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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>824519</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>5/2/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OPTALIS HEALTH AND REHABILITATION OF CANTON</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7025 LILLEY ROAD<br/>CANTON, MI 48187</b> |
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| E0000<br>SS=   | Initial Comments<br><br>On May 2, 2023, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Optalis Health And Rehabilitation Of Canton was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.  | E0000 |  |  |
| E0030<br>SS= F | Names and Contact Information §403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.542(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1). [(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:] (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers. *[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [hospitals and CAHs]. (v) Volunteers. *[For RNHCs at §403.748(c):] The communication plan must include all of the following: (1) Names and | E0030 |  |  |

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

TITLE

(X6) DATE

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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|  | <p>contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers. *[For ASCs at §416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers. *[For Hospices at §418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices. *[For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers. *[For OPOs at §486.360(c):] The communication plan must include all of the following: (2) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Volunteers. (iv) Other OPOs. (v) Transplant and donor hospitals in the OPO's Donation Service Area (DSA). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to develop a communication plan including all of the following: names and contact information for the staff, residents' physicians, other LTC facilities and volunteers. This deficient practice could affect all facility occupants in the event of a natural, man-made, or facility-based emergency situation requiring the notification of</p> |   |   |                      |   |

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|  | <p>staff.</p> <p>Findings Include:</p> <p>On May 2, 2023 at 2:17 PM, record review revealed the facility failed to provide evidence of the required annual update of their distributed "Names and Contact Information" list of key staff members. 4 of the names included on the list were no longer employed at the facility.</p> <p>These findings were confirmed in interview with the facility Maintenance Director at the time of record review.</p> |  |   |   |

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| K0000<br>SS=   | <p><b>INITIAL COMMENTS</b></p> <p>On May 2, 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, Optalis Health ANd Rehabilitation Of Canton 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 2 - story building of Type II (222) construction with no basement, built in 2005 with an addition of Type II (000) built in 2011. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 150 certified beds. At the time of the survey the census was 99.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is NOT MET as evidenced by:</p> | K0000   |   |                      |   |

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| K0211<br>SS= E   | <p>Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure aisles, passageways, corridors, exit discharges, exit locations and accesses are in accordance with Chapter 7, and continuously maintained free of all obstructions to full use in case of an emergency as required by 19.2.1 and 7.1.10.1. This deficient practice could affect 20 of the 99 residents in the event of a fire.</p> <p>Findings Include:</p> <p>On May 2, 2023, at approximately 11:55 AM observation revealed the west 1st floor stairwell exit door was blocked by an outdoor table when opened and tested during survey. This deficient practice could prevent occupants from exiting the facility in an emergency.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> | K0211  |   |   |

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| K0345<br>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<br/>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 99 residents in the event of a fire.</p> <p>Findings Include:</p> <p>On May 2, 2023, at approximately 1:55 PM observation revealed the disconnecting means for the fire alarm system is not identified as "FIRE ALARM CIRCUIT" and does not have a red marking as required by NFPA 72, 10.5.5.2.2 and 10.5.5.2.3.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> | K0345  |   |   |
| K0351<br>SS= F   | <p>Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected</p>   | K0351  |   |   |

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|  | <p>throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)<br/>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure hospitals where required by construction type are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, as required by 19.3.5.1 through 19.3.5.5, 19.4.2, 19.3.5.10, 9.7 and 9.7.1.1(1). This deficient practice could affect all 99 residents in the event of a fire.</p> <p>Findings Include:</p> <p>On May 2, 2023, at approximately 12:52 PM observation revealed the sprinkler cabinet by the riser did not have an inventory list of spare sprinklers as required by NFPA 13 2010 Edition, 6.2.9.7.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> |   |   |   |

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| K0355<br>SS= E   | <p>Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure portable fire extinguishers are selected, installed, inspected and maintained in accordance with NFPA 10, as required by 19.3.5.12. This deficient practice could affect 6 occupants in the event of a fire.</p> <p>Findings Include:</p> <p>1) On May 2, 2023, at approximately 12:45 PM observation revealed the kitchen fire extinguisher to the right of the exit was blocked by a wheeled cart. This deficient practice could delay the availability of the fire extinguisher in the event of a fire. NFPA 10 6.1.3.1 requires fire extinguishers to be readily accessible and immediately available in the event of fire.</p> <p>2) On May 2, 2023, at approximately 12:35 PM observation revealed there was no ABC type fire extinguisher in the kitchen. NFPA 10 2010 Edition, 5.4.2.2 requires occupancies to be protected from all fire hazards including those hazards specific to a "K" rated fire extinguisher.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> | K0355   |   |                      |   |
| K0511<br>SS= F   | Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas  | K0511   |   |                      |   |



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|  | <p>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<br/>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 99 residents in the event of a fire.</p> <p>Findings Include:</p> <p>1) On May 2, 2023, at approximately 11:30 AM observation revealed the 2nd floor Electrical Room had a nurse cart and two wheeled chairs in front of the electrical panels. This deficient practice could delay access to the breaker switches in an emergency. National Electrical Code 70 Table 110.26(A)(1) requires 3 foot of clearance in front of working spaces.</p> <p>2) On May 2, 2023, at approximately 11:45 AM observation revealed the 1st floor Electrical Room had storage closer than 3 feet blocking access to the electrical panels. This deficient practice could delay access to the breaker switches in an emergency. National Electrical Code 70 Table 110.26(A)(1) requires 3 foot of clearance in front of working spaces.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> |   |   |                      |   |

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| K0531<br>SS= E   | <p>Elevators Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure elevators comply with the provisions of 9.4, are inspected and tested as specified in ASME A17.1 or ASME/ANSI A17.3 including firefighter's service as required by 19.5.3, 9.4.2 and 9.4.3. This deficient practice could affect more than a limited number of facility occupants in the event of fire.</p> <p>Findings Include:</p> <p>On May 2, 2022 at 12:26 PM, record review revealed the facility failed to documented evidence of the required "Monthly Fire Service Testing Record" test for their installed elevators equipped with the Firefighter Emergency Operation function from January 2022 to May 2022. No additional documentation was presented</p> | K0531   |   |                      |   |

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|  | to the surveyor by the time of surveyor exit.<br><br>These findings were confirmed in interview with the facility Maintenance Director at the time of record review. |   |   |                      |   |

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| K0781<br>SS= E   | <p>Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8<br/>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure portable space heating devices shall be prohibited in all health care occupancies. Unless used in non-sleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit as required by 18.7.8, 19.7.8. This deficient practice could affect 10 occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On May 2, 2023, at approximately 2:05 PM observation revealed oil filled space heaters being used in the facility's office areas. The space heaters do not provide information on the heating element requirement of NFPA 101 2012 Edition, 19.7.8(2). Testing during the survey with an infrared testing device recorded the maximum operating temperature of the heater at 250 degrees Fahrenheit. The heaters must also meet all the requirements of portable space heaters according to NFPA 101 2012 Edition, 19.7.8.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> | K0781   |   |                      |   |
| K0918<br>SS= F   | <p>Electrical Systems - Essential Electric Syste<br/>Electrical Systems - Essential Electric<br/>System Maintenance and Testing The</p>  | K0918   |   |                      |   |

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|  | <p>generator or other alternate power source 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</p> |   |   |                      |   |

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| K0923<br>SS= D   | <p>accordance with NFPA 110, and records are 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 all 99 residents in the event of an emergency.</p> <p>Findings Include:</p> <p>On May 2, 2023, at approximately 12:50 PM observation revealed the facility failed to provide the approved signage on the storage tank for the emergency generator notifying first responders of the tank's contents as required by NFPA 30 2012 Edition, 21.7.2.1.</p> <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</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. &gt;300 but &lt;3,000 cubic feet Storage locations 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</p> | K0923   |   |                      |   |

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|  | <p>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)</p> <p>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 2 of the 99 residents in the event of an emergency.</p> <p>Findings Include:</p> <p>1) On May 2, 2023, at approximately 11:20 AM observation revealed the facility failed to provide approved signage for the 2nd floor Oxygen Room according to NFPA 99 2012 Edition 11.3.4.2.</p> <p>2) On May 2, 2023, at approximately 12:00 PM observation revealed the 1st floor Oxygen Room had wheeled oxygen carts stacked between the "Full" and "Empty" oxygen cylinders in violation of NFPA 99 2012 Edition, 11.3.2.3. This deficient practice could prevent access to the oxygen cylinders in an emergency.</p> |   |   |                      |   |

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| K0925<br>SS= D   | <p>These findings were confirmed by the Maintenance Director at the time of observation and interview.</p> <p>Gas Equipment - Respiratory Therapy Sources Gas Equipment - Respiratory Therapy Sources of Ignition Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within in the site of intentional expulsion (1-foot). When other oxygen deliver equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area are of administration (15-feet). Solid fuel-burning appliances is not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. 11.5.1.1, TIA 12-6 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure when oxygen is being used, all sources of ignition are eliminated as required by 11.5.1.1 and TIA 12-6 of NFPA 99. This deficient practice could affect 4 of the 99 residents in the event of a fire.</p> <p>Findings Include:</p> <p>On May 2, 2023, at approximately 11:10 AM observation revealed the facility failed to post the Beauty Salon with a No Oxygen use in Salon sign. Oxygen use near the heating elements in the hair dryers could potentially lead to a fire emergency that involves a resident.</p> | K0925   |   |                      |   |



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|  | These findings were confirmed by the Maintenance Director at the time of observation and interview.                    |   |   |                      |   |