

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2023	
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS					STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304		
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E0000 SS=	Initial Comments On October 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 SKLD Bloomfield Hills 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 October 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, SKLD Bloomfield Hills 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 3 story building of Type II (222) construction, built in 1971. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 159 certified beds. At the time of the survey the census was 138.	K0000					

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

TITLE

(X6) DATE

Electronically Signed

10/25/2023

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 30 occupants in the event of an emergency evacuation.</p> <p>Findings Include:</p> <p>1. On October 12, 2023 at approximately 10:40 AM observation revealed the 1 East North Hall Exit door is difficult to open and exceeds 15 lb of force to open. This may prevent or delay egress in the event of an emergency evacuation.</p> <p>2. On October 12, 2023 at approximately 11:30 AM observation revealed the central stairwell ground floor egress door is difficult to open and exceeds 15 lb of force to open. This may prevent or delay egress in the event of an emergency evacuation.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0211	<p>The 1 East North Hall Exit and the Central Stairwell ground floor egress door have been repaired to open appropriately.</p> <p>All exit and egress doors in the facility are at risk for a similar occurrence. An audit of exit and egress door was done to determine like circumstances and repairs were made if needed.</p> <p>Weekly audits will be done for four (4) weeks and monthly rounding audits of exit and egress doors will be done to ensure that doors are operating within code thereafter.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective action.</p> <p>The Maintenance Director/Designee will be responsible for assuring substantial compliance is attained through this plan of correction by 10/30/23 and for sustained compliance thereafter.</p>	10/30/2023	

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K0321 SS= E	<p>Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide Hazardous areas protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-</p>	K0321	<p>The storage room across from the Admissions Office Has had a door closer installed.</p> <p>Areas of storage in the facility are at risk for a similar occurrence. An audit of storage areas was done to determine like circumstances and make corrections if needed.</p> <p>Weekly audits will be done for four (4) weeks and monthly rounding audits of storage areas will be done to ensure that the facility maintains code thereafter.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective action.</p> <p>The Maintenance Director/Designee will be responsible for assuring substantial compliance is attained through this plan of correction by 10/30/23 and for sustained compliance thereafter.</p>	10/30/2023	

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	<p>applied protective plates that do not exceed 48 inches from the bottom of the door. This deficient practice could affect 15 occupants in the event of hazard room fire.</p> <p>Findings Include:</p> <p>1. On October 12, 2023 at approximately 10:30 AM observation revealed the storage room across from the admissions office has a large amount of combustible materials in storage and the door is not equipped with a self closer. This will potentially allow smoke heat and fire to escape the room and enter the adjacent area.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>						

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K0345 SS= E	<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 10 occupants in the event of a fire or smoke event.</p> <p>Findings Include:</p> <p>On October 12, 2023 at approximately 10:45 AM observation revealed a nonfunctioning battery operated smoke detector in the restroom across from resident room 124. This may lead to a delayed alarm notification in the event of a fire.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0345	<p>The non-functioning battery operated smoke detector across from resident room 124 has been removed.</p> <p>Additional areas in the facility are at risk for a similar occurrence. An audit of bathrooms was done to determine like circumstances and make corrections if needed.</p> <p>Weekly audits will be done for four (4) weeks and monthly rounding audits of bathrooms will be done to ensure that the facility maintains code thereafter.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective action.</p> <p>The Maintenance Director/Designee will be responsible for assuring substantial compliance is attained through this plan of correction by 10/30/23 and for sustained compliance thereafter.</p>	10/30/2023	
K0353 SS= F	<p>Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the</p>	K0353	<p>The dirty loaded sprinkler head in the soiled utility closet next to room 141 has been cleaned.</p> <p>Sprinkler heads in the facility are at risk for a</p>	10/30/2023	

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	<p>Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25, and records are readily available as required by 9.7.5, 9.7.7, 9.7.8 and NFPA 25. This deficient practice could affect all occupants in the event of fire.</p> <p>Findings Include:</p> <p>On October 12, 2023 at approximately 10:35 AM observation revealed a dirty loaded sprinkler head in the soiled utility closet next to resident room 141. This will potentially allow the sprinkler head to fail to function as designed when needed during a fire.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>		<p>similar occurrence. An audit of sprinkler heads was done to determine like circumstances and clean if needed.</p> <p>Weekly audits will be done for four (4) weeks and monthly rounding audits of sprinkler heads will be done to ensure that the facility maintains code thereafter.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective action.</p> <p>The Maintenance Director/Designee will be responsible for assuring substantial compliance is attained through this plan of correction by 10/30/23 and for sustained compliance thereafter.</p>				
K0920	Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords	K0920	The power strip plugged into another power strip at the one west nurse station has been	10/30/2023			

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SS= E	<p>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, records review 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 10 occupants in the event of fire.</p> <p>Findings Include:</p> <p>On October 12, 2023 at approximately 10:45 AM observation revealed a power strip plugged into</p>		<p>removed.</p> <p>Other nurse stations in the facility are at risk for a similar occurrence. An audit of nurse stations was done to determine like circumstances and remove additional power strips if needed.</p> <p>Weekly audits will be done for four (4) weeks and monthly rounding audits will be done to ensure that the facility maintains code thereafter.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective action.</p> <p>The Maintenance Director/Designee will be responsible for assuring substantial compliance is attained through this plan of correction by 10/30/23 and for sustained compliance thereafter.</p>				

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	<p>another power strip at the one west nurse station under the desk. This could potentially overload the electrical circuit causing an electrical fire.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>						