

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/1/2024
NAME OF PROVIDER OR SUPPLIER SHELBY HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315		
(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)		(X5) COMPLETION DATE
K0000 SS=	<p>INITIAL COMMENTS</p> <p>On March 1, 2024, a Life Safety Revisit 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.</p> <p>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.</p> <p>The facility has 212 certified beds. At the time of the survey the census was 188.</p>	K0000			
K0351 SS= F	<p>Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING</p> <p>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,</p>	K0351	<p>K351 F- Sprinkler System-Installation</p> <p>Element 1: Cited Area The exterior sidewall sprinkler head outside the emergency exit near room 907 has been added and is operational. The facility vendor (EAGLE Security) added the missing sprinkler head and bulb on 03/07/24. The sprinkler head outside the 900 wing exit under the canopy was repaired. The facility vendor (EAGLE Security) completed this task on 03/07/24.</p> <p>Element 2: Like Resident/Employees/Areas All other facility areas where above head fire sprinkler systems have been piped have potential to be impacted. The facility ensured</p>		2/27/2024

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

TITLE

(X6) DATE

Electronically Signed

03/07/2024

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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	<p>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:</p> <p>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.</p> <p>Findings Include:</p> <p>1. On March 1, 2024 at approximately 11:30 AM, observation revealed the exterior sidewall sprinkler head outside the emergency exit near resident room 907 is broken and the bulb is missing. Interview with the Maintenance Director revealed the sprinkler vendor ordered the wrong replacement type dry pendant sprinkler heads and was unable to replace the missing previously broken head. This will potentially leave the exterior overhang area unprotected during a fire and the sprinkler system not functioning as designed.</p> <p>2. On March 1, 2024 at approximately 11:40 AM, observation revealed the exterior sidewall sprinkler head outside the 900 wing exit under the canopy is not yet repaired. Only a hole filled with insulation where the sprinkler head was previously can be seen. Interview with the Maintenance Director revealed the sprinkler vendor ordered the wrong replacement type dry pendant sprinkler heads and was unable to replace the missing previously broken head. This will potentially leave the exterior overhang area</p>		<p>all other above head fire sprinklers have a sprinkler head and no links are missing from their designated areas.</p> <p>Element 3: Education Please note that no education is required. The Fire Safety Inspector was made aware and proof was provided during the March 1, 2024 re-visit that the facility (1) made communication with the vendor (2) the vendor came to the facility prior to the initial alleged date of compliance date to fix/repair the 2 noted deficient areas (3) Vendor ordered the wrong parts to complete the repairs and this was not noticed by the vendor until the vendor arrived to fix the two noted deficient areas (4) Vendor is coming back to the facility on March 7, 2024 to fix the 2 noted areas.</p> <p>Element 4: Audits Maintenance director or designee will complete a 1 time audit to ensure exterior sidewall sprinkler head outside the emergency exit near room 907 has been repaired/added and is operational. The 1 time audit will also ensure the sprinkler head outside the 900 wing exit under the canopy was repaired and operational. Audits will be submitted to QAA for review and recommendation.</p> <p>Element 5: Compliance Date of Compliance: Thursday, March 7, 2024</p>		

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	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.					