

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>634021</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/25/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN HEALTH AND REHABILITATION CENTER</b>					STREET ADDRESS, CITY, STATE, ZIP CODE  <b>19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076</b>		
(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 May 25, 2022, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs. At the survey Evergreen Health and Rehabilitation Center 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

06/14/2022

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><b>INITIAL COMMENTS</b></p> <p>On May 25, 2022, 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, Evergreen Heath and Rehabilitation Center 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 1 story building of type II (200) construction with no basement built in 1997. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 151 certified beds. At the time of the survey the census was 146.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is NOT MET as evidenced by:</p>	K0000			
K0324 SS= D	<p>Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under</p>	K0324	<p>1 Dietary Manager turned off and removed oil from the deep fryer. After that, Maintenance Department put the fryer back in the correct position under the hood and suppression system.</p> <p>Stainless steel floor chocks item kit 28-2001 from Katom restaurant supply is to be added to the floor for the fryer.</p> <p>2 Kitchen was inspected by Maintenance Director and Dietary Manager to ensure cooking facility is protected in accordance</p>		7/6/2022

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	<p>18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure cooking facilities are protected in accordance with NFPA 96, unless meeting the requirements of 19.3.2.5.2, 19.3.2.5.3 or 19.3.2.4.4, as required by 19.3.2.5.1 through 19.3.2.5.5, 9.2.3 and TIA 12-2. This deficient practice could affect 5 out of 146 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 25, 2022, at approximately 10:10 AM. observation found the deep fryer located in the kitchen was not aligned with the wet chemical agent nozzle causing the discharge pattern to not fully cover the cooking oil surface.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>				<p>with NFPA 96. It was found to be in compliance.</p> <p>3 Dietary employees were inserviced on the correct position of the fryer under the suppression nozzles and hood. Dietary Department/ employees were informed not to move any equipment for cleaning under the hood and to contact Maintenance department when cleaning is performed. Maintenance Department/employees were inserviced on making sure Dietary Department continues to turn off and drain the oil from the fryer. Maintenance Department will check to make sure that it is turned off and drained before maintenance will move it for the dietary cleaning.</p> <p>4 To ensure continued compliance Maintenance Director/Designee will check the equipment under the suppression system daily to ensure all equipment is in its proper position under the hood during maintenance morning daily rounds. Finding of these audits will be reported to monthly QAPI meetings for 90 days and quarterly thereafter until QAPI Committee determines substantial compliance. Director of Maintenance is responsible for compliance.</p>		