STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	A (X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED		
		634560	B. WING	B. WING		9/30/2024	
NAME OF PROV	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
SKLD BLOON	NFIELD HILLS				2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 483	04	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CF FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
E0000	Initial Comments	3	E0000				
SS=	Preparedness S Michigan Depart Regulatory Affai Certification. At t Hills was found i with the requirer	0, 2024, an Emergency urvey was conducted by the ment of Licensing and rs, Bureau of Survey and he survey, SKLD Bloomfield n substantial compliance nents for participation in aid at 42 CFR 483.73, waredness.					
K0000	INITIAL COMME	INTS	K0000				
SS=	Recertification S Michigan Depart Regulatory Affai Certification. At t Hills was found r with the requirer Medicare/Medica Safety from Fire provisions of the Fire Protection A	0, 2024, a Life Safety urvey was conducted by the ment of Licensing and rs, Bureau of Survey and he survey, SKLD Bloomfield not in substantial compliance nents for participation in aid at 42 CFR 482.90(a), Life and the applicable 2012 Edition of the National gency (NFPA) 101, Life the 2012 Edition of NFPA Facilities Code.					
	(222) construction built in 1971. The and has supervised	B - story building of Type II on, with a walk-out basement e building is fully sprinklered sed smoke detection in the aces open to the corridors.					
		59 certified beds. At the by the census was 120.					
K0353 SS= E	Sprinkler Systen	n - Maintenance and Testing n - Maintenance and Testing der and standpipe systems	K0353		Sprinkler System- Maintenance a g CFR(s): NFPA 101	and	10/25/2024
LABORATORY	DIRECTOR'S OR P	ROVIDER/SUPPLIER REPRESEN	TATIVE'S SIGNA	TURE	TITLE	(X6) DA	TE
Electronicall	y 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 634560		À. ÉUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 9/30/2024		
	/IDER OR SUPPLIE	R	I		STREET ADDRESS, CITY, STATE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 483(DE
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	accordance with Inspection, Testi Water-based Fire Records of syste inspection and te secure location a sprinkler system system test system supply so REMARKS inform non-required or p system. 9.7.5, 9. This REQUIREN evidenced by: Based on observ facility failed to e sprinkler and sta inspected, tested accordance with readily available 9.7.8 and NFPA could affect 30 o event of a fire. Findings Include 1) On Septembe observation reve the Basement He 2) On Septembe observation reve space approxima main line piping i	b) Who provided c) Water burce Provide in mation on coverage for any bartial automatic sprinkler 7.7, 9.7.8, and NFPA 25 IENT is not met as vation and interview, the insure the automatic ndpipe systems are d and maintained in NFPA 25, and records are as required by 9.7.5, 9.7.7, 25. This deficient practice f 120 facility residents in the		heads a identific approxi- line pip has bee ceiling 1 and this Elemen The fac have th has ens ceiling 1 there a Elemen The Ad Mainter ceiling 5 Directo these n Elemen The Ma conduc 10 ceili being n and ins resoluti reviewe submit and rec	ility has identified the dirty sprin and has cleaned them. The facil do the ceiling tile annular space mately 6" x 13" at the sprinkler ri- ing in the maintenance shop and en corrected. The facility identified tile missing in the Maintenance side is has been resolved. At #2 will the maintenance shop and e potential to be affected. The fa- sured all sprinkler heads are clea- tiles are placed appropriately and re no missing ceiling tiles in the mance Director on sprinkler heads tiles requirements. The Maintenan r has educated their department equirements. At #4 ministrator has educated the nance Director, or designee t a weekly audit of 10 sprinter head intenance Director, or designee t a weekly audit of 10 sprinter head nantained in accordance with N pections are being conducted, a ons are timely. The results will to ad by the facility administrator, w them to the QAPI committee for commendation.	ity has main d this ed the shop nts acility an, d that facility. ds and ance t of e, will eads, ay are FPA, and that pe who will review	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:	A (X2) MULT A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		634560	B. WING			9/30/2024		
NAME OF PRO\	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	ZIP CODE	
SKLD BLOOMFIELD HILLS					2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 4830)4		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	TIX CORRECTIVE ACTION SHOULD BE (OSS-	(X5) COMPLETION DATE	
	the HVAC duct w Shop. These findings w	aled ceiling tile missing at ork in the Maintenance ere confirmed in interview ance Director Lead at the on.		be respo date of o	onsible for maintaining compliar compliance 10/25/24.	nce,		
K0511 SS= E	Electric Equipme piping complies v Gas Code, electr complies with NF Code. Existing in service provided 19.5.1.1, 9.1.1, 9 This REQUIREM evidenced by: Based on observ facility failed to e equipment comp required by 19.5. deficient practice facility residents resulting from im electrical equipm Findings Include: 1) On September observation reve form of boxes of within 3' of the er transformer in the 2) On September	ENT is not met as ation and interview, the nsure electrical wiring and ies with NFPA 70, as 1.1, 9.1.1 and 9.1.2. This could affect 66 of 120 n the event of a fire properly maintained ent or components.	K0511	101¿ Element The faci stored w transforn baseme resolved decoupl and 2 ar identifier Mainten Element The faci have the wide au conduct combus dish are Element The Adr Mainten Director Waterpro	lity has identified the combustib vithin 3 feet of the energized ele- mer in the dietary dry storage a nt mechanical room, this has be d. The facility has identified the ed waterproof fitting for dish are nd resolved this. The facility has d combustibles stored on the fir ance room and have resolved t t #2; lity has identified that all resider e potential to be affected. A faci dit of Maintenance rooms have ed to ensure no other areas have tibles. The facility has corrected as.;	etrical nd een ea 1 st floor his.; hts lity been ve t the g e g	10/25/2024	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 634560			A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		634560	B. WING		9/30/2	9/30/2024	
NAME OF PROV	/IDER OR SUPPLIE	R		STREET ADDRESS, CITY	, STATE, ZIP CO	DE	
SKLD BLOOMFIELD HILLS				2975 N ADAMS ROAD BLOOMFIELD HILLS,			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE	
	in the Kitchen Dish Area 1 had decoupled from the water-proof fitting exposing the inner wiring			Director and their staff have be keeping combustibles out of dry mechanical, and Maintenance r	/ storage,		
	observation reve to the garbage d Kitchen Dish Are water-proof fitting 4) On Septembe observation reve form of an uphols filter were stored electrical transfo Mechanical Roor 5) On Septembe observation reve form of disused t bedside table, ar discarded teleph within 3' of the el Maintenance Ro Serving Kitchen. These findings w	r 30, 2024 at 3:43 PM, aled combustibles in the owels, mop heads, a id various pieces of one equipment were stored ectrical panel in the 1st floor om located by the 1 West erere confirmed in interview ance Director Lead at the		Element #4; The Maintenance Director, or d conduct a weekly audit of each x 4 weeks, to ensure storage ro of combustibles and the process followed. The Maintenance Director designee, will conduct weekly a dish area to ensure they are be and working properly. The resu reviewed by the facility adminis submit them to the QAPI comm and recommendation.; Element #5; The Maintenance Director, or d be responsible for maintaining date of compliance 10/25/24.; Gas and Electric CFR(s): NFPA Element #1 The facility has identified the con- stored within 3 feet of the energy transformer in the dietary dry st basement mechanical room, the resolved. The facility has identified for and 2 and resolved this. The fa- identified combustibles stored of Maintenance room and have refined Element #2 The facility has identified that a have the potential to be affecter wide audit of Maintenance room	storage room ooms are free s is being ector, or uudits of each ing maintained Its will be trator, who will ittee for review esignee, will compliance, K511 Utilities- A 101 orage and is has been fied the dish area 1 cility has on the first floor solved this.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 634560 634560			À. BUILDI	NG	cc	(3) DATE SURVEY OMPLETED /30/2024		
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS					STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	L IDER'S PLAN OF CORRECTION (EACH RECTIVE ACTION SHOULD BE CROSS FERENCED TO THE APPROPRIATE DEFICIENCY)			
				Mainter Director waterpr Mainter Director maintai been eo oxygen	ministrator has educated the nance Director and Food Service r of requirements for maintaining oof sleeve and covering. The nance Director and Food Service r each have educated their staff on ning this equipment. All staff have ducated in keeping combustibles out , dry storage, mechanical, and nance rooms.	of		
				conduct x 4 weet of comb followed designed dish are and wo reviewed submit	t #4 intenance Director, or designee, will t a weekly audit of each storage room ks, to ensure storage rooms are free oustibles and the process is being d. The Maintenance Director, or ee, will conduct weekly audits of each at o ensure they are being maintain fking properly. The results will be d by the facility administrator, who we them to the QAPI committee for revi- ommendation.	n ed vill		
				Elemen	t #5			
				be resp	intenance Director, or designee, will onsible for maintaining compliance, compliance 10/25/24.			
K0711 SS= F	and Relocation F for the protection evacuation in the	Relocation Plan Evacuation Plan There is a written plan n of all patients and for their e event of an emergency. periodically instructed and	K0711	K711 E (s): NFF Elemen		10/25/2024		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, S 2975 N ADAMS ROAD BLOOMFIELD HILLS, M			(X3) DATE SURVEY COMPLETED 9/30/2024	
NAME OF PROVIDER OR SUPPLI	ER					
PRÉFIX (EACH DEFICIEI TAG FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	CORF	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD E FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
 plan, and a copy available with te security. The pla response require and provides for components per 18.7.1.3, 18.7.2 19.7.1.1 through 19.7.2.2, 19.7.2 This REQUIREN evidenced by: Based on obser facility failed to a for the protection evacuation in th employees are p duties under the available, addre required by staff components as 19.7.1.3, 19.7.2 This deficient pr facility residents range flat-top, g ducting. Findings Include On September 3 and 1:48 PM, in failed to ensure "periodically ir the plan". 3 on-c (Dietary A, B, ar activate the rang in the event of a correctly answer asked which typ 	MENT is not met as vation and interview, the ensure there is a written plan n of all residents and for their e event of an emergency, periodically instructed in their e plan, the plan is readily sses the basic response and provides all required by 19.7.1.1 through .1.2, 19.7.2.2 and 19.7.2.3. actice could affect all 120 in the event of a fire on the rill, or in the plenum or hood		have be evacuat service range h of a fire which e fire. Elemen The faci potentia Elemen The Ma educatio under th to activa and exti service have be service and is ro are info Elemen The foo knowled nozzles extingui reviewe submit t and rec	lity identified all residents I to be affected. t #3 intenace Director has provon to the food service directed e evacuation and relocation ate range hood suppression nguishers in the kitchen. A staff included in the evacu- ten educated in their duties director has educated all the esponsible for ensuring all rmed. t #4 d service director will audit dge on range hood suppresent, evacuation and relocation shers for 4x weeks. The read d by the facility administra hem to the QAPI committee pormendation.	es under the he food activate the n the event aware of event of a have the rided ctor of duties on plan, how n nozzles, All food lation plan s. The food heir staff new staff t their staff ssion n plan, and esults will be tor, who will ee for review	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 634560			A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 9/30/2024	
NAME OF PRO	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY, S	TATE, ZIP COD	P CODE	
SKLD BLOOMFIELD HILLS				2975 N ADAMS ROAD BLOOMFIELD HILLS, MI	48304		
(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 CORRECTI CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE	
	Dietary (B) guess the Class K extin These findings w with the facility M	Ild be used on. Only one, sed the correct answer for guisher. ere confirmed in interview laintenance Director Lead at iew and observation.					
K0712 SS= F	transmission of a simulation of emo- drills are held at times under vary quarterly on each with procedures part of establishe conducted betwe coded announce of audible alarms This REQUIREM evidenced by: Based on record facility failed to e transmission of a simulation of emo- held at unexpect circumstances, c on each shift and and conducting of competent perso exercise leaders through 19.7.1.7 could affect all 12 event of a fire. Findings Includes	tills Fire drills include the a fire alarm signal and ergency fire conditions. Fire expected and unexpected ing conditions, at least a shift. The staff is familiar and is aware that drills are en 9:00 PM and 6:00 AM, a ment may be used instead a. 19.7.1.4 through 19.7.1.7 IENT is not met as review and interview, the nsure fire drills include the a fire alarm signal and ergency fire conditions, are ed times under varying onducted at least quarterly responsibility for planning frills is assigned only to ns who are qualified to hip as required by 19.7.1.4. This deficient practice 20 facility residents in the 0, 2024 at 11:49 AM, record the facility failed to ensure	K0712	K712 Fire Drills CFR(s): NFPA 107 Element #1 The facility has ensured all fire drill been completed with transmission alarm signal and simulation of eme conditions are held at unexpected varying circumstances. Element #2 The facility has identified that all re have the potential to be affected. Element #3 The Administrator has educated th maintenance director on fire drill requirements. Element#4 The Maintenance Director will sche monthly reminders of the next fire ensure they are held at unexpected under varying conditions. The resu- reviewed by the facility administrat submit them to the QAPI committe and recommendation. Element #5	Is have of a fire ergency fire times under esidents e edule drill and d times lits will be or, who will	10/25/2024	

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION			IPLE CONSTRUCTION IG			(X3) DATE SURVEY COMPLETED	
		634560		B. WING			9/30/2024	
NAME OF PRO	VIDER OR SUPPLIE	R				STREET ADDRESS, CITY, STATE	, ZIP CO	DE
SKLD BLOOMFIELD HILLS						2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 4830	14	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (I PREFIX CORRECTIVE ACTION SHOULD BE CR TAG REFERENCED TO THE APPROPRIA DEFICIENCY)			OSS-	(X5) COMPLETION DATE	
	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. No other compliance supporting documentation was presented to the surveyor by the time of surveyor exit. These findings were confirmed in interview with the facility Maintenance Director at the time of record review.				be resp	intenance Director, or designee ionsible for maintaining compliar compliance 10/25/24.		

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. DPLAN OF CORRECTION IDENTIFICATION NUMBER: 634560		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 9/30/2024		
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS				2975 N ADAMS ROA	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ST BE PRECEDED BY PREFIX R LSC IDENTIFYING TAG		ECTION (EACH LD BE CROSS- PROPRIATE	(X5) COMPLETION DATE		
K0908 SS= F	Inspection and C Systems - Inspe The gas and vac and tested as pa and include the in of the inspection as required. 5.1. 5.3.13.4 (NFPA This REQUIREM evidenced by: Based on record facility failed to e systems are insp are maintained a 5.2.13, 5.3.13 ar deficient practice residents in the of Findings Include On September 3 review revealed evidence of the in testing of their in room oxygen de compliance supp provided to the s surveyor exit.	MENT is not met as I review and interview, the insure the gas and vacuum bected and tests and records as required by 5.1.14.2.3, ad 5.3.13.4 of NFPA 99. This e could affect all 120 facility event of a fire. : : : : : : : : : : : : : : : : : : :	K0908	K908 Gas and Vacuum Piped Inspection Element #1 The facility has identified the erequired maintenance and test installed piped-in resident roor delivery/supply system. Element #2 The facility has identified all rehave the potential to be affected all testing has been completed Element #3 The Administrator has educated Maintenace director of require maintaining documentation of Element #4 The maintenance director will monthly reminders for the next testing. The results will be revis facility administrator, who will st the QAPI committee for review recommendation. Element #5 The Maintenance Director, or obe responsible for maintaining date of compliance 10/25/24.	evidence for the ting of their m oxygen esidents who ed and ensured d. ed the ments this testing. schedule t scheduled iewed by the submit them to v and designee, will	10/25/2024		
K0923 SS= E	Storag Gas Equi Container Storag 3,000 cubic feet	- Cylinder and Container ipment - Cylinder and ge Greater than or equal to Storage locations are ructed, and ventilated in	K0923	K923 Gas Equipment- Cylinde Storage CFR(s): Element #1	er and Container	10/25/2024		

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 634560			À. ÉUILDIN	IPLE CONSTRUCTION	. COMP	(X3) DATE SURVEY COMPLETED _ 9/30/2024	
NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS				STREET ADDRESS, CITY, 2975 N ADAMS ROAD BLOOMFIELD HILLS, N			
X4) ID PREFIX TAG	(EACH DEFICIENT FULL REGULAT FULL REGULAT accordance with >300 but <3,000 are outdoors in a enclosed interior combustible contout outdoors) that cat gases are not stu- are separated from (5 feet if sprinkle of noncombustible minimum 1/2 hr. than or equal to smoke compart available for imm areas with an ag or equal to 300 of be stored in an ac handled with pre 11.6.2. A precau feet is on each of storage room, w wording as a min OXIDIZING GAS SMOKING." Sto are used in orde from the supplie	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION) 5.1.3.3.2 and 5.1.3.3.3. cubic feet Storage locations an enclosure or within an space of non- or limited- struction, with door (or gates an be secured. Oxidizing ored with flammables, and or combustibles by 20 feet and be secured. Oxidizing ored with flammables, and or combustibles by 20 feet and be secured. Oxidizing ored with flammables, and or combustibles by 20 feet and be secured. In a cabinet all construction having a fire protection rating. Less 300 cubic feet In a single nent, individual cylinders nediate use in patient care ggregate volume of less than cubic feet are not required to enclosure. Cylinders must be recautions as specified in titonary sign readable from 5 loor or gate of a cylinder here the sign includes the nimum "CAUTION: S(ES) STORED WITHIN NO rage is planned so cylinders r of which they are received r. Empty cylinders are full cylinders. When facility rs with integral pressure	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRO DEFICIENCY) The facility has removed all comt items stored within 5 feet of the s oxygen cylinders in 1st floor oxyg Element #2 The facility identified all residents potential to be affected and have oxygen storerooms to ensure all gases are not stored with flamma separated from combustibles by 3 feet if sprinkled) or enclosed in a noncombustible construction hav minimum ½ hr. fire protection rati Element #3 The Administrator has educated 5 Maintenance Director about requi gas equipment, cylinder and com storage. The Maintenance Direct educated all staff about these rec Element #4 The Maintenance Director or des complete rounds daily in each ox storeroom for x4 weeks to ensure	BE CROSS- DPRIATE Dustible stock tored racked gen room. addited all oxidizing ables and are 20 feet (5 cabinet of ing a ing. the irements for tainer or has quirements.	(X5) COMPLETION DATE	
	 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) This REQUIREMENT is not met as evidenced by: 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 			compliance. The results will be re the facility administrator, who will to the QAPI committee for review recommendation. Element #5 The Maintenance Director, or des be responsible for maintaining co date of compliance 10/25/24.	submit them and signee, will		

			A	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STAT 2975 N ADAMS ROAD		STREET ADDRESS, CITY, STATE,	(X3) DATE SURVEY COMPLETED 9/30/2024 , ZIP CODE	
						BLOOMFIELD HILLS, MI 4830	4	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E. RECTIVE ACTION SHOULD BE CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
	 99. This deficient practice could affect 35 of 120 facility residents in the event of a fire. Findings Include: 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. These findings were confirmed in interview with the Maintenance Director Lead at the time of observation. 							