

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>634560</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>9/30/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BLOOMFIELD HILLS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304</b>		
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E0000 SS=	Initial Comments  On September 30, 2024, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, SKLD Bloomfield Hills 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 September 30, 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, SKLD Bloomfield Hills 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 3 - story building of Type II (222) construction, with a walk-out basement built in 1971. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.  The facility has 159 certified beds. At the time of the survey the census was 120.	K0000			
K0353 SS= E	Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems	K0353	K353 Sprinkler System- Maintenance and Testing CFR(s): NFPA 101		10/25/2024

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

TITLE

(X6) DATE

Electronically Signed

10/21/2024

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 inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25, and records are readily available as required by 9.7.5, 9.7.7, 9.7.8 and NFPA 25. This deficient practice could affect 30 of 120 facility residents in the event of a fire.</p> <p>Findings Include:</p> <p>1) On September 30, 2024 at 1:53 PM, observation revealed dirty sprinkler heads in the Basement Hospice Area.</p> <p>2) On September 30, 2024 at 2:18 PM, observation revealed ceiling tile annular space approximately 6" x 13" at the sprinkler main line piping in the Maintenance Shop.</p> <p>3) On September 30, 2024 at 2:20 PM,</p>		<p>Element #1</p> <p>The facility has identified the dirty sprinkler heads and has cleaned them. The facility has identified the ceiling tile annular space approximately 6" x 13" at the sprinkler main line piping in the maintenance shop and this has been corrected. The facility identified the ceiling tile missing in the Maintenance shop and this has been resolved.</p> <p>Element #2</p> <p>The facility has identified that all residents have the potential to be affected. The facility has ensured all sprinkler heads are clean, ceiling tiles are placed appropriately and that there are no missing ceiling tiles in the facility.</p> <p>Element #3</p> <p>The Administrator has educated the Maintenance Director on sprinkler heads and ceiling tiles requirements. The Maintenance Director has educated their department of these requirements.</p> <p>Element #4</p> <p>The Maintenance Director, or designee, will conduct a weekly audit of 10 sprinter heads, 10 ceiling tiles x 4 weeks, to ensure they are being maintained in accordance with NFPA , and inspections are being conducted, and that resolutions are timely. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.</p> <p>Element #5</p> <p>The Maintenance Director, or designee, will</p>				

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K0511 SS= E	<p>observation revealed ceiling tile missing at the HVAC duct work in the Maintenance Shop.</p> <p>These findings were confirmed in interview with the Maintenance Director Lead at the time of observation.</p> <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 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure electrical wiring and equipment complies with NFPA 70, as required by 19.5.1.1, 9.1.1 and 9.1.2. This deficient practice could affect 66 of 120 facility residents in the event of a fire resulting from improperly maintained electrical equipment or components.</p> <p>Findings Include:</p> <p>1) On September 30, 2024 at 1:31 PM, observation revealed combustibles in the form of boxes of dietary food stuff stored within 3' of the energized electrical transformer in the Dietary Dry Storage Room.</p> <p>2) On September 30, 2024 at 1:35 PM, observation revealed the water-proof covering to the garbage disposal control box</p>			K0511	<p>be responsible for maintaining compliance, date of compliance 10/25/24.</p> <p>K511 Utilities- Gas and Electric CFR(s): NFPA 101¿</p> <p>Element #1¿</p> <p>The facility has identified the combustibles stored within 3 feet of the energized electrical transformer in the dietary dry storage and basement mechanical room, this has been resolved. The facility has identified the decoupled waterproof fitting for dish area 1 and 2 and resolved this. The facility has identified combustibles stored on the first floor Maintenance room and have resolved this.¿</p> <p>Element #2¿</p> <p>The facility has identified that all residents have the potential to be affected. A facility wide audit of Maintenance rooms have been conducted to ensure no other areas have combustibles. The facility has corrected the dish areas.¿</p> <p>Element #3¿</p> <p>The Administrator has educated the Maintenance Director and Food Service Director of requirements for maintaining waterproof sleeve and covering. The Maintenance Director and Food Service Director each have educated their staff on maintaining this equipment. The Maintenance</p>		10/25/2024

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	<p>in the Kitchen Dish Area 1 had decoupled from the water-proof fitting exposing the inner wiring</p> <p>3) On September 30, 2024 at 1:48 PM, observation revealed the water-proof sleeve to the garbage disposal control box in the Kitchen Dish Area 2 had decoupled from the water-proof fitting exposing the inner wiring.</p> <p>4) On September 30, 2024 at 2:10 PM, observation revealed combustibles in the form of an upholstered chair and furnace filter were stored within 3' of the energized electrical transformers in the Basement Mechanical Room.</p> <p>5) On September 30, 2024 at 3:43 PM, observation revealed combustibles in the form of disused towels, mop heads, a bedside table, and various pieces of discarded telephone equipment were stored within 3' of the electrical panel in the 1st floor Maintenance Room located by the 1 West Serving Kitchen.</p> <p>These findings were confirmed in interview with the Maintenance Director Lead at the time of observation.</p>		<p>Director and their staff have been educated in keeping combustibles out of dry storage, mechanical, and Maintenance rooms.¿</p> <p>Element #4¿</p> <p>The Maintenance Director, or designee, will conduct a weekly audit of each storage room x 4 weeks, to ensure storage rooms are free of combustibles and the process is being followed. The Maintenance Director, or designee, will conduct weekly audits of each dish area to ensure they are being maintained and working properly. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.¿</p> <p>Element #5¿</p> <p>The Maintenance Director, or designee, will be responsible for maintaining compliance, date of compliance 10/25/24.¿ K511 Utilities-Gas and Electric CFR(s): NFPA 101</p> <p>Element #1</p> <p>The facility has identified the combustibles stored within 3 feet of the energized electrical transformer in the dietary dry storage and basement mechanical room, this has been resolved. The facility has identified the decoupled waterproof fitting for dish area 1 and 2 and resolved this. The facility has identified combustibles stored on the first floor Maintenance room and have resolved this.</p> <p>Element #2</p> <p>The facility has identified that all residents have the potential to be affected. A facility wide audit of Maintenance rooms have been</p>		

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K0711 SS= F	Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and	K0711	<p>conducted to ensure no other areas have combustibles. The facility has corrected the dish areas.</p> <p>Element #3</p> <p>The Administrator has educated the Maintenance Director and Food Service Director of requirements for maintaining waterproof sleeve and covering. The Maintenance Director and Food Service Director each have educated their staff on maintaining this equipment. All staff have been educated in keeping combustibles out of oxygen, dry storage, mechanical, and Maintenance rooms.</p> <p>Element #4</p> <p>The Maintenance Director, or designee, will conduct a weekly audit of each storage room x 4 weeks, to ensure storage rooms are free of combustibles and the process is being followed. The Maintenance Director, or designee, will conduct weekly audits of each dish area to ensure they are being maintained and working properly. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.</p> <p>Element #5</p> <p>The Maintenance Director, or designee, will be responsible for maintaining compliance, date of compliance 10/25/24.</p> <p>K711 Evacuation and Relocation Plan CFR (s): NFPA 101</p> <p>Element #1</p>		10/25/2024

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	<p>kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure there is a written plan for the protection of all residents and for their evacuation in the event of an emergency, employees are periodically instructed in their duties under the plan, the plan is readily available, addresses the basic response required by staff and provides all components as required by 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2 and 19.7.2.3. This deficient practice could affect all 120 facility residents in the event of a fire on the range flat-top, grill, or in the plenum or hood ducting.</p> <p>Findings Include:</p> <p>On September 30 2024 between 1:43 PM and 1:48 PM, interview revealed the facility failed to ensure employees were "...periodically instructed in their duties under the plan". 3 on-duty dietary staff members (Dietary A, B, and C) were asked how to activate the range hood suppression nozzles in the event of a fire. None were able to correctly answer. The members were then asked which type of fires the wall-mounted portable Class K (silver) and ABC (red)</p>		<p>The facility has ensured all food service staff have been instructed of their duties under the evacuation and relocation plan. The food service staff are aware of how to activate the range hood suppression nozzles in the event of a fire. All food service staff are aware of which extinguishers to use in the event of a fire.</p> <p>Element #2</p> <p>The facility identified all residents have the potential to be affected.</p> <p>Element #3</p> <p>The Maintenance Director has provided education to the food service director of duties under the evacuation and relocation plan, how to activate range hood suppression nozzles, and extinguishers in the kitchen. All food service staff included in the evacuation plan have been educated in their duties. The food service director has educated all their staff and is responsible for ensuring all new staff are informed.</p> <p>Element #4</p> <p>The food service director will audit their staff knowledge on range hood suppression nozzles, evacuation and relocation plan, and extinguishers for 4x weeks. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.</p> <p>Element #5</p> <p>The Food Service Director, or designee, will be responsible for maintaining compliance, date of compliance 10/25/24.</p>		

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K0712 SS= F	<p>extinguishers could be used on. Only one, Dietary (B) guessed the correct answer for the Class K extinguisher.</p> <p>These findings were confirmed in interview with the facility Maintenance Director Lead at the time of interview and observation.</p> <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 affect all 120 facility residents in the event of a fire.</p> <p>Findings Include:</p> <p>On September 30, 2024 at 11:49 AM, record review revealed the facility failed to ensure</p>	K0712	<p>K712 Fire Drills CFR(s): NFPA 101</p> <p>Element #1</p> <p>The facility has ensured all fire drills have been completed with transmission of a fire alarm signal and simulation of emergency fire conditions are held at unexpected times under varying circumstances.</p> <p>Element #2</p> <p>The facility has identified that all residents have the potential to be affected.</p> <p>Element #3</p> <p>The Administrator has educated the maintenance director on fire drill requirements.</p> <p>Element#4</p> <p>The Maintenance Director will schedule monthly reminders of the next fire drill and ensure they are held at unexpected times under varying conditions. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.</p> <p>Element #5</p>	10/25/2024	

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	<p>the required Fire Drills were held at unexpected times under varying conditions. The fire drills for 2nd Shift, 1st through 3rd Quarter 2024, were held at: 1st Quarter on 3/15/2024 @ 4:55 PM; 2nd Quarter on 6/19/2024 @ 4:28 PM; 3rd Quarter on 8/30/2024 @ 4:17 PM and 4th Quarter 2023 on 11/30/2023 @ 3:35 PM.</p> <p>No other compliance supporting documentation was presented to the surveyor by the time of surveyor exit.</p> <p>These findings were confirmed in interview with the facility Maintenance Director at the time of record review.</p>		<p>The Maintenance Director, or designee, will be responsible for maintaining compliance, date of compliance 10/25/24.</p>				



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K0908 SS= F	<p>Gas and Vacuum Piped Systems - Inspection and Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the gas and vacuum systems are inspected and tests and records are maintained as required by 5.1.14.2.3, 5.2.13, 5.3.13 and 5.3.13.4 of NFPA 99. This deficient practice could affect all 120 facility residents in the event of a fire.</p> <p>Findings Include:</p> <p>On September 30, 2024 at 4:00 PM, record review revealed the facility failed to provide evidence of the required maintenance and testing of their installed piped-in resident room oxygen delivery/supply system. No compliance supporting documentation was provided to the surveyor by the time of surveyor exit.</p> <p>These findings were confirmed in interview with the Maintenance Director Lead at the time of record review.</p>	K0908	<p>K908 Gas and Vacuum Piped Systems- Inspection</p> <p>Element #1</p> <p>The facility has identified the evidence for the required maintenance and testing of their installed piped-in resident room oxygen delivery/supply system.</p> <p>Element #2</p> <p>The facility has identified all residents who have the potential to be affected and ensured all testing has been completed.</p> <p>Element #3</p> <p>The Administrator has educated the Maintenance director of requirements maintaining documentation of this testing.</p> <p>Element #4</p> <p>The maintenance director will schedule monthly reminders for the next scheduled testing. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.</p> <p>Element #5</p> <p>The Maintenance Director, or designee, will be responsible for maintaining compliance, date of compliance 10/25/24.</p>		10/25/2024
K0923 SS= E	<p>Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in</p>	K0923	<p>K923 Gas Equipment- Cylinder and Container Storage CFR(s):</p> <p>Element #1</p>		10/25/2024

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	<p>accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure storage of nonflammable gasses meet all requirements of 11.3.1 through 11.3.4 and 11.6.5 of NFPA</p>		<p>The facility has removed all combustible stock items stored within 5 feet of the stored racked oxygen cylinders in 1st floor oxygen room.</p> <p>Element #2</p> <p>The facility identified all residents have the potential to be affected and have audited all oxygen storerooms to ensure all oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Element #3</p> <p>The Administrator has educated the Maintenance Director about requirements for gas equipment, cylinder and container storage. The Maintenance Director has educated all staff about these requirements.</p> <p>Element #4</p> <p>The Maintenance Director or designee will complete rounds daily in each oxygen storeroom for x4 weeks to ensure sustained compliance. The results will be reviewed by the facility administrator, who will submit them to the QAPI committee for review and recommendation.</p> <p>Element #5</p> <p>The Maintenance Director, or designee, will be responsible for maintaining compliance, date of compliance 10/25/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>634560</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>9/30/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BLOOMFIELD HILLS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304</b>			
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	<p>99. This deficient practice could affect 35 of 120 facility residents in the event of a fire.</p> <p>Findings Include:</p> <p>On September 30, 2024 at 3:05 PM observation revealed combustible stock items in the form of oxygen concentrators, boxes and debris stored within 5' of stored racked oxygen cylinders in the 1st floor Oxygen Store Room.</p> <p>These findings were confirmed in interview with the Maintenance Director Lead at the time of observation.</p>						