

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>694020</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>1/10/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MEDILODGE OF GAYLORD</b>					STREET ADDRESS, CITY, STATE, ZIP CODE  <b>508 RANDOM LANE GAYLORD, MI 49735</b>		
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E0000 SS=	Initial Comments  On January 10, 2024, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Medilodge of Gaylord 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 10, 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, Medilodge of Gaylord 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 one story building of type II (000) construction, built in 1976. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.  The facility has 96 certified beds. At the time of the survey the census was 75.	K0000					

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

TITLE

(X6) DATE

Electronically Signed

02/02/2024

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.

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K0521 SS= F	<p>HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure heating, ventilation and air conditioning is in compliance with 9.2, and installed in accordance with the manufacturer's specifications as required by 19.5.2.1 and 9.2. This deficient practice could affect 96 out of 96 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On January 10, 2024, during review of facility records at approximately 12:11 PM, the facility failed to provide documentation the 4-year fire dampers were tested/inspected per NFPA 80, 19.4.1.1. The vendor report showed the facility has 83 total fire dampers and 54 were tested/inspected on 11/07/2023, leaving 29 untested. The facility was unable to provide documentation the remaining 29 fire dampers were tested/inspected between the inspection on 11/07/2023, and the time of survey.</p> <p>These findings were confirmed through interview with the maintenance director and regional maintenance director at the time of observation.</p>	K0521	<p>ELEMENT #1</p> <p>No residents have been effected by this deficient practice.</p> <p>On 1/15/24 the remaining fire dampers were tested/inspected for a total of 100% completion.</p> <p>ELEMENT #2</p> <p>All residents residing in the facility have the potential to be affected by this deficient practice.</p> <p>ELEMENT #3</p> <p>The Maintenance Director was re-educated on the Heating Ventilation &amp; Air Conditioning Systems and the importance of reviewing the "Executive Summary" of the inspection to ensure that it was completed on 100% of the dampers.</p> <p>NHA reviewed the HVAC Systems Policy and deemed it appropriate.</p> <p>ELEMENT #4</p> <p>Maintenance Director will continue to schedule fire damper tests/inspections per manufacturer's specifications and Life Safety Codes.</p> <p>NHA is responsible for ongoing compliance.</p>		2/19/2024
K0920 SS= E	<p>Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for</p>	K0920	<p>ELEMENT #1</p> <p>No residents have been effected by this deficient practice.</p>		2/19/2024

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	<p>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 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 approximately 10 out of 96 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On January 10, 2024, at approximately 10:22 AM, observation revealed central supply had two power strips plugged into each other powering office equipment.</p>		<p>The multi-plug adapter that was plugged into another multi-plug adapter has been removed.</p> <p>ELEMENT #2</p> <p>Approximately 10 out of 96 occupants have the ability to be effected by this deficient practice.</p> <p>ELEMENT #3</p> <p>The Maintenance Director/Designee will educate all staff that any multi-plug adapters must be plugged directly into the wall.</p> <p>NHA reviewed the Electrical Safety Policy and deemed it appropriate.</p> <p>ELEMENT #4</p> <p>The Maintenance Director/Designee will complete 3 weekly audits for 4 weeks or until substantial compliance is achieved to ensure multi-plug adapters are plugged into a wall outlet.</p> <p>NHA will report the audit results to the QAPI Committee monthly until substantial compliance is achieved and maintained.</p> <p>The NHA is responsible for compliance.</p>		

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