

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/26/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304
--	--

(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=	Initial Comments On July 26, 2022, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey SKLD Bloomfield Hills was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
E0041 SS= F	Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b) (1)(i) and (ii) of this section. §483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing.	E0041	E041- Plan to provide emergency fuel for generator. An annual emergency agreement with a fuel provider will be obtained. No residents were affected by this occurrence. The maintenance Director will be responsible for maintaining compliance by reviewing agreement monthly and renewing with vendor annually. Documentation will be kept in the Life Safety Manual. Results will be presented to QAA for review and consideration for further corrective action. Date of Compliance 8/29/22	8/29/2022

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

TITLE

(X6) DATE

Electronically Signed

08/23/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to implement emergency and standby power systems based on the emergency plan. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99), Life Safety Code (NFPA 101) and NFPA 110, Facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. This deficient practice could affect all occupants in the event power is lost to the facility for an extended period..</p> <p>Findings Include:</p> <p>On July 26, 2022 at approximately 1:30 PM record review revealed the facility does not have a plan to keep the emergency power systems operational and running during an extended period of power loss. The facility emergency generators are diesel driven, the facility could not produce documentation to verify a plan to keep the generators fueled and running during an</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>extended power loss event. This could potentially allow the generators to fail to run when needed to provide emergency power to the facility.</p> <p>These findings were confirmed through interview with the maintenance director at theft time of observation</p> <p>INITIAL COMMENTS</p> <p>On July 26, 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, SKLD Bloomfield Hills 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 3 story building of Type II (222) construction, built in 1971. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 159 certified beds. At the time of the survey the census was 142.</p>	K0000			
K0342 SS= F	<p>Fire Alarm System - Initiation Fire Alarm System - Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are</p>	K0342	<p>K342 – Fire Alarm System- Initiation Smoke detector in 2 West unit North Hall near double doors covered with protective cover during remodeling- cover removed. No residents were affected by this occurrence. An audit of the facility found no additional smoke detectors covered. If covers are necessary, and are used during remodeling/ renovation, the impaired system</p>	8/29/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304	
(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>located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure initiation of the fire alarm system is arranged as required by 19.3.4.2.1, 19.3.4.2.2 and 9.6.2.5. This deficient practice could affect all occupants in the event of a fire or smoke event.</p> <p>Findings Include:</p> <p>On July 26, 2022 at approximately 11:00 AM observation revealed the smoke detector located in the two west unit North hall near the double doors is covered with the orange installation protective cover to avoid accidental initiation of the fire alarms system during remodeling work in an adjacent bathroom. The impaired system was not tracked in accordance with an impairment procedures listed in 2010 NFPA 72 10.19.1. The cover was not removed after the work was halted. This could potentially allow a large amount of smoke to build up in the area without initiating the fire alarm system.</p> <p>These findings were confirmed through interview with the Maintenance director at the time of observation.</p>	K0353	<p>will be tracked in accordance with impairment procedures listed in 2010 NFPA 72 10.19.1. During renovations the Maintenance Director will monitor daily to ensure all devices are uncovered and free of obstructions. Monthly rounds will be completed thereafter as part of QAPI audits to ensure ongoing compliance and the findings will be presented to QAA for review and consideration of further corrective action. The Maintenance Director/ designee will be responsible for continuing compliance. Compliance date 8/29/22</p> <p>K353- Sprinkler System- Maintenance and Testing The sprinkler head dust covered at room 209 (290), and the sprinkler heads in Laundry will be cleaned.</p>	8/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304	
(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>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, and records are readily available as required by 9.7.5, 9.7.7, 9.7.8 and NFPA 25. This deficient practice could affect all occupants in the event of sprinkler system failure.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. On July 26, 2022 at approximately 10:49 AM observation revealed the sprinkler head in the main emergency egress corridor adjacent to Resident Room 209 is dust covered in violation of 2011 NFPA 25 5.2.1.1.1. Sprinkler heads must be kept free of foreign materials. This could potentially lead to a delay in activation or total failure of the sprinkler head to activate when needed during a fire. 2. On July 26, 2022 at approximately 10:49 AM observation revealed the sprinkler heads in the laundry room are dust and lint covered in 		<p>No residents were affected by this occurrence. An audit of the entire facility will be performed to identify any other sprinkler heads that have dust. All sprinkler heads will be cleaned as needed. The Maintenance Director will conduct monthly rounds of the entire facility to monitor the condition of the sprinkler heads as part of the QAPI audits and report those findings to QAA for review and consideration of further corrective action. The Maintenance Director/designee will be responsible for ongoing compliance. Compliance date 8/29/22</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>violation of 2011 NFPA 25 5.2.1.1.1. Sprinkler heads must be kept free of foreign materials. This could potentially lead to a delay in activation or total failure of the sprinkler head to activate when needed during a fire.</p> <p>These findings were confirmed through interview with the Maintenance Director at the time of observation.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304	
(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
K0712 SS= F	<p>Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review and interview the facility failed to provide written documentation regarding fire drills in accordance with LSC 19.7.1. This deficient practice could potentially affect all occupants of the facility if staff are not properly trained in approved emergency procedures.</p> <p>Findings Include:</p> <p>On July 26, 2022 at approximately 1:30 PM record review revealed the fire drills are not conducted as required in 2012 NFPA 101 LSC 19.7.1.1-19.7.1.8. The facility is missing fire drill record for two of the three shifts for the first two quarters in 2022. This could potentially leave staff untrained and unprepared to respond to a fire inside the facility.</p> <p>These findings were confirmed during an interview with Maintenance Director at the time the records were reviewed.</p>	K0712	<p>K712 – Fire Drills A schedule will be created to ensure fire drills are conducted according to regulations and to prevent further occurrence. No residents were affected by this occurrence. The policy has been reviewed and deemed appropriate. The schedule will be followed to ensure sustained compliance. The Administrator will confirm the creation of the schedule upon completion and will review the schedule against the actual drills to ensure compliance. Drills will be reviewed monthly by the Administrator to ensure sustained compliance. The results will be presented to the QAA committee for review and consideration of further corrective actions. The Maintenance Director/ designee will be responsible for continuing compliance. Compliance date 8/29/22</p>	8/29/2022
K0918 SS= E	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source</p>	K0918	<p>K918- Electrical Systems Diesel Placard A NFPA 704 Placard DIESEL and NO SMOKING signs have been purchased and permanently installed at the generator in a</p>	8/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure generators or other alternative power sources and associated equipment is capable of supplying service within 10 seconds, is maintained, inspected, tested and exercised in accordance with NFPA 110, and records are</p>		<p>place that it is visible to responders, so they are aware of the large amount of combustible fuel in the area.</p> <p>No residents were affected by this occurrence. The Maintenance Director will include monitoring signage as part of his weekly generator checks and will report monthly to QAA for review and consideration of further corrective action.</p> <p>The Maintenance Director/ designee will be responsible for ongoing compliance.</p> <p>Compliance date 8/29/22</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304	
(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
K0920 SS= E	<p>readily available as required by 6.4.4, 6.5.4 and 6.6.4 of NFPA 99, NFPA 110, NFPA 111 and 700.10 of NFPA 70. This deficient practice could affect 10 occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On July 26, 2022 at approximately 11:13 AM, observation revealed the facility failed to label the generator above ground diesel fuel tank with NFPA 704 placard and NO SMOKING, FLAMMABLE signs located where it can be seen on approach as required by NFPA 30, 21.7.2.1, Identification for emergency responders. This could potentially lead to responders being unaware of the large amount of combustible fuel in the area.</p> <p>These findings were confirmed through interview with the Maintenance Director at the time of observation.</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) assembles 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</p>	K0920	<p>K920- Electrical Equipment power strips and extension cords The power strip and extension cords were removed from the Activities Office. Residents residing in the facility are at risk for a similar occurrence, however no residents were affected by this occurrence. The policy has been reviewed and deemed appropriate for sustained compliance. Building rounds have been done to identify any other extension cords and power strips used improperly and removed to prevent further occurrence. Monthly rounding will be completed by the Maintenance Director to identify any improper use of power strips and/or extension cords and remove them immediately as needed to remain safe and in compliance. The results will be presented to the QAA committee for review and consideration of</p>	8/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304	
(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
K0923 SS= E	<p>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, 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 affect 25 occupants in the event of an electrical related fire.</p> <p>Findings Include:</p> <p>On July 26, 2022 at approximately 10:30 AM observation revealed a power strip being used to charge a tablet computer bank that was being powered by an orange extension cord plugged into another power strip that was plugged into a wall outlet. This may potentially overload the 120 Volt 20 AMP draw circuit creating a heavy electrical resistance leading to an electrical fire.</p> <p>These findings were confirmed through interview with the Maintenance Director at the time of observation.</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations</p>	K0923	<p>further corrective actions. The Maintenance Director/designee will be responsible for ongoing compliance. Compliance date 8/29/22</p> <p>K923- Gas Equipment Cylinder and Container Storage</p> <p>The combustible infectious control carts with hand sanitizer were removed from the oxygen storage room immediately. No residents were affected by this occurrence.</p>	8/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure storage of nonflammable gasses meet all requirements of 11.3.1 through 11.3.4 and 11.6.5 of NFPA 99. This deficient practice could affect 25 occupants in the event of a fire in the oxygen storage room..</p>		<p>Staff will be in-serviced on the storage of combustibles in oxygen rooms to ensure we maintain a 5 foot separation. Maintenance Director/ designee will perform daily rounds of the oxygen storage rooms to ensure compliance. Violations will be corrected immediately, and findings reported monthly to QAA committee for review and consideration for further corrective action. The Maintenance Director/designee will be responsible for ongoing compliance. Compliance date 8/29/22.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/26/2022
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
(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>Findings Include:</p> <p>On July 29, 2022 at approximately 10:45 AM observation revealed the facility relocated combustible infectious control carts into the oxygen storage room on the second floor within 5 ft of oxygen cylinders in violation of 2012 NFPA 99 11.3.2.3 (2) and with flammable hand sanitizer on top of the infectious control carts in violation of 2012 NFPA 99 11.11.3.2.2. This could potentially cause a large rapidly growing fire that will overwhelm the wet fire suppression system and spread rapidly into the adjacent areas.</p> <p>These findings were confirmed through interview with the Maintenance Director at the time of observation.</p>				