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	504014	A. BUILDING _____ B. WING _____	1/24/2024

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SHELBY HEALTH AND REHABILITATION CENTER	46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315

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E0000 SS=	Initial Comments On January 25, 2024, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Shelby Health and Rehabilitation Center 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 January 24, 2024 a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Shelby Health And Rehabilitation Center, 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 single story building of Type II (111) construction, built in 1999. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 212 certified beds. At the time of the survey the census was 190.	K0000		
K0222 SS= E	Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side	K0222		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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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	unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.			

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	18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for delayed egress locking in accordance with 19.2.2.2.4, This deficient practice could affect 25 occupants in the event of an emergency evacuation. Findings Include: On January 24, 2024 at approximately 11:15 AM observation revealed the employee emergency exit double doors are equipped with delayed egress door locking hardware. The delayed egress hardware on the right side exit door is not activating when the door is pushed and it inoperable. This may potentially delay or obstruct an emergency evacuation through the emergency exit doors. These findings were confirmed thorough interview with the maintenance director at the time of observation.			
K0324 SS= F	Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control	K0324		

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	and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure cooking facilities are protected in accordance with NFPA 96, unless meeting the requirements of 19.3.2.5.2, 19.3.2.5.3 or 19.3.2.4.4, as required by 19.3.2.5.1 through 19.3.2.5.5, 9.2.3 and TIA 12-2. This deficient practice could affect 212 out of 212 occupants in the event of a fire emergency. Findings Include: On January 24, 2024, during review of facility records at approximately 10:35 AM, the facility failed to provide documentation the required monthly owner's visual kitchen hood system inspection had been completed, per NFPA 17A, 7.2.1 - 7.2.2. No documentation was provided by exit of the survey.			

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	These findings were confirmed through interview with the maintenance director at the time of record review.			

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K0345 SS= F	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 This REQUIREMENT is not met as evidenced by: Based on record review 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 212 out of 212 occupants in the event of a fire emergency. Findings Include: On January 24, 2024, during review of facility records at approximately 10:22 AM, the facility failed to provide documentation deficiencies found during annual fire alarm inspection/testing on 10/02/2023 were corrected. The vendor report showed three devices (2 releasing devices & 1 speaker/strobe) that failed during annual inspection/testing. No documentation was provided by exit of the survey. These findings were confirmed through interview with the maintenance director at the time of record review.	K0345		
K0351	Sprinkler System - Installation Spinkler	K0351		

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SS= F	System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure nursing homes are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, as required by 19.3.5.1 through 19.3.5.5, 19.4.2, 19.3.5.10, 9.7 and 9.7.1.1(1). This deficient practice could affect all occupants in the event of a fire. Findings Include: 1. On January 24, 2024 at approximately 2:30 PM observation revealed the exterior sidewall sprinkler head outside the emergency exit near resident room 907 is broken and the link is missing. Interview with the Maintenance Director reveled the sprinkler head froze and broke sometime last winter. The sprinkler vendor came in and capped the pipe to the sprinkler head but			

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	did not replace the sprinkler head. This will potentially leave the exterior overhang area unprotected during a fire and the sprinkler system not functioning as designed. 2. On January 24, 2024 at approximately 2:30 PM observation revealed the exterior sidewall sprinkler head outside the 900 wing exit under the canopy is missing. Only a hole filled with insulation where the sprinkler head was previously can be seen. Interview with the Maintenance Director revealed the sprinkler head froze and broke sometime last winter. He stated; "The sprinkler vendor came in and capped the pipe to the sprinkler heads but, did not replace the sprinkler head same as the other one." This will potentially leave the exterior overhang area unprotected during a fire and the sprinkler system not functioning as designed. These findings were confirmed through interview with the Maintenance Director at the time of observation.			
K0353 SS= F	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	K0353		

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	system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: 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 a fire. Findings Include: 1. On January 24, 2024 at approximately 11:00 AM observation revealed the sprinkler heads located in the main laundry washer dryer room are dirty and loaded with dust. This may lead to the sprinkler head not activating when needed during a fire. 2. On January 24, 2024 at approximately 11:15 AM observation revealed the sprinkler heads in the main activities room adjacent to the air supply diffusers are dirty loaded with dust. This may lead to the sprinkler head not activating when needed during a fire. These findings were confirmed through interview with the maintenance director at the time of observation.			
K0918 SS= F	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	K0918		

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	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) This REQUIREMENT is not met as evidenced by: 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 212 out of 212 occupants in the event of a			

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	electrical outage requiring emergency power from the facility generator. Findings Include: 1. On January 24, 2024, during review of facility records at approximately 11:10 AM, the facility failed to provide documentation specific gravity/conductance testing was being completed monthly on the generator batteries per NFPA 110, 8.3.7.1. Maintenance director was asked, what method the generator batteries were tested (specific gravity/conductance). The maintenance director stated, "the battery is a sealed maintenance free battery, and they did not know they had to test it". No documentation was provided by exit of the survey. 2. On January 24, 2024, during review of facility records at approximately 11:15 AM, the facility failed to provide documentation the generator diesel fuel quality test has been performed during the last 12 months, per NFPA 110, 8.3.8, fuel quality test performed at least annually using tests approved by ASTM standards. No documentation was provided by exit of the survey. These findings were confirmed through interview with the maintenance director at the time of record review.			
K0923 SS= E	Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing	K0923		

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	gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure storage of nonflammable gasses meet all requirements of 11.3.1 through 11.3.4 and 11.6.5 of NFPA 99. This deficient practice could affect 20 occupants in the event of fire in an oxygen storage room. Findings Include: On January 24, 2024 at approximately 10:00 AM			

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	observation revealed the main oxygen storage room door in the Hudson 2 wing does not have a sign mounted and readable from 5 feet that includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING". This may potentially lead occupants and responders to be unaware of the extra hazard of the space within during a fire. These findings were confirmed with the maintenance director at the time of observation.			