

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>614010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>4/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN CARE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2053 S SHERIDAN DRIVE MUSKEGON, MI 49442</b>
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E0000 SS=	Initial Comments  On April 16, 2024, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Christian Care Nursing Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
E0015 SS= F	Subsistence Needs for Staff and Patients §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.	E0015		

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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	<p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation and interview, the facility failed to develop, at a minimum, policies and procedures that address; the provision of subsistence needs for staff and patients whether they evacuate or shelter in place, including, but not limited to: Food, water, medical and pharmaceutical supplies, alternate sources of energy to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing and alarm systems, and sewage and waste disposal. This deficient practice could potentially affect all occupants and staff in the event the emergency food supply is not identified and maintained to a level that meets the needs of residents in the event of an emergency.</p> <p>Findings Include:</p> <p>On April, 16 2024, at approximately 8:39 AM. observation revealed the emergency food located in the kitchen storage room was not clearly</p>			

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K0000 SS=	<p>marked as emergency food and could potentially be used in everyday meal prep eliminating the emergency foods supply availability. This finding was confirmed by interview with the facility Maintenance #1 ,#2 and kitchen staff Director at the time of observation.</p> <p><b>INITIAL COMMENTS</b></p> <p>On April 16, 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, Christian Care Nursing Center 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.</p> <p>The facility is a one story building of type V (111) construction, built in 2011. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 49 certified beds. At the time of the survey the census was 48.</p>	K0000			

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K0345 SS= F	<p>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:</p> <p>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 potentially affect all occupants and staff in the event the fire alarm system fails to operate as designed as a result of incomplete maintenance on the system and devices..</p> <p>Findings Include:</p> <p>On 4/16/24 at between 11:45 am and 1:00 pm, record review revealed the fire alarm pull station located at faith wing dining area exit failed during annual testing of the fire alarm system on 3/12/24. The facility failed to provide documentation the issue has been corrected and device repaired or replaced. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 9.6.1.3</p>	K0345		
K0351	Sprinkler System - Installation Spinkler	K0351		

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SS= F	<p>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:</p> <p>Based on observation and interview, the facility failed to ensure hospitals where required by construction type 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 potentially affect all occupants and staff in the event the fire protection system fails to extinguish as designed at the time of a fire as a result of sprinkler obstructions to the system..</p> <p>Findings Include:</p> <p>On 4/16/24 at approximately 9:26 AM, observation revealed the concealed sprinkler head in the PPE storage room located at love main hall is obstructed by a light fixture. This finding is</p>			

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K0355 SS= F	<p>confirmed by interview with the facility Maintenance #1 and #2 at the time of observation. As required by 9.7.5</p> <p>Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, and interview, the facility failed to ensure portable fire extinguishers are selected, installed, inspected and maintained in accordance with NFPA 10, as required by 19.3.5.12. This deficient practice could potentially affect all occupants and staff in the event a fire extinguisher is out of service at the time of a fire emergency as a result from failed monthly checks.</p> <p>Findings Include:</p> <p>On 4/16/24 between 8:30 am and 12:30 pm a tour of the facility revealed the facility failed to conduct monthly checks with signatures on the fire extinguisher through out the facility. This finding was confirmed by interview with the Maintenance #1 and #2 at the time of observation. 19.7.4.1</p>	K0355		

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K0522 SS= E	<p>HVAC - Any Heating Device HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure any heating device other than a central heating plant is designed and installed so combustible materials cannot be ignited by the device, has a safety feature to stop fuel and shut down the equipment if there is excessive temperature or ignition failure and meets all additional provisions as required by 19.5.2.2. This deficient practice could potentially affect occupants within the smoke compartment and room itself in the event of a fire in the room as a result of a non approved heating device.</p> <p>Findings Include:</p> <p>On 4/16/24 at approximately 8:49 AM, observation revealed a clothing iron in resident room F8 located at faith hall. This finding was confirmed by interview with facility Maintenance #1 and #2 at the time of observation. As required by 19.5.2.2</p>	K0522			

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K0712 SS= F	<p>Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions, are held at unexpected times under varying circumstances, conducted at least quarterly on each shift and responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership as required by 19.7.1.4 through 19.7.1.7. This deficient practice could potentially affect all occupants, staff and visitors in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1. On 4/16/24 between 11:45 pm and 1:00 pm, record review revealed the facility failed to provide documentation of fire drills conducted on second and third shifts during the 2nd, 3rd, and 4th quarters within a 12 months period. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 19.7.1.6</p>	K0712			

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K0753 SS= E	<p>Combustible Decorations Combustible Decorations Combustible Decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure combustible decorations were prohibited except as permitted by the requirements of 19.7.5.6. This deficient practice could potentially affect occupants and staff within the facility in locations where combustible decorations are installed at the ceiling at the time of a fire.</p> <p>Findings Include:</p> <p>On 4/16/24 between 8:40 am and 11:45 am, during a tour of the facility observation revealed combustible decorations hanging from the ceiling in the main activity meeting room and the dining area located at faith hall. This finding was confirmed by interview with facility Maintenance #1 and #2 at the time of observation. As required by 19.7.5.6</p>	K0753			
K0918	Electrical Systems - Essential Electric Syste	K0918			

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SS= F	<p>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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure generators or other alternative power sources and associated equipment is</p>			

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	<p>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 potentially affect all occupants and staff in the event of a loss of the main utility power and the emergency power generator failed to operate as a result of a contaminated fuel source.</p> <p>Findings Include:</p> <p>On 4/16/24 between 11:45 am and 1:00 pm, record review revealed the facility failed to provide documentation of the required annual fuel sample testing on the diesel fuel powered generator. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by NFPA 110, 8.3.7</p>				