

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>704050</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>7/12/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LAURELS OF HUDSONVILLE (THE)</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3650 VAN BUREN HUDSONVILLE, MI 49426</b>			
(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 July 12, 2023, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Laurels of Hudsonville 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 July 12, 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, Laurels of Hudsonville 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 one story building of type II (111) construction, built in 1964. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.  The facility has 108 certified beds. At the time of the survey the census was 83.  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

08/08/2023

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 potentially affect occupants, staff and visitors in the event of an emergency evacuation is required and the corridor is obstructed.</p> <p>Findings Include:</p> <p>1. On 7/12/23 at approximately 12:18 PM, observation revealed the nurses med cart obstructed the corridor during med pass at 300 hall restricting the corridor width to residents. This finding was confirmed by interview with the facility Maintenance Staff at the time of observation. As required by 7.1.10.1</p> <p>2. On 7/12/23 at approximately 12:25 PM, observation revealed the food tray cart was observed unattended in the center of corridor near the DON office and N. boiler room restricting the corridor width to passing residents and staff. This finding was confirmed by interview with the facility Maintenance Staff at the time of observation.</p>	K0211	<p>K 211</p> <p>The Nurse's cart was moved when identified by the surveyor.</p> <p>Residents residing within the facility have the potential to be affected. Maintenance Director toured facility to ensure stored items were moved/stored to inside of halls. No additional concerns identified.</p> <p>Staff were reeducated to ensure that aisles, passageways, corridors, exit discharges, and exit locations were continuously maintained free of all obstacles.</p> <p>The Maintenance Director/Designee will conduct Environmental Rounds weekly x4, monthly x3.</p> <p>Concerns will be addressed immediately and reported to the QAPI Committee for further review and recommendations.</p> <p>Administrator will be responsible for overall sustained compliance.</p>		8/11/2023

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K0363 SS= E	<p>Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:</p>	K0363	<p>K 363</p> <p>Items stored in the doorways of rooms and curtains in direct line of doorway were removed to ensure the closing and latching of doors.</p> <p>Residents residing within the facility have the potential to be affected. Maintenance Director toured facility to ensure curtains and items stored in direct line of doorway were cleared. No additional concerns identified.</p> <p>Staff were reeducated to ensure that doorways to guest rooms are clear and not prohibited for closing. Guests leaving items in the doorways were also educated on an as needed basis to ensure they were adhering to the code.</p> <p>The Maintenance Director/Designee will conduct Environmental Rounds weekly x4, monthly x3 to ensure doorways and guest room doors are clear to allow for proper closing/latching. Concerns will be addressed immediately and reported to the QAPI Committee for further review and recommendations.</p> <p>Administrator will be responsible for overall sustained compliance.</p>			8/11/2023	

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	<p>Based on observation and interview, the facility failed to ensure doors protecting corridor openings in other than required enclosures of vertical openings, exits or hazardous areas are 1 3/4 inch solid-bonded core wood or capable of resisting the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed as required by 19.3.6.3, and 42 CFR 403, 418, 460, 482, 483 and 485.</p> <p>There is no impediment to the closing of doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. This deficient practice could affect occupants in the event doors do not close to prevent the transfer of smoke at the time of a fire.</p> <p>Findings Include:</p> <p>1. On 7/12/23 at approximately 11:45 AM, observation revealed the room divider curtain was in the door swing at room 213 located at 200 hall preventing the door from closing upon testing. This finding was confirmed by interview with facility Maintenance Staff at the time of observation. As required by 19.3.6.3</p>						

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	2. On 7/12/23 at approximately 12:04 PM, observation revealed the room divider curtain and and mobile assist device was stored in the door swing at room 317 located at 300 hall preventing the door from closing.						