

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 6/16/2025
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NAME OF PROVIDER OR SUPPLIER BAY BLUFFS-EMMET CO MED CARE FAC	STREET ADDRESS, CITY, STATE, ZIP CODE 750 E MAIN HARBOR SPRINGS, MI 49740
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K0000 SS=	INITIAL COMMENTS On June 16, 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, Bay Bluffs-Emmet Co. Medical Care Facility of Harbor Springs 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.	K0000		
K0321 SS= E	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 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.	K0321	All residents have the potential to be affected by deficient practices related to fire safety compliance. On June 16, 2025 the door to the wildflower clean linen closet was adjusted through tightening of the door latch mechanism. Following this the door latched properly 3:3 times when tested by the Maintenance Director as observed by the Administrator. Monitoring of door structure function and proper latching of hazardous area doors will continue to be included in regular safety rounds and on the annual door inspection completed by the Plant Operations Director with any deficient items reported for replacement or repair.	4/30/2025

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

TITLE

(X6) DATE

Electronically Signed

06/24/2025

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>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 ensure hazardous areas are protected as required by NFPA 101 8.4. Doors shall be self-closing or automatic-closing. This deficient practice could affect 38 occupants in the event of a fire</p> <p>Findings Include:</p> <p>On June 16, 2025, at approximately 10:55 AM, observation revealed the door to the wildflower clean linen room door failed to close and positively latch 3 out of 3 times when tested. This finding was confirmed with the Maintenance Director at the time of discovery.</p>				

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K0353 SS= F	<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 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>TW</p>	K0353	Waivered tag: no plan of correction required.	6/30/2025
K0918 SS= F	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4</p>	K0918	<p>Bay Bluffs maintains compliance with NFPA 101 requirements related to maintenance of emergency generator and other essential electrical systems.</p> <p>All residents and staff have the potential to be impacted if essential electrical systems are not functioning properly.</p> <p>On May 2, 2025, Cummins Bridgeway completed maintenance on the generator and attempted to complete work to address the generator battery voltage light on the annunciator panels. Unfortunately due to a faulty panel, work could not be completed at that time.</p>	5/15/2025

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	<p>continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure generators and components or other alternative power source are maintained as required. This deficient practice could affect all occupants in the event of a power failure.</p> <p>Findings Include:</p> <p>On April 15, 2025, at approximately 11:34 AM and again on June 16, 2025, observation of both generator annunciator panels revealed the "battery voltage" light was illuminated which indicated a "high voltage" level. Interview with the Maintenance Director, at this time, revealed their generator contractor advised them they are uncertain why the light is on, but the battery levels are fine.</p>		<p>New panels were ordered and a temporary waiver was requested of LARA on May 15, 2025 via email.</p> <p>On June 18, 2025, Cummins Bridgeway was able to complete repairs on the annunciator panels which eliminated the error message on both panels and on the generator itself.</p> <p>Monitoring of the generator annunciator panels will take place during monthly safety rounds by the Plant Operations Director or designee.</p> <p>The Plant Operations Director is responsible for coordination and monitoring of this plan of correction.</p>	