| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235729 | (X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - NEW FACILI...** B. WING | (X3) DATE SURVEY COMPLETED **06/09/2026** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Michigan Veteran Homes at Grand Rapids** | **2950 Monroe NE , Grand Rapids, Michigan, 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 |
|---|---|---|---|---|
| K0000 Bldg. 01 | INITIAL COMMENTS<br><br>On June 9, 2026, 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 Association (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code.<br><br>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.<br><br>The facility has 128 certified beds at the time of the survey the census was 121. | K0000 | | |
| K0100 SS = F Bldg. 01 | General Requirements - Other<br><br>CFR(s): NFPA 101<br><br>General Requirements - Other<br><br>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 on Form CMS-2567.<br><br>This STANDARD is NOT MET as evidenced by:<br><br>Based on record review and interview the facility failed to provide required documentation of construction permits and inspection approvals in accordance with NFPA 101 for all construction | K0100 | | |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| | | |

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| K0100 SS = F Bldg. 01 | Continued from page 1<br>involving remodeling, renovation, modification, or additions to the facility. The deficient practice could affect all occupants in the event the fire protections systems failed to perform as designed at the time of a fire as a result of failed inspections. Findings Include:<br><br>On June 9, 2026, at approximately 2:30pm record review and interview revealed the facility failed to provide documentation of required electrical inspections and approval on the facilities fire alarm system and fire panel upgrades. This finding was confirmed by interview with the facility Maintenance Director #1 and 2 at the time of record review. As required by 4.6.12 | K0100 | | |
| K0345 SS = F Bldg. 01 | Fire Alarm System - Testing and Maintenance<br><br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br><br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br><br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br><br>This STANDARD is NOT MET as evidenced by:<br><br>Based on record review and interview the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 70 and 72, and records are readily available as required by 9.6.1.5. This deficient practice could affect all occupants in the event the fire alarm system fails to perform as designed at the time of a fire. Findings include:<br><br>On June 9, 2026, at approximately 2:35pm record review revealed the facility's fire alarm sensitivity report dated 9/24/25 listed all the facility smoke detectors with the same value of 3.5 upon completion of the sensitivity testing and not a dirty report of all smoke detectors as required. This finding was confirmed by interview with the facility Maintenance #1 and 2 at the time of record review. As required by 9.6.1.5 and 72 14.4.5.3.4 | K0345 | | |

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| E0000 | Initial Comments<br><br>On June 9, 2026, 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 Homes at Grand Rapids was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness. | E0000 | | |

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