

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 394160		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 6/25/2024	
NAME OF PROVIDER OR SUPPLIER MEDILODGE OF WESTWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 2575 N DRAKE ROAD KALAMAZOO, MI 49006			
(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
E0000 SS=	Initial Comments On June 25, 2024, a complaint intake# MI00145191, Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Medilodge of Westwood was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.			E0000			

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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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On June 25, 2024, a complaint intake # MI00145191, Life Safety Code Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Medilodge of Westwood was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, subpart 483.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety code and the 2012 Edition of NFPA 99, Health Care Facilities Code.</p> <p>The complaint alleges on 6/19/24 at 3am, Smoke at fuse panel. Fire department shut power off to A and B halls. No other halls affected. No fire noted. Smoke stopped.</p> <p>The allegations were substantiated with deficiencies.</p> <p>The facility is a single-story building of Type II (111) construction originally built in 1973. A Therapy Wing addition was built in 2011 and was determined to be Type II(000) construction. The entire facility is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility also has single station battery-operated smoke detectors installed in all resident rooms.</p> <p>The facility has 97 certified beds. At the time of the survey the census was 93.</p> <p>The requirement at 42 CFR, subpart 483.90(a) is not met as evidenced by:</p>	K0000			

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K0211 SS= E	<p>Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure aisles, passageways, corridors, exit discharges, exit locations and accesses are in accordance with Chapter 7, and continuously maintained free of all obstructions to full use in case of an emergency as required by 19.2.1 and 7.1.10.1. This deficient practice could affect 15 occupants in the event of obstructed egress during and emergency.</p> <p>Findings Include:</p> <p>On 6/25/24 during the initial tour of the facility between 11:00am and 1:00pm, observation revealed B Hall had multiple extension cords of various sizes and connections taped on the floor throughout the corridor and into resident rooms. Equipment was being moved over the wires causing the tape to become unsecured and becoming a trip hazard. Further investigation revealed that the rooms did have power and there was no need for the cords to be used. The cords were then removed, and the residual tape was also removed.</p> <p>These findings were confirmed during an interview with the Maintenance #1 and Maintenance #2 at the time observed.</p>	K0211			

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K0511 SS= F	<p>Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide the electrical system in accordance with LSC Section 19.5.1.1, 9.1.2 and NFPA 70. The deficient practice could affect all occupants of the facility in the event of a thermal shock or an electrical overload.</p> <p>Findings Include:</p> <p>1. On 6/25/24 during the initial tour of the facility between 11:00am and 1:00pm, observation revealed the electrical breaker panel for Halls A and B showed signs of arching at several breaker locations. The facility's electrical contractor had removed some of the breakers and rewired the circuits. At the time of this survey only one room (215) was without power, and the residents of this room were relocated. The electrical contractor was scheduled to replace the electrical panel.</p> <p>2. On 6/25/24 during the initial tour of the facility between 11:00am and 1:00pm, observation revealed the facility's main yard transformer was overheating and smoking. This was determined to be because of a utility problem and Consumers Power was investigating the cause. The facility's emergency generator had transferred power from the utility and was supplying the facility with electrical power. The facility has a contract with their generator fuel supplier and at the time of this</p>	K0511			

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	survey the fuel tank was full. These findings were confirmed during an interview with the Maintenance #1 and Maintenance #2 at the time observed.						