

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 834860	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 6/22/2023
NAME OF PROVIDER OR SUPPLIER OMNI CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5201 CONNER DETROIT, MI 48213		
(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=	Initial Comments On June 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 Omni Continuing Care was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000			
K0000 SS=	INITIAL COMMENTS On June 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, Omni Continuing Care 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. The facility is a 2 story building of Type II (222) construction, built in 1969. The building is fully sprinklered with a full basement and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 136 certified beds. At the time of the survey the census was 92. The requirement at 42 CFR, subpart 483.90 (a) is NOT MET as evidenced by:	K0000			

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

TITLE

(X6) DATE

Electronically Signed

07/13/2023

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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K0211 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 out of 92 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On June 22, 2023 at approximately 8:45 AM. observation revealed the facility failed to maintain the minimum lighting requirements in the basement East exit hallway. The hallway was absent of lighting due to the fixture being damaged.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>	K0211	<p>K211 Element 1 The damaged lighting fixture located in the basement east exit hallway has been replaced and is in working order. Element 2 Maintenance Director has checked all like fixtures to ensure all are in working order. No others were identified. Element 3 Maintenance Director or designee will conduct weekly checks x 4 weeks, monthly thereafter. Findings will be discussed during monthly QAPI meetings. Element 4 Maintenance Director will be responsible for ongoing compliance</p>	7/21/2023
K0711 SS= F	<p>Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the</p>	K0711	<p>K711 Element 1 Facility has retrieved documentation of fire alarm signals for the fire drills identified as missing in the months of January, February, March, April and May.</p>	7/21/2023

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K0914 SS= F	<p>plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure there is a written plan for the protection of all residents and for their evacuation in the event of an emergency, employees are periodically instructed in their duties under the plan, the plan is readily available, addresses the basic response required by staff and provides all components as required by 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2 and 19.7.2.3. This deficient practice could affect all 92 residents in the event of a fire.</p> <p>Findings Include:</p> <p>On June 22, 2023, at approximately 9:30 AM record review revealed the facility failed to include documentation of the transmission of a fire alarm signal for fire drills for the months of January, February, March, April and May as required by NFPA 101 2012 Edition, 19.7.1.4. No documents were provided by survey exit.</p> <p>These findings were confirmed by the Maintenance Director at the time of record review and interview.</p>	K0914	<p>Element 2 The facility policy and procedure was reviewed and deemed appropriate. Fire Drill are being conducted per regulation and policy.</p> <p>Element 3 Maintenance Director or designee will maintain documentation of all transmissions of the fire alarm signal as required. Administrator will audit compliance x 4 weeks, randomly thereafter. Findings will be discussed during monthly QAPI meetings.</p> <p>Element4 Maintenance Director will be responsible for ongoing compliance</p>	7/21/2023	
	Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at		K 914 Element 1 The receptacle testing identified as not being		

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	<p>patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance date. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Records are maintained of required tests and associated repairs or modifications, contain date, room or area tested and results as required by 6.3.4 of NFPA 99. This deficient practice could affect all 92 residents in the event of a fire.</p> <p>Findings Include:</p>		<p>conducted per facility record review has been completed for year 2023. Element 2 The facility policy and procedure has been reviewed and has been deemed appropriate. Maintenance Director received a One on One In-service education on ensuring general LSC code task are being carried out per policy and regulation. Element 3 Maintenance Director or designee will conduct yearly testing as required, per regulation and facility policy. Findings will be discussed during monthly QAPI meetings. Element 4 Maintenance Director will be responsible for ongoing compliance</p>		

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K0918 SS= F	<p>On June 22, 2023, at approximately 11:20 AM record review revealed the facility failed to record the testing of the resident room receptacles not identified hospital-grade as required by NFPA 99 2012 Edition, 6.3.4.1.3. The receptacle test must be recorded every 12 months. No documents were provided by surey exit.</p> <p>These findings were confirmed by the Maintenance Director at the time of record review and interview.</p> <p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The 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</p>	K0918	<p>K918 Element 1 1. Document required as proof of testing has been provided/completed for the annual load ban testing. There is a current service plan in place as of 7/5/2023. 2. Proof of the monthly load test has been provided/ and conducted for current month as of 7/5/2023. 3. Proof of weekly generator inspection has been provided and is being conducted as required 4. Proof of monthly specific gravity test values has been provided/and conducted for current month as of 7/5/2023. 5. Documented proof of annual diesel fuel analysis has been provided as of 7/5/2023. Element 2 The facility policy for Generator Testing was reviewed and deemed appropriate. Maintenance Director received a One on One In-service education on ensuring general LSC code task are being carried out per policy and regulation. Element 3 Maintenance Director will complete all required Generator load bank test, fuel analysis and gravity test per policy. Administrator will audit compliance x 4 weeks,</p>	7/21/2023

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	<p>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) This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review 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 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 92 residents in the event of an emergency.</p> <p>Findings Include:</p> <p>1) On June 22, 2023, at approximately 10:42 AM record review revealed the facility failed to document the required annual load bank testing on the 60-kW emergency diesel generator. When contacted by phone, the servicing vendor for the 60-kW generator replied, the annual service contract was "canceled or just not scheduled." No documents were provided by survey exit.</p> <p>2) On June 22, 2023, at approximately 10:45 AM record review revealed the facility failed to record the monthly exercise under load of the 60-kW emergency diesel generator as required by NFPA 110 2010 Edition, 8.4.1. No documents were provided by survey exit.</p> <p>3) On June 22, 2023, at approximately 10:45 AM</p>		<p>randomly thereafter. Findings will be discussed during monthly QAPI meetings. Element 4 Maintenance Director will be responsible for ongoing compliance.</p>	

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K0920 SS= D	<p>record review revealed the facility failed to record the weekly inspection on the 60-kW emergency diesel generator as required by NFPA 110 2010 Edition, 8.4.1. No documents were provided by survey exit.</p> <p>4) On June 22, 2023, at approximately 11:00 AM record review revealed the facility failed to record the monthly specific gravity test values for lead-acid batteries or monthly conductance test values for maintenance free generator batteries for the 60 -kW emergency generator as required by NFPA 110 2010 Edition, 8.3.7.1. No documents were provided by survey exit.</p> <p>5) On June 22, 2023, at approximately 11:30 record review revealed the facility failed to provide documentation of an annual diesel fuel analysis for the 60 kW emergency diesel generator as required by NFPA 110 2010 Edition, 8.3.8. No documents were provided by survey exit.</p> <p>These findings were confirmed by the Maintenance Director at the time of record review and interview.</p> <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</p>	K0920	<p>K920 Element 1 The Air Conditioner observed plugged into an extension cord, in the In-service room at door # 7, has been removed. Element 2 The facility policy and procedure was reviewed and deemed appropriate. Office personnel where educated on the policy and procedure related to extension cord use. They were informed if they saw them (extension cords) they are to report those finding to the Maintenance Director. There were no other cords found in use in the facility. Maintenance Director received a One on One In-service</p>	7/21/2023

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	<p>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 5 out of 92 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On June 22, 2023 at approximately 9:15 AM. observation revealed a window mounted air conditioner plugged into an extension cord in the first floor inservice room at door #7.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>		<p>education on ensuring general LSC code task are being carried out per policy and regulation.</p> <p>Element 3 Maintenance Director will conduct audits x 4 weeks, random thereafter. Findings will be discussed during monthly QAPI meetings.</p> <p>Element 4 Maintenance Director will be responsible for ongoing compliance.</p>		