

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/20/2023
NAME OF PROVIDER OR SUPPLIER SPECTRUM HEALTH REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4118 KALAMAZOO AVE S E GRAND RAPIDS, MI 49508		
(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=	<p>INITIAL COMMENTS</p> <p>On July 20, 2023, a complaint intake MI00138349, Life Safety Code Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Spectrum Health Rehabilitation and Nursing Center Grand Rapids 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.</p> <p>The facility is a two story building of Type II (111) construction, with partial basement, built in 2016. The facility is fully sprinklered with supervised smoke detection in the corridors and spaces open to the corridors. The facility has a 165 certified beds.</p> <p>The complaint alleges on July 18, 2023, at approximately 7:42 PM, facility staff discovered smoke coming from the dishwasher unit located at 1 south unit kitchenette pod. An investigation and interviews with staff revealed the facility activated its fire safety plan as fire extinguishers were discharged on the unit in question by staff before the fire department arrived. During the incident no residents were affected and residents were remained in their rooms with the doors closed until the incident was mitigated. Fire Department responded to further check appliance for extinguishment along and removed unit from building. The facility was found to be in compliance with the requirements for Life Safety. No citations were issued at the conclusion of this investigation.</p>	K0000			

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

TITLE

(X6) DATE

Electronically Signed

10/03/2023

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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	The allegations were substantiated with no deficiencies.						