STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION		ATE SURVEY LETED
		414290	B. WING			1/11/2	2024
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STA	TE, ZIP CC	DE
SKLD BELTL	INE				2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROPR DEFICIENCY)	CROSS-	(X5) COMPLETION DATE
E0000	Initial Comments	;	E0000				
SS=	Preparedness S Michigan Depart Regulatory Affair Certification. At t was found in sub requirements for	aid at 42 CFR 483.73,					
K0000	INITIAL COMME	INTS	K0000				
SS=	Recertification S Michigan Depart Regulatory Affair Certification. At t was found not in the requirements Medicare/Medica Safety from Fire provisions of the Fire Protection A	2024, a Life Safety urvey was conducted by the ment of Licensing and rs, Bureau of Survey and he survey, SKLD Beltline substantial compliance with of or participation in aid at 42 CFR 482.90(a), Life and the applicable 2012 Edition of the National gency (NFPA) 101, Life the 2012 Edition of NFPA Facilities Code.					
	(000) construction additions in 1968 building is fully s supervised smol	ne story building of type II n, built in 1961, with 3, 1971 and 1973. The prinklered and has the detection in the corridors in to the corridors.					
		82 certified beds. At the y the census was 126.					
K0111		itation Building Rehabilitation ion, Modification, or	K0111		Building Rehabilitation 1: NFPA 101		2/6/2024
LABORATORY	DIRECTOR'S OR PI	ROVIDER/SUPPLIER REPRESEN	TATIVE'S SIGNA	TURE	TITLE	(X6) DA	TE
Electronical	ly Signed					02/03	3/2024

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.

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	À. BUILDING			(X3) DATE SURVEY COMPLETED	
		414290	B. WING _			1/11/2	024
NAME OF PRO	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
SKLD BELTL	INE				2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
SS= E	repair, renovation reconstruction co following: * Requi 19 * Requiremen 43.3, 43.4, 43.5, 19.1.1.4.3, 43.1.2 Change of Occup undergoing chan occupancy classi requirements of S permitted by 18.1 18.1.1.4.2 (4.6.7 (4.6.7 and 4.6.11 Any building und comply with the r 43.8. If the building a nonconforming is a fire barrier has resistance rating required for the a openings occur co protected by app with at least a 1- rating. Additions requirements of S (4.6.7 and 4.6.11) 18.1.1.4.1.2, 18.2 and 4.6.11), 19.1 19.1.1.4.1.3, 43.2 This REQUIREM evidenced by: Based on observatt failed to ensure a to renovation, modifi complies with the 5 Chapter 18 and 19 applicable Sections	Section 43.8. 18.1.1.4.1), 18.1.1.4.1.1 (8.3), 1.1.4.1.3, 19.1.1.4.1 (4.6.7 .1.4.1.1 (8.3), 19.1.1.4.1.2,		No resi All resid The fac corridod The ad Mainter underg the req building noncon a fire ba resistar require The Ad weekly weeks i complia an addi require facility I noncon barrier rating c the add mmedi	5.10.1 and 4.6.10.2 dents were Identified. dents can be affected by this pra- ility has removed a resident exit barrier located at 200 Hall. ministrator re-educated the hance Director to ensure that who bing an addition, it shall comply uirements of Section 43.8. When has a common wall with a forming structure, the shared wa arrier has at least a 2-hour fire- nce rating constructed of materia d for the addition. ministrator/designee will comple audits for four weeks. Then, eve for a month to ensure substantia ance, thus ensuring when under tion, the facility complies with th ments of Section 43.8. Therefore has a common wall with a forming building; the shared has with at least a 2-hour fire-resista onstructed of materials as requi lition. Any concerns will be addre ately. sults will be presented to the QA tee for review and consideration corrective actions. ministrator will ensure substanti- ance is attained through this plar on by 2/6/2024 and for sustaine ance after that.	en with e the all with als as te ery two l going e e, the s a fire noce red for essed A o f	

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		414290	B. WING _			1/11/2	024
NAME OF PROV	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
SKLD BELTL	INE				2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	Any building unde of occupancy class requirements of Se 18.1.1.4.2 or 19.1. by 43.1.2.2. Any building unde comply with the re the building has a nonconforming bu fire barrier having resistance rating cor required for the ad openings occur on protected by appro at least a 1-1/2 hour required by 18.1.1 18.1.1.4.1.1 (8.3), 19.1.1.4.1 (4.6.7 at 19.1.1.4.1.2, 19.1. 43.8. This deficient prac occupants and staf evacuation was rece was not maintained construction and n portion of the build Findings Include: On 1/17/24 at appr observation reveal located at 200 hall temporary obstruct egress to exit disct temporary barrier the railings of the of ratings for temporary	ergoing change of use or change sification complies with the ection 43.7, unless permitted by 1.4.2, 4.6.7, 4.6.11, as required ergoing an addition shall equirements of Section 43.8. If common wall with a ilding, the common wall is a at least a two hour fire onstructed of materials as ldition. Communicating ly in corridors and are wed self-closing fire doors with ar fire resistance rating as .4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.2, 18.1.1.4.1.3, nd 4.6.11), 19.1.1.4.1.1 (8.3), 1.4.1.3, 43.1.2.3 as required by etice could potentially affect 8 if in the event an emergency quired from the area and egress d during temporary nodification of a section or ding.					
	egress to exit disch temporary barrier the railings of the failed to meet the ratings for tempora limits egress durin	narge in one direction. The was on wheels and chained to corridor walls. The barrier construction requirements and					

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		ČÓMP	ATE SURVEY LETED		
AME OF PRO	vider or supplie	R		STREET ADDRESS, 2320 E BELTLINE GRAND RAPIDS,			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO CORRECTIVE ACTION SH REFERENCED TO THE DEFICIENC	OULD BE CROSS- APPROPRIATE	(X5) COMPLETION DATE	
K0271 SS= E	Exit discharge is with 7.7, provides meeting the prov to changes in ele maintained free of the exit discharge weather travel su This REQUIREM evidenced by: Based on observati failed to ensure exi accordance with 7. surface in accordan changes in elevatio of obstructions. Ac shall be a hard pac as required by 18.2 practice could pote and visitors in the from the area is required by 18.2 practice could pote and visitors in the from the area is required by 18.2 practice could pote and visitors in the from the area is required by 18.2 public way is obstr surface. Findings Include: 1. On 1/17/24 at ap observation reveal public way located door was obstructe non level accessibl confirmed by inter Maintenance Direc As required by 7.7 2. On 1/17/24 at ap observation reveal public way located	Exits Discharge from Exits arranged in accordance s a level walking surface isions of 7.1.7 with respect wation and shall be of obstructions. Additionally, e shall be a hard packed all- urface. 18.2.7, 19.2.7 IENT is not met as ion and interview, the facility it discharge was arranged in 7, provides a level walking nee with 7.1.7 with respect to on and shall be maintained free diditionally, the exit discharge ked all-weather travel surface 2.7, 19.2.7. This deficient entially affect occupants, staff event an emergency evacuation quired and the walkway to a ructed by a snow and icy opproximately 10:40 AM, ed the side walk leading to a loutside the 600 hall low exit ed by snow and ice creating a le surface. This finding was view with the facility ctor at the time of observation.	K0271	 K271 Discharge from Exits CFR(s): NFPA 101 LSC 7.7 No residents were identified All residents can be affected The facility cleared the side and ice, leading to the publ 600-hall low exit door. The facility has removed sr dumpster outside 600 Hall's The Administrator re-education Maintenance Director regard discharge arranged by prov- ensure there is a level walk meeting provisions 7.1.7 cc in elevation and being main obstructions. Additionally, t shall be a hard-packed all-v surface. The administrator/designeet months to ensure the exit of provisions in accordance w level walking surface meetic concerning changes in ele maintaining it free of obstru Additionally, the exit dischar hard-packed all-weather tra concerns identified will be a promptly. The results will be presented committee for review and co further corrective actions. The Administrator will ensure 	d. ed by this practice. ewalk from snow lic way outside the now, ice, and the s high exit door. ated the rding the exit visions 7.7 to cing surface oncerning changes ntained free of he exit discharge weather travel e will audit for four discharge meets <i>ith</i> 7.7, providing a ing provisions 7.1.7 vation and loctions. arge shall be a avel surface. Any addressed ed to the QAA consideration of	2/6/2024	

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 1/11/2024	
	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE,	ZIP COI	DE
SKLD BELTL	INE				2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
				correcti	nce is attained through this plan on by 2/6/2024 and for sustained nce after that.	d	
K0321 SS= E	Areas - Enclosur protected by a fir resistance rating doors) or an auto system in accord When the approv extinguishing sys areas shall be se by smoke resistir accordance with closing or autom have nonrated or plates that do no bottom of the dod zone locations of deficient in REM. Area Automatic S Boiler and Fuel-F Laundries (larger Repair, Maintena Soiled Linen Roo e. Trash Collectio gallons) f. Combu Rooms/Spaces (i Laboratories (if c see K322) This REQUIREM evidenced by: Based on observati failed to provide H fire barrier having (with 3/4 hour fire fire extinguishing s	s - Enclosure Hazardous e Hazardous areas are e barrier having 1-hour fire (with 3/4 hour fire rated omatic fire extinguishing ance with 8.7.1 or 19.3.5.9. red automatic fire stem option is used, the parated from other spaces ng partitions and doors in 8.4. Doors shall be self- atic-closing and permitted to field-applied protective t exceed 48 inches from the or. Describe the floor and hazardous areas that are ARKS. 19.3.2.1, 19.3.5.9 Sprinkler Separation N/A a. Fired Heater Rooms b. t than 100 square feet) c. ons (exceeding 64 gallons) on Rooms (exceeding 64 ustible Storage over 50 square feet) g. lassified as Severe Hazard - IENT is not met as	K0321	CFR(s) LSC 8.7 No resident All resident The face 500 Hat charged The face laundry the door The face laundry the door The add Mainter wheelcl surrourn self-cloor permitte protectif from the Adweekly substar motoriz penetra Further self-cloor penetra Further Self-cloor penetra Further Self-cloor penetra Further Self-cloor penetra Further Self-cloor penetra Further Self-cloor penetra Self-cloor Self Self Self Self Self Self Self Self	dents were identified. dents can be affected by this pra ility removed the extension code II, room #503. The motorized is r d in an outlet outside the room. ility has repaired the door lock to service from penetrations surro	e at how b the unding ed tion all be ied inches t t ly until uring no be ied inches rns	2/6/2024

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MUL A. BUILD	TIPLE CON	STRUCTION	(X3) DA COMPL	ATE SURVEY
		414290	B. WINC	G		1/11/2	024
	/IDER OR SUPPLIE	P			STREET ADDRESS, CITY, STATE		
SKLD BELTL		R			2320 E BELTLINE SE	, 219 001	JE
					GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR :FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	shall be separated resisting partitions 8.4. Doors shall be closing and permit applied protective inches from the bo practice could pott and visitors within compartment in th within the room as chair batteries in th Findings Include: 1. On 1/17/24 at ap observation reveal charged within the hall room # 503. T extension cord rou residents bed to th confirmed by inter Director and reside As required by 8.7 2. On 1/17/24 at ap observation reveal	pproximately 9:25 AM, ed wheel chair batteries being residents room located at 500 his surveyor observed an ted from the outlet near the e wheel chair. This finding was view with the Maintenance ent at the time of observation.		commit further The Ad complia correcti	sults will be presented to the QA tee for review and consideration corrective actions. ministrator will ensure substantia ance is attained through this plar on by 2/6/2024 and for sustaine ance after that.	al al	
K0353 SS= F	Sprinkler System Automatic sprink are inspected, te accordance with Inspection, Testii Water-based Firr Records of syste inspection and te	 Maintenance and Testing Maintenance and Testing Ier and standpipe systems sted, and maintained in NFPA 25, Standard for the ng, and Maintaining of Protection Systems. m design, maintenance, sting are maintained in a ind readily available. a) Date last checked b) Who provided 	K0353	Testing CFR(s) LSC: 5. No resi All resid The fac the spri	prinkler system- Maintenance at : NFPA 101 NFPA 25 2.1 and 9.7.5 dents were identified. dents can be affected by this pra illity has placed escutcheon plate nkler head at 400 hall storage, toom, dishwashing area in the cert	actice. es on	2/6/2024

STATEMENT OF D AND PLAN OF COF					(X3) DATE SURVEY COMPLETED 1/11/2024		
NAME OF PROVID	ER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
SKLD BELTLINE	E				2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG (EACH DEFICIEN	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
Sy Sy Ri nc Sy Th ev Ba fa str m re 9. cco th as m th Fi 1. ot Sy Co th as m th Sy Sy Th ev Sy Sy Th Fi Ev Sy Sy Th Ev Sy Sy Th Ev Sy Sy Th Ev Sy Sy Th Ev Sy Sy Th Ev Sy Sy Th Ev Sy Sy Th Ev Sy Sy Sy Th Ev Sy Sy Sy Th Ev Sy Sy Sy Th Ev Sy Sy Sy Sy Th Ev Sy Sy Sy Sy Sy Th Ev Sy Sy Sy Sy Sy Sy Sy Sy Sy Sy Sy Sy Sy	on-required or p ystem. 9.7.5, 9.7 his REQUIREM videnced by: ased on observati iiled to ensure the andpipe systems a antained in accor- ecords are readily .7.7, 9.7.8 and NF ould potentially at the event the fire sp designed as a res- tissing or displace the building at the the indings Include: . On 1/17/24 at ap bservation reveale 00 hall storage an orinkler escutched onfirmed by inter- faintenance Direc- ts required by NFI . On 1/17/24 at ap bservation reveale ishwashing area to issing an escutched . On 1/17/24 at ap bservation revealed ishwashing area to isservation revealed ishwashing area to isservation revealed ishwashing area to isservation revealed	Provide in nation on coverage for any artial automatic sprinkler 7.7, 9.7.8, and NFPA 25 ENT is not met as on and interview, the facility automatic sprinkler and are inspected, tested and rdance with NFPA 25, and available as required by 9.7.5, rPA 25. This deficient practice ffect all occupants and staff in prinkler system fails to operate sult of parts of the sprinkler d in various locations within time of a fire. proximately 9:33 AM, ad the sprinkler head located at d breakroom was without a on plate. This finding was view with the facility tor at the time of observation. PA 25 5.2.1 and 9.7.5 proximately 9:46 AM, ad the sprinkler head near the boated in the main kitchen was		The Ad Mainter sprinkle ensure system maintai records 9.7.5, 9 The Ad monthly sprinkle ensure system maintai records 9.7.5, 9 Concern The res commit further The Ad assurin through	, and 600 hall dining. ministrator re-educated the hance Director to ensure every r has escutcheon plates. Furthe the automatic sprinkler and star s are inspected, tested, and ned according to NFPA 25 and are readily available as require 7.7, 9.7.8, and NFPA 25. ministrator/Designee will perform audits x4 months to ensure ever the automatic sprinkler and star s are inspected, tested, and ned according to NFPA 25 and are readily available as require 7.7, 9.7.8, and NFPA 25. ministrator/Designee will be according to NFPA 25 and are readily available as require 7.7, 9.7.8, and NFPA 25. Hence the swill be presented to the QA tee for review and consideration corrective actions. ministrator will be responsible for g substantial compliance is atta this plan of correction by 2/6/2 sustained compliance after that	ndpipe that d by mery ermore, ndpipe that ed by se, any y. A n of or ined 024	

AND PLAN OF ((X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER: 414290	À. ÉUILDI	NG	STRUCTION	СО́МР _ 1/11/2	024
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S 2320 E BELTLINE SE	TATE, ZIP CO	DE
					GRAND RAPIDS, MI 495	46	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT IN	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD E FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
	observation reveal cross corridor door	pproximately 11:15 AM, ed the sprinkler head above the rs located at station one and ng an escutcheon plate.					
K0363 SS= E	protecting corrido required enclosu exits, or hazardo of smoke and are bonded core woo of resisting fire fo in fully sprinklere only required to r Corridor doors ar containing flamm materials have p Roller latches are regulation. These to auxiliary space flammable or cor Clearance betwe covering is not et doors complying if provided with a the door closed v applied. There is closing of the door release when the are permitted. Not unlimited height : meeting 19.3.6.3 frames shall be a other materials ir unless the smoke sprinklered. Fixe are allowed per a compartments tha area or fire resist window assembl 403, 418, 460, 44	Corridor - Doors Doors or openings in other than res of vertical openings, us areas resist the passage e made of 1 3/4 inch solid- od or other material capable or at least 20 minutes. Doors d smoke compartments are resist the passage of smoke. Ind doors to rooms table or combustible ositive latching hardware. e prohibited by CMS e requirements do not apply es that do not contain mbustible material. en bottom of door and floor kceeding 1 inch. Powered with 7.2.1.9 are permissible device capable of keeping when a force of 5 lbf is no impediment to the ors. Hold open devices that e door is pushed or pulled onrated protective plates of are permitted. Dutch doors .6 are permitted. Door abeled and made of steel or n compliance with 8.3, e compartment is d fire window assemblies 8.3. In sprinklered ere are no restrictions in rance of glass or frames in res. 19.3.6.3, 42 CFR Parts 32, 483, and 485 Show in ls of doors such as fire	K0363	CFR(s) LSC 19 No resid All resid The fact hall, root the hou office/s closing The Ad mainter ensure other th opening inch so resisting be prov the doo 42 CFR The Ad monthly that doo close, a complia will be i The res commit further	orridors- Doors : 403, 418,482, 483, 485 .3.6.3 dents were identified. dents can be affected by th illity has repaired room #50 om #513 at 500-hall, and th sekeeper's office at 100-ha torage. As evidenced by th and positively latching. ministrator/Designee and th ance director were re-edu doors protecting corridor of an required enclosures of gs, exits, or hazardous area lid-bonded core wood or ca g the passage of smoke. D ided with a means suitable r closed as required by 19 t 403, 418, 460, 482, 483, at ministrator/Designee will pr / audits every four months ors protect corridor opening and positively latch until sub ance is accomplished. Any mmediately addressed.	6 at 500- te door at all e doors he cated to penings in vertical as are 13/4 apable of oors shall e for keeping .3.6.3 and and 485. erform to ensure gs, the doors ostantial concerns e QAA ration of	2/6/2024

414290 B. WING 1/11/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
SKLD BELTLINE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546	
PRÉFIX TAG(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX 	(X5) PLETION DATE
protection 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 mean suitable for keeping the door closed as required by 19.3.6.3, and 42 CFR 403, 418, 460, 482, 483 and 485. 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. Normated protective plates of unlimited height are permitted. Bolabeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed pre 8.3. In sprinkler compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies are allowed pre 8.3. In sprinkler compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies are allowed pre 8.3. In sprinkler compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. This deficient practice could potentially affect occupants within the smoke compartment in the event the door fails to prevent the passage of smoke at the time of an fire emergency	

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		414290	B. WING		1/11/2	024	
NAME OF PRO	vider or supplie	R		STREET ADDRESS, CITY, 2320 E BELTLINE SE GRAND RAPIDS, MI 493		ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRI DEFICIENCY)	TION (EACH BE CROSS-	(X5) COMPLETION DATE	
K0374 SS= E	observation reveal located at 500 hall positive latch upor confirmed by inter Maintenance Dired As required by 19. 2. On 1/17/24 at ag observation reveal located at 500 hall testing. 3. On 1/17/24 at ag observation reveal office located at 10 positive latch upor Subdivision of Bt Barrie Subdivisic Smoke Barrier D in smoke barriers bonded wood-co that resists fire for protective plates permitted. Doors fire window asse self-closing or au require latching, swing in the dire opening provides 32 inches for swi 19.3.7.6, 19.3.7.1 This REQUIREN evidenced by: Based on observatt failed to ensure do inch solid bonded construction that r	pproximately 9:22 AM, ed the door at room # 513 failed to positive latch upon poproximately 10:11 AM, ed the door at house keepers 00 hall office/storage failed to a testing. uilding Spaces - Smoke on of Building Spaces - oors 2012 EXISTING Doors are 1-3/4-inch thick solid re doors or of construction or 20 minutes. Nonrated of unlimited height are are permitted to have fixed mblies per 8.5. Doors are ttomatic-closing, do not and are not required to ction of egress travel. Door a minimum clear width of nging or horizontal doors.	K0374	K374 Subdivision of Building Spa Barrier CFR(s): NFPA 101 LSC 19.3.7.8 No residents were identified. All residents could be affected by practice. The facility has repaired the cros smoke doors at 200 Hall Station bridge, and the administrator, as the doors closing upon testing. The Administrator re-educated th Maintenance Director to ensure of smoke barriers that are 1-3/4-inc bonded wood-core doors or cons resists fire for 20 minutes are sel automatic-closing and provide a width of 32 inches as required by 18.3.7.8 and 19.3.7.9.	r the deficient s-corridor One, Med- evidenced by doors in h solid struction that f-closing or maximum	2/6/2024	

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A	(X2) MULTIF A. BUILDING	PLE CON G	STRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		414290		B. WING _			1/11/2	024
	/IDER OR SUPPLIE	P				STREET ADDRESS, CITY, STATE,		
SKLD BELTL		n				2320 E BELTLINE SE GRAND RAPIDS, MI 49546		DL
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)		ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (E. RECTIVE ACTION SHOULD BE CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
	 19.3.7.6, 18.3.7.8 a practice could pote and visitors within the event the smok prevent the passage compartment to the emergency. Findings Include: 1. On 1/17/24 at ap observation reveale doors located at 20 close upon testing. interview with the at the time of observation revealed observation revealed observation revealed to be provided at the time of observation revealed by the time of the time	32 inches as required by ind 19.3.7.9. This deficient intially affect occupants staff the smoke compartments in e doors failed to close to e of smoke from one smoke e next at the time of an fire pproximately 10:23 AM, ed the cross corridor smoke 0 hall station one failed to This finding was confirmed by facility Maintenance Director rvation. As required by 19.3.7.8 pproximately 11:20 AM, ed the cross corridor smoke ed bridge and administration n testing.			corridor monthly reached that are doors o minutes and pro- required Any cor The res commit further The Ad complia	ministrator/designee will audit cro smoke doors weekly x4 weeks a until substantial compliance has 1-3/4-inch solid bonded wood-c r construction that resists fire for a re self-closing or automatic-clo wide a maximum width of 32 inch d by19.3.7.6, 18.3.7.8 and 19.3.7 neerns will be addressed immedi sults will be presented to the QAA tee for review and consideration corrective actions.	and s been riers ore 20 bsing nes as 7.9. ately. A of	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	A. BUILDI	TIPLE CONSTRUCTION NG	_ COMP	ATE SURVEY LETED 1 024	
IAME OF PRO	DVIDER OR SUPPLIE	R		STREET ADDRESS, CITY 2320 E BELTLINE SE GRAND RAPIDS, MI 45			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPF DEFICIENCY)	D BE CROSS-	(X5) COMPLETIOI DATE	
K0511 SS= E	Electric Equipme piping complies v Gas Code, electr complies with NF Code. Existing in service provided 19.5.1.1, 9.1.1, 9 This REQUIREM evidenced by: Based on observati failed to ensure eq related piping com electrical wiring at NFPA 70, as requi 9.1.2. This deficient affect occupants at compartment in the shut down at the bi area to prevent inju Findings Include: On 1/17/24 at appr observation reveale environmental stor was obstructed by be immediately acc confirmed by inter	IENT is not met as ion and interview, the facility uipment using gas or gas- plies with NFPA 54, and ad equipment complies with red by 19.5.1.1, 9.1.1 and nt practice could potentially nd staff within the smoke e event an emergency electrical reaker panel is required for the ury,electrocution or a fire.	K0511	K511 Utilities- Gas and Electric CFR(s): NFPA 70 LSC 9.1.2 No residents were identified. All residents can be affected by The facility has removed the cle was obstructing the electrical pa environmental storage room loc to ensure immediate access. The administrator re-educated t housekeeping personnel to ensi- cleaning carts in the environmen rooms do not block the electrica Furthermore, the maintenance of re-directed to ensure equipment gas-related piping complies with electrical wiring and equipment 70, as required by 19.5.1.1, 9.1. The administrator/Designee will random audits weekly for four w monthly until substantial complia reached; thus, any concerns ide regarding using equipment usin related piping comply with NFP/ any problems will be presented to committee for review and conside further corrective actions. The Administrator will ensure su compliance is attained through t correction by 2/6/2024 and for s compliance.	this practice. eaning cart that anel in the ated 600 high he ure that ntal storage al panel. director was t using gas or n NFPA 54 and complies with .1, and 9.1.2. conduct weeks and ance has been entified g gas or A 70. Hence, immediately. the QAA deration of	2/6/2024	
	Electrical System	ns - Essential Electric Syste	K0918	K918- Electrical Systems- Esse	ntial Electric	2/6/2024	

			Á. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STA		(X3) DATE SURVEY COMPLETED 1/11/2024 E. ZIP CODE	
SKLD BELTLINE					2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRC REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
K0918 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 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						

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULT A. BUILDI	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		414290	B. WING			1/11/2	024
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			I	•	STREET ADDRESS, CITY, STATE, 2320 E BELTLINE SE GRAND RAPIDS, MI 49546		
(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)		DSS-	(X5) COMPLETION DATE
K0920 SS= E	maintained, inspec accordance with N readily available a 6.6.4 of NFPA 99, 700.10 of NFPA 7 potentially affect a facility diesel fuel contaminated fuel testing. Findings Include: On 1/17/24 betwee review revealed th documentation of testing for the year fuel sample testing This finding was of facility Maintenan observation. As re Electrical Equipm Extens Electrical and Extension C patient care vicir components of n electrical equipm that have been a personnel and m 10.2.3.6. Power vicinity may noth (e.g., personal el term care reside PCREE. Power st 1363A or UL 600 PCREE in the pa vicinity) meet UL rooms, power sti	ng service within 10 seconds, is ted, tested and exercised in FPA 110, and records are s required by 6.4.4, 6.5.4 and NFPA 110, NFPA 111 and 0. This deficient practice could ll occupants in the event the generator failed as a result of due to no annual fuel sample 2023. Records indicate the last gwas completed on 12/13/22. onfirmed by interview with the ce Director at the time of quired by NFPA 110, 8.3.7 hent - Power Cords and Equipment - Power Cords ords Power strips in a ity are only used for hovable patient-care-related ent (PCREE) assembles ssembled by qualified eet the conditions of strips in the patient care be used for non-PCREE ectronics), except in long- nt rooms that do not use strips for PCREE meet UL 001-1. Power strips for non- tient care rooms (outside of 1363. In non-patient care ips meet other UL wer strips are used with ons. Extension cords are not stue for fixed wiring of a	K0920	Extensi CFR(s) LSC: 10 No resid All resid The fac were no The Ad Mainter cords a structur cords u immedi	Electrical Equipment- Power Cord on Cords : NFPAc99 0.2.3.6 dents were identified. dents can be affected by this prace ility removed two extension cord of in use at 500 Hall, room # 502. ministrator re-educated the nance Director on ensuring exten re not used as a substitute for a e's fixed wiring. Additionally, extents sed temporarily are removed ately upon completion of the purp ore installed and meet the conditional	ctice. s that ision ension pose	2/6/2024

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 414290	À. ÉUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 1/11/2024		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST			ΓΕ, ZIP CODE	
SKLD BELTLINE				2320 E BELTLINE SE GRAND RAPIDS, MI 49546				
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				The Administrator/Designee will audit residents' rooms weekly for four weeks and then monthly for two months to ensure extension cords are not used as a substitute for a structure's fixed wiring. Additionally, extension cords used temporarily are removed immediately upon completion of the purpose they were installed and meet the conditions of 10.2.4. Hence, audit until substantial compliance has been accomplished by continuing with audits. Any concerns will be addressed immediately. The results will be presented to the QAA committee for review and consideration of further corrective actions. The Administrator will ensure substantial compliance is attained through this plan of correction by 2/6/2024 and for sustained compliance.				