

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 238510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/6/2023
NAME OF PROVIDER OR SUPPLIER EATON COUNTY MEDICAL CARE FACI			STREET ADDRESS, CITY, STATE, ZIP CODE 530 W BEECH ST CHARLOTTE, MI 48813		
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E0000 SS=	Initial Comments On November 6, 2023, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Eaton County Medical Care Facility 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 November 6, 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, Eaton County Medical Care Facility was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 482.90(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 single story building of type II (111) construction, built in 1966. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 142 certified beds. At the time of the survey the census was 106. 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

11/27/2023

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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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 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 record review 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 a fire emergency.</p> <p>Findings Include:</p> <p>On 11/06/23 between the hours of 9:30 AM and 11:15 AM, record review revealed the annual fire suppression service report dated June 8, 2023, noted deficiencies. Those deficiencies are all dry sprinkler heads have not been tested or replaced in the last 10 years. No proof the replacement or current testing of the noted sprinkler heads was provided by the exit of the survey.</p>	K0353	<p>The facility is requesting a temporary waiver for this citation.</p> <p>Element I: The facility failed to ensure automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25.</p> <p>ELEMENT II: Signed work proposals were approved and received by Delau Fire Services on 11/21/2023. Delau confirmed that materials are being ordered and work has been scheduled for March 2024. Delau Fire Services will contact BHS regarding proposed work to ensure compliance.</p> <p>An additional scheduling for an alert will be placed on the maintenance calendar a full month prior to due date, for sprinkler and standpipe systems inspections, to give adequate time for scheduling.</p> <p>ELEMENT III:</p> <p>This waiver will not impact any residents, as the sprinkler head identified is in a non resident area (freezer). Until the work is completed, the facility will monitor the area weekly.</p> <p>A log will be created to track upcoming inspections. The Building Services Director or appointee will be responsible to ensure ongoing compliance.</p> <p>The log, weekly monitoring of the sprinkler head, and any updates regarding Delau's work schedule will be reviewed during the QAPI meetings and reviewed by the Administrator on a quarterly basis to ensure</p>		4/15/2024

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	These findings were confirmed by interview with Facility Maintenance at the time of record review.			ongoing compliance. ELEMENT IV: The facility is requesting a waiver. We respectfully request a date of April 15th, 2024.			

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K0917 SS= E	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Receptacles Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that electrical receptacles or cover plates supplied from life safety and critical branches have a distinctive color marking as required by 6.4.2.2.6, 6.5.2.2.4.2, and 6.6.2.2.3.2 of NFPA 99. This deficient practice could affect 40 occupants in the event of a power outage and the medication is without refrigeration.</p> <p>Findings Include:</p> <p>On 11/06/23 at approximately 1:18 PM, observation revealed a medication only refrigerator located in the medical records room is not connected to an outlet of select color to verify connection to the emergency back-up power system. Those select outlets would provide essential back-up power to the medicine only refrigerator units in the event of an emergency power outage.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of observation.</p>	K0917	<p>Element I: The facility failed to ensure a medication only refrigerator located in the medical records room is not connected to an outlet of select color to verify connection to the emergency back-up power system. Those select outlets would provide essential back-up power to the medicine only refrigerator units in the event of an emergency power outage.</p> <p>ELEMENT II: The facility has hired an electrician to install a connected outlet of select color to verify connection to the emergency back-up power system.</p> <p>ELEMENT III: A log will be created to track upcoming inspections. The Building Services Director or appointee will be responsible to ensure ongoing compliance. Log will be reported during QAPI meetings and reviewed by the Administrator on a quarterly basis to ensure ongoing compliance.</p> <p>ELEMENT IV: The facility will be in substantial compliance by 11.28.23.</p>		11/28/2023
K0918 SS= F	<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</p>	K0918	<p>Element I: The facility failed to consistently record the monthly specific gravity test values of the lead-acid generator batteries or the values for the monthly conductance test of the maintenance free generator batteries. Test</p>		11/28/2023

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	<p>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, 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</p>		<p>values are being logged on generator logs inconsistently some logs with and some logs without an actual quantitative number reading throughout the year. Also observation revealed in the A Unit electrical room at the transfer switch there is no battery backup emergency light as required by NFPA 110, 7.3.1.</p> <p>ELEMENT II: The facility will consistently record the monthly specific gravity test values of the lead-acid generator batteries or the values for the monthly conductance test of the maintenance free generator batteries.</p> <p>Unit A electrical room at the power transfer, a battery backup emergency light has been installed.</p> <p>ELEMENT III: The Building Services Director or designee will monitor logs and ensure emergency light is tested on a monthly basis to ensure compliance. Findings will be reported during QAPI and reviewed by the Administrator on a quarterly basis to ensure ongoing compliance.</p> <p>ELEMENT IV: The facility will be in substantial compliance by 11.28.23.</p>				

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	<p>111 and 700.10 of NFPA 70. This deficient practice could affect all occupants in the event of the generator failing to start.</p> <p>Findings Include:</p> <p>1. On 11/06/23 between the hours of 9:30-11:15 AM, record review revealed the facility failed to consistently record the monthly specific gravity test values of the lead-acid generator batteries or the values for the monthly conductance test of the maintenance free generator batteries. Test values are being logged on generator logs inconsistently some logs with and some logs without a actual quantitative number reading throughout the year.</p> <p>2. On 11/06/23 at approximately 2:08 PM, observation revealed in the A Unit electrical room at the transfer switch there is no battery backup emergency light as required by NFPA 110, 7.3.1.</p> <p>These findings were confirmed by interview with Facility Maintenance at the time of record review and observation.</p>						