

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504014		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2022	
NAME OF PROVIDER OR SUPPLIER SHELBY HEALTH AND REHABILITATION CENTER					STREET ADDRESS, CITY, STATE, ZIP CODE 46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315		
(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 October 13, 2022, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Shelby Health And Rehabilitation Center - Shelby Twp was found to be 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

11/02/2022

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>INITIAL COMMENTS</p> <p>On October 13, 2022, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Shelby Health And Rehabilitations Center - Shelby Twp, 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 134,000 square feet building of Type II (111) construction, built in 1999. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 212 certified beds. At the time of the survey the census was 188.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is NOT MET as evidenced by:</p>	K0000			
K0353 SS= E	<p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>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 _____</p>	K0353	<p>K353</p> <p>Element I</p> <p>Contractor will be in by 11/7/2022 to adjust or replace sprinklers in the laundry room. Sprinkler heads will be cleaned by maintenance before 11/8/2022. Sprinkler will be placed on sprinkler and vestibule by employee break room by 11/8/2022</p> <p>Element II</p> <p>Residents residing in the facility could be affected by this deficient practice.</p>		11/8/2022

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	<p>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 more than a limited number of facility occupants in the event of a fire.</p> <p>Findings Include:</p> <p>1) On October 13, 2022 at 2:30 PM, observation revealed dirty sprinkler heads throughout the entire Laundry Area.</p> <p>2) On October 13, 2022 at 2:34 PM, observation revealed two sprinkler heads, one in front of the dryers and the other is over the washer, have recessed too far and become nearly flush with the ceiling tiles. This could cause an obstruction in the flow of water from the sprinkler and potentially delay activation of the heads in the event of a fire.</p> <p>3) On October 13, 2022 at 2:57 PM, observation revealed the concealed sprinkler located in the vestibule of the Employee's Entrance is missing the sprinkler cover.</p> <p>4) On October 13, 2022 at 3:34 PM, observation revealed ceiling tile penetrations at the electrical</p>				<p>The maintenance director will audit all sprinklers throughout the facility by 11/8/2022 to ensure that all sprinkler heads are dust free</p> <p>Element III The maintenance staff will receive an in- service by 11/8/2022 to ensure sprinkler heads remain dust free</p> <p>Element IV The maintenance staff will conduct weekly audits of sprinklers for 1-month and then monthly thereafter. Results of the audits will be provided to the administrator and presented to the quarterly QAPI meetings. The maintenance director will be responsible for compliance</p> <p>Element V Compliance by 11/8/2022</p>		

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	<p>conduit above the electrical panels in the 400 Hall Store Room.</p> <p>5) On October 13, 2022 at 3:37 PM, observation revealed ceiling tile penetration at the sprinkler supply piping in the Hudson 200 Hall.</p> <p>These findings were confirmed in interview with the facility Director Of Maintenance and the facility Maintenance Lead at the time of observation.</p>						

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K0372 SS= D	<p>Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2- hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoke barriers were constructed to a minimum 1/2-hour fire resistance rating in accordance with 8.5, as required by 19.3.7.3 and 8.6.7.1(1). This deficient practice could affect an isolated number of facility occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On October 13, 2022 at 3:16 PM, observation revealed the fire-rated door from the egress corridor to the Kitchen failed to positively latch when tested.</p> <p>These findings were confirmed in interview with the facility Director Of Maintenance and Maintenance Lead at the time of observation.</p>	K0372	<p>K372 Element I Dietary door to be repaired by 11/8/2022</p> <p>Element II Residents residing in the facility could be affected by this deficient practice. Maintenance Director will audit all fire doors to ensure proper closing and latching by 11/8/2022</p> <p>Element III Maintenance staff to receive an in-service by 11/8/2022 to ensure all fire doors are self- closing properly and positive latching</p> <p>Element IV The Maintenance staff will conduct weekly audits of fire doors for 1-month and then monthly thereafter. Results of the audits will be provided to the Administrator and presented to the quarterly QAPI meetings. The maintenance director will be responsible for compliance</p> <p>Element V Compliance by 11/8/2022</p>	11/8/2022			

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K0511 SS= D	<p>Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure electrical wiring and equipment complies with NFPA 70, as required by 19.5.1.1, 9.1.1 and 9.1.2. This deficient practice could affect an isolated number of facility occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On October 13, 2022 at 2:31 PM, observation revealed combustibles in the form of laundry supplies stored within 3' of the electrical panel in the main Laundry.</p> <p>These findings were confirmed in interview with the facility Director Of Maintenance and facility Maintenance Lead at the time of observation.</p>	K0511	<p>K511 Element I As of 10/31/2022 all combustible items and equipment have been removed from within 3-feet of electrical panels. Signage has been posted to ensure nothing is stored within 3-feet of electrical panels</p> <p>Element II Residents residing in the facility could be affected by this deficient practice. Maintenance audited all electrical rooms to ensure no combustible items were stored within 3-feet of electrical panels or equipment</p> <p>Element III Maintenance staff and laundry staff will receive an in-service on not storing any combustible items within 3-feet of any equipment or combustible items</p> <p>Element IV The Maintenance staff will conduct weekly audits of laundry for 1-month and then weekly thereafter. Results of the audits will be provided to the Administrator and presented to the quarterly QAPI meetings. The Maintenance Director will be responsible for compliance.</p> <p>Element V Compliance date of 11/8/2022</p>			11/8/2022	