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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 628510 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 5/1/2025 |
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| NAME OF PROVIDER OR SUPPLIER NEWAYGO CO MEDICAL CARE FACILI | STREET ADDRESS, CITY, STATE, ZIP CODE 4465 W 48TH ST FREMONT, MI 49412 |
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| (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 |
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| E0000 SS= | Initial Comments On April 29, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Newaygo County Medical Care Facility 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 29, 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, Newaygo County Medical Care Facility 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 one story building with partial basement determined to be type II (111) construction, built in 1962 and an Physical Therapy Wing determined to be Type II (000) built in 2005. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 116 certified beds. At the time of the survey the census was 61. | K0000 | | |
| K0321 | Hazardous Areas - Enclosure Hazardous | K0321 | All electric wheelchair chargers have been | 6/16/2025 |

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

TITLE

(X6) DATE

Electronically Signed

06/02/2025

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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| SS= D | <p>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. 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 8.7.1.1 and 19.3.5.9. Doors shall be self-closing or automatic-closing. This deficient practice could potentially affect 2 occupants in the event of a release of a hazardous gas within the resident room.</p> <p>Findings Include:</p> | | <p>systematically removed from residents' individual rooms and relocated to designated Life Enrichment rooms. This decision was made to enhance safety and ensure compliance with new protocols. A comprehensive policy and procedure document has been developed to outline the new charging process. All staff members have undergone extensive training regarding the proper protocol for transporting unoccupied electric wheelchairs to the Life Enrichment room for overnight charging. Charging in residents' rooms is now strictly prohibited to minimize potential hazards and disturbances. The Life Enrichment room is strategically chosen as the charging location since it remains unoccupied overnight, reducing any risks associated with electrical equipment being near residents during those hours. As part of the onboarding process, new residents will receive thorough education about this policy and procedure to ensure they fully understand the charging process and its importance for safety. Additionally, the maintenance personnel have been assigned to conduct a detailed inspection of the charging setup on a weekly basis for the first month. Following this initial period, inspections will transition to a monthly schedule for the subsequent three months, or until the facility demonstrates substantial compliance with the established policy. The results of these inspections, along with any findings, will be tracked and presented to the Quality Assurance and Performance Improvement (QAPI) committee for further evaluation and action, ensuring that ongoing compliance and safety standards are maintained. This structured approach aims to provide a safe environment for residents while effectively managing the charging of electric wheelchairs.</p> | |

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| K0372 SS= E | <p>On April 29, 2025 at approximately 9:01 am, observation revealed the use of a wheel chair battery charger unit in residents room #114 located at F wing. Interview with maintenance staffing revealed the residents wheel chair battery is being charged up during night hours within the residents room. As required by 8.7.1.1</p> <p>Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoke barriers were constructed to a minimum 1/2-hour fire resistance rating in accordance with 8.5, as required by 19.3.7.3 and 8.6.7.1(1). This deficient practice could potentially affect 17 occupants within the adjacent smoke compartment in the event smoke passes through the smoke barrier wall penetrations in the event of a fire.</p> <p>Findings Include:</p> <p>1. On April 29, 2025 at approximately 10:27 am, observation revealed wire bundle penetrations within smoke barrier wall above the ceiling at the</p> | K0372 | <p>The Maintenance Director or designee will be responsible for sustained compliance</p> <p>Date of Compliance 06/16/2025</p> <p>On April 29th, 2025 the smoke compartments/smoke barriers on unit A and B were immediatley repaired by the maintenance department.</p> <p>Maintenance Personnel performed through compliance check of all smoke barrier panels throughout the facility. The Maintenance Director has added monthly barrier penetration checks to the Maintenance care work-order program. Reminders will be auto-generated by the program and documented through Maintenance Care upon completion.</p> <p>The Maintenance Personnel conducted a thorough compliance check of all smoke barrier penetrations throughout the facility to ensure safety and adherence to fire codes. Following this evaluation, the Maintenance Director has implemented a new procedure that incorporates monthly smoke barrier penetration checks into the Maintenance Care work-order program. This proactive approach involves regularly monitoring and assessing the integrity of smoke barriers, which are crucial for maintaining fire safety. As part of this initiative, reminders for these checks will be automatically generated by the Maintenance Care program. Each check completion will be documented within the system to maintain a comprehensive record of compliance and any necessary maintenance</p> | 6/16/2025 |

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| | <p>cross corridor doors located at A wing. Wire bundle penetrations within the electrical conduit were observed. This finding was confirmed by interview with the facility Maintenance #1 and #2 at the time of observation. As required by 8.5.6.2</p> <p>2. On April 29, 2025 at approximately 10:29 am, observation revealed wire bundle penetrations within the smoke barrier wall above the ceiling at the cross corridor doors located at B wing. Wire bundle penetrations within the electrical conduit were observed.</p> | | <p>actions taken. Maintenance Personnel will conduct a weekly audit for 4 weeks, then monthly or until the home has reached substantial compliance. Results will be taken to QAPI.</p> <p>Maintenance Director or designee is responsible for sustained compliance.</p> <p>Date of Compliance June 16th, 2025</p> | | |