

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>4/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBY HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315</b>	
(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 April 11, 2025, an Emergency Preparedness Survey Revisit was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Shelby Health And Rehabilitation Center - Shelby Twp was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
K0000 SS=	INITIAL COMMENTS  On April 11, 2025, a Life Safety Revisit was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Shelby Health And Rehabilitation Center - Shelby Twp 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.	K0000		
K0345 SS= E	Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72	K0345	K345 Fire Alarm System  Element 1: Immediate Intervention The facility ensured it completed an additional fire alarm system test in accordance with federal guidelines which specifically include ensuring WON doors at Physical Therapy Area by the Cafe Dining failed to release when the identified door release button when tested. The Facility maintenance director	4/1/2025

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

TITLE

(X6) DATE

Electronically Signed

05/01/2025

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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 70 and NFPA 72. This deficient practice could affect 199 of 201 facility residents in the event of a fire situation.</p> <p>Findings Include:</p> <p>On March 4, 2025 at 2:51 PM, and again on April 11, 2025 at 1:20 PM, observation revealed the WON doors at Physical Therapy Area by the Cafe failed to release and properly retract when the identified door release button was tested.</p> <p>These findings were confirmed in interview with the facility Maintenance Director and the facility Assistant Administrator at the time of observation.</p>		<p>contacted VENDOR Integra Door to ensure the door is latching properly and also took a time stamped video that the Door is working properly.</p> <p>Element 2: Like Residents All Residents in the facility have the potential to affected by noncompliance related to K345. All Fire Alarm Systems have been tested in accordance with federal and state guidelines.</p> <p>Element 3: Education The facility maintenance director was reeducated in policy related to fire alarm system and ensuring all WON doors release when the doors release button is tested.</p> <p>Element 4: Audits The facility will audit the Therapy Gym doors once per month. Any non compliance will be discussed in an ADHOCK QAPI meeting to ensure a plan is initiated to address any non compliance related to the WON Door release Button efficacy.</p> <p>Element 5: Compliance Date Date of compliance initiated for 04/16/2025 and will be ensured by the facility maintenance director and facility administrator.</p>				