

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 1/28/2025
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NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
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E0000 SS=	Initial Comments On January 28, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey SKLD Beltline 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 January 28, 2025, 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 Beltline 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 single story building of type II (000) construction built in 1961, with additions in 1968, 1971 and 1973. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 182 certified beds. At the time of the survey the census was 127.	K0000		
K0222	Egress Doors Egress Doors Doors in a required means of egress shall not be	K0222		

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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SS= E	<p>equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled</p>				

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K0321 SS= E	<p>Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for clinical needs in accordance with 19.2.2.2.5.1 and 19.2.2.2.6. This deficient practice could potentially affect 63 occupants, staff and visitors in the event exit door operation is not identified at the time of an emergency evacuation from the area.</p> <p>Findings Include:</p> <p>On January 28, 2025, at approximately 10:23 AM, observation revealed the main dining room 15 second delayed egress door was without a sign indicating the door is a 15 second delayed egress door. This finding was confirmed by interview with the facility Maintenance Director at the time of operation. As required by 7.2.1.6.1.1 (4)</p> <p>Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing</p>	K0321		

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	<p>system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide Hazardous areas protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. This deficient practice could potentially affect 23 occupants and staff within the smoke compartment in the event of a fire in the storage room could allow the</p>			

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K0324 SS= F	<p>passage of smoke into the resident corridor.</p> <p>Findings Include:</p> <p>On January 28, 2025, at approximately 10:35 AM, observation revealed the storage room door located at 400 hall across from room 404 contained a small penetration on the metal plate near the door hardware. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 8.7</p> <p>Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure cooking</p>	K0324			

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K0353 SS= F	<p>facilities are protected in accordance with NFPA 96. This deficient practice could potentially affect all occupants in the event of a fire emergency at the kitchen hood..</p> <p>Findings Include:</p> <p>On January 28, 2025, at approximately 10:52 AM, observation revealed the main kitchen make-up air system was out of service on the kitchen hood. This finding was confirmed by interview with kitchen staff and facility Maintenance Director at the time of observation. As required by 9.2.3 and NFPA 96, 8.3.1</p> <p>On January 28, 2025, between 1:00 PM and 3:00 PM, during record review the main kitchen hood fire suppression inspection report indicated the 12 year hydro static testing on the wet chemical system cylinder was past due and had not been completed. This was listed as a deficiency on the service inspection report dated 8/30/2024. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by NFPA 17 A 7.3.3.</p> <p>Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems 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 _____</p>	K0353		

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K0363 SS= E	<p>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, record review and interview, the facility failed to provide sprinkler system maintenance and testing as required by NFPA 25. This deficient practice could potentially affect all occupants, staff and visitor in the event of a fire emergency requiring activation of the fire sprinkler system.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. On January 28, 2025, at approximately 9:53 AM, observation revealed the sprinkler head located at 200 hall near the cross corridor doors entering low 600 hall was without an escutcheon plate. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 5.2.1 2. On January 28, 2025, at approximately 10:37 A.M observation revealed two side-wall sprinkler heads without escutcheon plates located in room 414 at 400 hall. 3. On January 28, 2025, at approximately 11::01 AM, observation revealed the sprinkler head in the main kitchen above the stove at the ceiling contained a build up of grease and dirt. <p>Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable</p>	K0363		

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	<p>of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure doors protecting corridor openings are capable of resisting the passage of smoke as required by NFPA 19.3.6.3. This deficient practice could potentially affect 32</p>			

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	<p>occupants staff and visitors in the event of fire.</p> <p>Findings Include:</p> <p>1. On January 28, 2025, at approximately 9:18 AM, observation revealed resident room door #618 located at 600 hall failed to positive latch during testing. Doors in the smoke compartment are required to close and positive latch to a smoke tight fit. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 19.3.6.3</p> <p>2. On January 28, 2025, at approximately 10:47 AM, observation revealed resident room door # 518 located at 500 hall failed to completely close and positive latch.</p>				

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K0521 SS= F	<p>HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure heating, ventilation and air conditioning is in compliance with 9.2. This deficient practice could potentially affect all occupants, staff and visitors in the event of fire or smoke in the HVAC system.</p> <p>Findings Include:</p> <p>On January 28, 2025, between 1:00 pm and 3:00 pm, record review of the fire dampers inspection report dated 6/10/24, revealed two fire dampers were found closed, one damper did not change and one did not fully close. The locations of the fire dampers noted in the inspection report were, entrance 500 wing, service hall by station 2, entrance 400 hall and the ice room. There was no documentation provided at the time of survey indicating the dampers were repaired or replaced. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 9.2</p>	K0521			