

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 8/6/2024
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076	
(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 August 6, 2024, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Evergreen Health and Rehabilitation 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 August 6, 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, Evergreen Health and Rehabilitation 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 1 story building of type II (000) construction with no basement built in 1997. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 172 certified beds. At the time of the survey the census was 164.	K0000		
K0211 SS= E	Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses	K0211	K211 Element I	9/16/2024

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

TITLE

(X6) DATE

Electronically Signed

08/26/2024

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>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 10 out of 164 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On August 6, 2024 at approximately 10:30 AM. observation revealed the facility was storing and charging battery powered vital carts in the Redwood resident hallway. A vital cart was observed plugged into a wall outlet and not in use.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>		<p>The Vital sign machines were immediately unplugged and cleared from the hallways. In addition, immediate verbal education was provided to the nursing staff regarding plugged in equipment within the hallways is considered storage and equipment must be cleared.</p> <p>Element II All aisles, passageways, coordinators and exits were cleared of all stored charging equipment including vital sign machines, weight chairs and lift devices.</p> <p>Element III The maintenance department and nurse managers will monitor hallways and corridors daily for stored equipment in the egresses. Noncompliance will be removed immediately and placed within appropriate hall cut outs or designated charging areas. The nursing staff will be educated by 9/15/24 on what is an egress hall, corridors/hallways, importance of keeping all egresses clear and the locations for storing equipment while being charged.</p> <p>Element IV The ensure compliance the maintenance staff will audit each unit for inappropriate storage of equipment within the hallways/corridor three times a week for one month and then weekly for two months. Findings will be reported to the QAPI committee monthly for three months and then quarterly thereafter until the AQPI committee finds full compliance is being maintained.</p> <p>The maintenance director will be responsible for compliance.</p>				