

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 834670	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/7/2023
NAME OF PROVIDER OR SUPPLIER BEACONSHIRE NURSING CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 21630 HESSEL DETROIT, MI 48219		
(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=	INITIAL COMMENTS On March 7, 2023, a 3rd Life Safety Revisit was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Beaconshire Nursing Centre was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, subpart 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.	K0000			
K0222 SS= F	Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a	K0222	K-222 Egress Doors The facility failed to ensure that the exit door labeled "B" in the basement by the equipment room had proper signage that states "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS." The signage is now in place as of 3/7/2023. The basement door labeled "B" 15 second delay did not activate the irreversible process when tested as required by NFPA 101 2012 edition, 7.2.1.6.1.1. This door opens by keypad entry only. The Flying Locksmiths company reprogramed the basement exit door labeled "B" and it is now properly functioning with 15 second delayed egress with irreversible process as of 3/7/2023. Element 2 The deficient practice has the potential to affect a wide range of residents in the event of a fire. Element 3 Maintenance staff was in-serviced on ensuring all exit doors in the facility latch and can be exited without use of a key or code		11/7/2022

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

TITLE

(X6) DATE

Electronically Signed

03/10/2023

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: 834670		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/7/2023	
NAME OF PROVIDER OR SUPPLIER BEACONSHIRE NURSING CENTRE					STREET ADDRESS, CITY, STATE, ZIP CODE 21630 HESSEL DETROIT, MI 48219		
(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>complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for clinical needs in accordance with 19.2.2.2.5.1 and 19.2.2.2.6, special needs locking arrangements in accordance with 19.2.2.2.5.2, delayed egress locking in</p>		<p>during a fire.</p> <p>Element 4 Maintenance department will conduct audit rounds daily for 4 weeks then weekly to ensure all exit doors latch, have 15 sec signage, open within 15 secs of holding door and alarm sounds when opened without putting in code or using a key.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 834670	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/7/2023
NAME OF PROVIDER OR SUPPLIER BEACONSHIRE NURSING CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 21630 HESSEL DETROIT, MI 48219		
(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>accordance with 19.2.2.2.4, access-controlled egress doors in accordance with 19.2.2.2.4, or elevator lobby exit access in accordance with 19.2.2.2.4. This deficient practice could affect all 82 residents in the event of a fire.</p> <p>Findings Include:</p> <p>1) On December 15, 2022, at approximately 1:10 PM and again on February 1, 2023, at approximately 12:25 PM and again on March 7, 2023, at approximately 9:10 AM observation revealed the exit door labeled "B" in the basement by the equipment room with fifteen second delayed egress did not have the proper signage "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" as required by NFPA 101 2012 Edition, 7.2.1.6.1.1 (4).</p> <p>2) On February 1, 2023, at approximately 12:26 PM and again on March 7, 2023, at approximately 9:10 AM observation revealed the exit door labeled "B" in the basement by the equipment room with fifteen second delayed egress did not activate the irreversible process when tested as required by NFPA 101 2012 Edition, 7.2.1.6.1.1 (3).</p> <p>These findings were confirmed by the Administrator and the Maintenance Director at the time of observation and interview.</p>				