

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/22/2023	
NAME OF PROVIDER OR SUPPLIER SKLD IONIA					STREET ADDRESS, CITY, STATE, ZIP CODE 814 E LINCOLN AVE IONIA, MI 48846		
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E0000 SS=	<p>Initial Comments</p> <p>On March 22, 2023, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey SKLD Ionia 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

04/13/2023

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.

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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On March 22, 2023, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, SKLD Ionia 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>This one story facility was determined to be of Type II (000) construction and is fully sprinklered. The original facility was built in 1962 and the C and D wings were added in 1964. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and in the resident rooms.</p> <p>The facility has 107 certified beds. At the time of the survey the census was 76.</p> <p>An exit conference was held at the conclusion of the inspection. The results of the inspection were discussed with the Administrator, Regional Facilities Director, and the Maintenance Director.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is not met as evidenced by:</p>	K0000			

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K0293 SS= F	<p>Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure exit and directional signs are displayed in accordance with 7.10, continuously illuminated and served by the emergency lighting system as required by 19.2.10.1. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1. On 03/22/2023 at approximately 12:22 PM, observation revealed the illuminated exit sign is missing at the double smoke barrier doors next to the fire panel. This would affect people finding the exit in the event of an evacuation.</p> <p>2. On 03/22/2023 at approximately 1:39 PM, observation revealed the doors leading into the enclosed courtyard in the short hallway from the dining area is easily mistaken for an exit and is not labeled NO EXIT in accordance with 2012 NFPA 101, 7.10.8.3.1. This could potentially lead occupants into the enclosed courtyard during an emergency.</p> <p>These findings were confirmed by interview with Facility Administrator and Facility Maintenance at the time of observation.</p>	K0293	<p>K293 Exit Signage CFR(s): NFPA 101 LSC 19.2.10.1</p> <p>All residents have the potential to be affected by the alleged deficiency. Illuminated Exit sign has been installed and NO EXIT sign put on both doors in short hallway by dining. The Maintenance director was educated on the importance having the exit signage up. The maintenance director will perform random audits of doors and exit signs in facility and record findings monthly x4 months. The Administrator/designee will check audit forms for 4 months and will present these audits to the QAA Committee for review and consideration of further corrective action. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 4/13/2023 and for sustained compliance thereafter.</p>			4/13/2023	

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K0345 SS= F	<p>Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 70 and NFPA 72, and records are readily available as required by 19.6.1.3, 9.6.1.5, NFPA 70 and NFPA 72. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 03/22/2023 at approximately 1:44 PM, observation revealed a heat detector located above the kitchen sink was not properly mounted on the ceiling. The heat detector was hanging by the wires from the ceiling.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of observation.</p>		K0345	<p>K345 CFR(s): NFPA 101 LSC 9.6.1.3, 9.6.1.5</p> <p>All residents have the potential to be affected by the alleged deficiency. The heat detector was remounted properly in the kitchen. The maintenance director has been educated the importance of ensuring all heat detectors are properly mounted. The maintenance director will perform monthly audits x4 months to ensure all heat detectors throughout the building are properly mounted. The Administrator/designee will check audit forms for 4 months and will present these audits to the QAA committee for review and consideration of further corrective action. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 4/13/2023, and for sustained compliance thereafter.</p>		4/13/2023	

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K0511 SS= F	<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 equipment using gas or gas-related piping complies with NFPA 54, and 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 all occupants in the event of accidental contact or unauthorized access by a unqualified individual.</p> <p>Findings Include:</p> <p>On 03/22/2023 between the hours of 12:00 PM and 3:00 PM, while surveying the facility, observation revealed electric panels in all resident halls throughout the facility are not secure as required by NFPA 101 LSC 2012 edition and NFPA 70 - 2011 edition, Chapter 110.27.</p> <p>These findings were confirmed by interview with Facility Maintenance at the time of observation.</p>		K0511	<p>K511 Utilities- Gas and electricity CFR(s): NFPA 101 LSC 9.6.1.3, 9.6.1.5</p> <p>All residents have the potential to be affected by the alleged deficiency. Electric panels have been locked throughout the facility. The Maintenance director was educated on the importance of having the electric panels locked. The maintenance director will perform random audits of electric panels monthly x4 months. The Administrator/designee will check audit forms for 4 months and will present these audits to the QAA committee for review and consideration of further corrective action. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 4/13/2023, and for sustained compliance thereafter.</p>		4/13/2023	

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K0521 SS= F	<p>HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure heating, ventilation and air conditioning is in compliance with 9.2, and installed in accordance with the manufacturer's specifications as required by 19.5.2.1 and 9.2. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 03/22/2023 at approximately 10:49 AM, record review revealed the facility failed to provide documentation for the required 4 year damper inspection throughout the facility. No documentation was provided by the exit of the survey.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of record review.</p>		K0521	<p>K521 HVAC CFR(s): NFPA 101 LSC 18.5.2.1, 19.5.2.1,9.2 All residents have the potential to be affected by the alleged deficiency. 4 year damper inspection completed on 3/29/2023 The maintenance director was educated on the importance of having the 4 year damper report. The Administrator/designee has verified this was complete and education provided to maintenance director. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 4/13/2023 and for sustained compliance thereafter</p>		4/13/2023	

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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 record review and interview, the facility failed to ensure fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions, are held at unexpected times under varying circumstances, conducted at least quarterly on each shift and responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership as required by 19.7.1.4 through 19.7.1.7. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 03/22/2023 at approximately 10:12 AM, record review revealed the facility failed to provide documentation of the alarm signals generated by the required fire drills that are to be transmitted and received by the fire alarm monitoring company. No proof of transmission of the alarm for the third shift (silent alarm) was provided by the exit of the survey.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of record review.</p>	K0712	<p>K-712Fire Drills CFR(s): NFPA 101 LSC 19.7.1 All residents have the potential to be affected by the deficient practice. It is the practice of the facility to conduct fire drills in accordance with LSC 19.7.1. The Maintenance Director was educated by the Administrator/designee on the LSC 19.7.1 requirement including the required. Time frame for conducting audible alarms, and the allowable timeframe for conducting silent alarms between 9:00pm and 6:00am Education was given to maintenance director on testing alarm system after a silent drill such as a third shift drill. The Administrator/designee will audit facility fire drills monthly x3 months to ensure compliance with the regulation, or until substantial compliance is achieved. The results will be presented to the QAA committee for review and consideration of further corrective actions. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 4/13/2023 and for sustained compliance.</p>			4/13/2023	

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K0920 SS= E	<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) assemblies 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 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 20 occupants in the event of a fire emergency.</p> <p>Findings Include:</p>	K0920	<p>K920 Electrical equipment- power cords and extension cords CFR(s): NFPA 101 LSC 10.2.3.6 All residents have the potential to be affected by the alleged deficiency. Mini Refrigerator was unplugged from powers strip and plugged into wall. The maintenance director and social work director were educated on the importance of not having appliances plugged into power strips. The Maintenance director will perform monthly audits x4 months to ensure items are plugged in to proper receptacles. The Administrator/designee will check audit forms for 4 months and will present these audits to the QAA committee for review and consideration of further corrective action. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 4/13/2023, and for sustained compliance thereafter</p>		4/13/2023

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	<p>On 03/22/2023 at approximately 1:10 PM, observation revealed a fridge is plugged into a power strip cord located in the Social Service Office.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of observation.</p>						