

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/27/2021
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 July 27, 2021, An Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. At the survey, SKLD Beltline was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73.</p> <p>The facility has 182 certified beds. At the time of the survey the census was 144.</p> <p>An exit conference was held at the conclusion of the inspection. The results of the inspection were discussed with the Administrator and the Maintenance Director.</p> <p>The requirement at 42 CFR, subpart 483.73 was determined to be met at the time of this survey.</p>	E0000			

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

TITLE

(X6) DATE

Electronically Signed

08/14/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/27/2021
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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 SS=	<p>INITIAL COMMENTS</p> <p>On July 27, 2021, A Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. At the survey, SKLD Beltline 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 building of type II (000) construction built in 1961, with additions in 1968, 1971 and 1993. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 182 certified beds. At the time of the survey the census was 144.</p> <p>An exit conference was held at the conclusion of the inspection. The results of the inspection were discussed with the Administrator and the Maintenance Director.</p> <p>The requirement at 42 CFR, subpart 483.90(a) is not met as evidenced by:</p>	K0000			
K0211 SS= D	<p>Means of Egress - General Means of Egress</p> <p>- General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as</p>	K0211	<p>The facility immediately removed objects noted by exit corridor and put wheels on all isolation carts on station 2.</p> <p>The facility determined there are 11 other exit corridors, and any resident room on isolation precautions has the potential to be affected. The Maintenance Director will educate leadership team on means of Egress to ensure the facility exit corridors remain free</p>	8/18/2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/27/2021
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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
	<p>evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure aisles, passageways, corridors, exit discharges, exit locations and accesses are in accordance with Chapter 7, and continuously maintained free of all obstructions to full use in case of an emergency as required by 19.2.1 and 7.1.10.1. This deficient practice could potentially affect 30 occupants within the smoke compartment in the event an emergency evacuation is required from the area.</p> <p>Findings Include:</p> <p>1. On 7/28/21 at approximately 9:52 AM, observation revealed the facility failed to maintain the exit corridor. A wheel chair scale, large dining chair, trash can and recycle bin were observed stored in the exit corridor located at 400 hall near the nurse's station and the alcove exit. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by NFPA 101, 7.1.10.1</p> <p>2. On 7/28/21 at approximately 10:05 AM, observation revealed the facility failed to maintain the exit corridor. Isolation carts without wheels were stored in the exit corridor located at 500 hall. This finding was confirmed by interview with the facility Maintenance Director at the time of observation.</p>		<p>and clear of all obstructions and isolation carts in hallways have wheels incase of an emergency.</p> <p>The Maintenance Director or designee will audit 5 random exit corridors/ isolation carts weekly times 4 weeks and then monthly thereafter times 3 months to ensure compliance.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/27/2021
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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
K0353 SS= F	<p>Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25. This deficient practice could affect all occupants if there was a delay in getting water to the suppression system in the event of a fire.</p> <p>Findings Include:</p> <p>On 7/27/21 at 11:18am, observation revealed the Post Indicator Valve (PIV) and the Fire Department Connection (FDC) were obstructed by overgrown brush and trees and would be hard to see from the public way which is a violation of NFPA 25, 13.7.1(1). Maintenance #1 in an interview stated he had not realized the tree and brush was so overgrown in that area.</p>	K0353	<p>The standpipe outside on the back of the facility was inspected, and overgrown bushes, and trees were removed for easier access. The facility determined that other standpipes outside had the potential to be affected, all overgrown shrubbery has been trimmed. The Maintenance Director will be educated on maintaining proper documentation of vendors to ensure maintenance and testing to automatic sprinkler and standpipe systems are inspected and easily accessible. The Maintenance Director/ designee will complete initial audit of standpipes accessibility then quarterly thereafter to ensure compliance with NFPA25 standards. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		8/18/2021