19.</p> <p>*Requirements of the applicable Sections</p> <p>43.3, 43.4, 43.5, and 43.6.</p> <p>18.1.1.4.3, 19.1.1.4.3, 43.1.2.1</p> <p>Change of Use or Change of Occupancy</p> <p>Any building undergoing change of use or</p> <p>change of occupancy classification complies</p> <p>with the requirements of Section 43.7, unless</p> <p>permitted by 18.1.1.4.2 or 19.1.1.4.2</p> <p>18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7</p> <p>and 4.6.11), 43.1.2.2 (43.7)</p> <p>Additions</p> <p>Any building undergoing an addition shall</p> <p>comply with the requirements of Section 43.8. If</p> <p>the building has a common wall with a</p> <p>nonconforming building, the common wall is a</p> <p>fire barrier having at least a two hour fire</p> <p>resistance rating constructed of materials as</p> <p>required for the addition.</p> <p>Communicating openings occur only in corridors</p> <p>and are protected by approved self-closing fire</p> <p>doors with at least a 1-1/2 hour fire resistance</p> <p>rating. Additions comply with the requirements of</p> <p>Section 43.8.</p> <p>18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3),</p> <p>18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and</p> <p>4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2,</p> <p>19.1.1.4.1.3, 43.1.2.3(43.8)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based upon observation and interview, the</p>			K111 K111			

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K111	<p>Continued From page 2</p> <p>facility failed to ensure that any building undergoing repair, renovation, modification, or reconstruction was in compliance with Chapters 18, 19, and 43 as required. This deficient practice could affect 40 occupants in the event of exposure to hazards from construction.</p> <p>Findings include: On 3/12/25 and again on 3/17/25 during the inspection of new construction, observation revealed there was no 1-hour separation between the construction area and resident access to the corridor leading to the Lakeshore Neighborhood as required by LSC 4.6.10.1 as amended in R 29.1808. Both days there were residents, staff and visitors observed in the corridor. The Lakeshore Neighborhood has a set of 1-hour rated cross-corridor doors at the end of the corridor, but the doors were being held open by magnets tied into the fire alarm system.</p> <p>These findings were confirmed during an interview with Maintenance Director and Project Superintendent at the time observed.</p>			K111			
K271 SS=E	<p>Discharge from Exits CFR(s): NFPA 101</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility</p>			K271			

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K271	<p>Continued From page 3</p> <p>failed to provide approved exit access in accordance with the LSC 18.2.7. This deficient practice could potentially affect all occupants of the facility. A delay in exiting the facility could increase occupant exposure to a hazardous condition.</p> <p>Findings include: On 3/17/25 during the inspection of new construction, observation revealed a large construction dumpster and a vehicle in the exit path from Holland Lighthouse to the public way which violates 7.7.1.1.</p> <p>In an interview with the Maintenance Director, he stated he was unaware of the obstructions and would have them removed immediately.</p>			K271			
K341 SS=E	<p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide an approved fire alarm system in accordance with LSC 18.3.4 and 9.6. This</p>			K341			

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K341	<p>Continued From page 4</p> <p>deficient practice could potentially affect 40 occupants of the facility in the event they were delayed in the notification of a fire or emergency.</p> <p>Findings include:</p> <p>1. On 3/12/25 during the inspection of new construction, observation revealed the smoke detectors in the construction area of the corridor to the Lakeshore Neighborhood were changed out to heat detectors without approval from Bureau of Fire Services Plan Review which violates LSC 18.3.4.5.3.</p> <p>2. On 3/12/25 during the inspection of new construction, observation revealed ceiling tiles and grid in the construction area had been removed on each side of the corridor walls with no smoke detector protection for the space above to the roof which violates LSC 18.3.6.2.1.</p> <p>In an interview with the Project Superintendent, he stated the detectors were changed to reduce any smoke detector activation from construction dust in the area. He also stated that work was required to be done above the ceiling tiles, so they were removed during construction.</p>			K341			
K351 SS=E	<p>Sprinkler System - Installation</p> <p>CFR(s): NFPA 101</p> <p>Spinkler System - Installation</p> <p>2012 NEW</p> <p>Buildings are to be protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state and local regulations prohibit sprinklers.</p>			K351			

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K351	<p>Continued From page 5</p> <p>Listed quick-response or listed residential sprinklers are used throughout smoke compartments with patient sleeping rooms. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed six square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7, 9.7.1.1(1), 18.3.5.10</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide a sprinkler system in accordance with the LSC 18.3.5, 9.7 and NFPA 13. This deficient practice could potentially affect 40 occupants of the facility in the event of a fire not being contained to an area within the smoke compartment.</p> <p>Findings include: On 3/12/25 during the inspection of new construction, observation revealed the sprinkler heads in the construction area of the corridor to the Lakeshore Neighborhood were set in existing ceiling tiles while the ceiling tiles had been removed on each side of the corridor walls with no sprinkler coverage between the ceiling tiles and the roof above which violates NFPA 13, 8.6.4.1.1.1.</p> <p>In an interview with the Project Superintendent he stated the construction work continues to be above the ceiling tiles on each side of the corridor.</p>			K351			

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