DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	824519	A. BUILDING ______ B. WING ______	**3/13/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NSG & REHAB CANTON	**7025 LILLEY ROAD CANTON, MI 48187**

(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 13, 2023, a complaint intake MI00135127, Life Safety Code Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Promedica Skilled Nsg & Rehab of Canton was found 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. The complaint alleges the facility experienced smoke in Room 226 due to an overheated and smoldering wall mounted television. The report of the incident was received by the Canton Fire Department. On March 13, 2023, observation and interview with the administrator and maintenance director revealed on March 8, 2023, at approximately 5:50 pm, there was smoke in Room 226 due to an overheated wall mounted television. The plastic on the bottom of the television had melted and smoke was noticed in the room by a resident who removed the television from the wall. Nursing staff carried the television down the stairwell exit and out of the building activating the pull station in the process. The smoke naturally dissipated. The Canton Fire Department arrived reporting no hazard to occupants and reset the fire alarm. The allegations were substantiated with no deficiencies.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/24/2023

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.