

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 114130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/4/2025
NAME OF PROVIDER OR SUPPLIER COREWELL HEALTH REHAB & NSG CTR - PINE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4368 CLEVELAND AVE STEVENSVILLE, MI 49127		
(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 March 4, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification At the survey, Corewell Health Rehab and Nursing Center - Pine Ridge was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000			

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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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On March 4, 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, Corewell Health Rehab and Nursing Center - Pine Ridge was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 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 (LSC) and the 2012 Edition of NFPA 99, Health Care Facilities Code.</p> <p>The facility is a single-story building of type V (111) construction built in 2014. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 111 certified beds. At the time of the survey the census was 105.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is not met as evidenced by:</p>	K0000		
K0321 SS= E	<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 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</p>	K0321		

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	<p>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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide for the protection of hazardous areas in accordance with LSC 19.3.2.1. This deficient practice could potentially affect 20 occupants of the facility in the event of a fire not being contained to the hazardous area.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. On 3/4/25 at 2:03pm, observation revealed the Therapy storage closet door did not self-close to a positive latch as required in LSC 19.3.2.1.3. 2. On 3/4/25 at 2:53pm, observation revealed the 100 back hall storage closet (emergency food and water) door did not self-close to a positive latch as required in LSC 19.3.2.1.3. <p>These findings were confirmed during an interview with the Maintenance Technician at the time of discovery.</p>			

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K0374 SS= E	<p>Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide smoke barrier doors that were self-closing or automatic closing in accordance with LSC 19.3.7.8 and Chapter 7. This deficient practice could potentially affect 20 occupants of the facility in the event of a fire not being contained to the smoke compartment.</p> <p>Findings Include:</p> <p>On 3/4/25 at 2:53pm, observation revealed the north cross-corridor door leaf at 100 front hall near room 121 was not plumb so as to bind on the floor causing it to not release upon activation of the fire alarm and also not closing enough to leave only the minimum clearance necessary for proper operation in accordance with LSC 7.2.1.8.2.</p> <p>These findings were confirmed during an</p>	K0374		

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K0918 SS= F	<p>interview with the Maintenance Technician at the time of discovery.</p> <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 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>	K0918		

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	<p>Based on observation and interview, the facility failed to provide the generator is maintained in accordance with NFPA 110. This deficient practice could potentially affect all occupants of the facility due to a lack of emergency lighting provided in the event of a generator failure with no lighted access to emergency equipment.</p> <p>Findings Include:</p> <p>On 3/4/25 at 1:48 pm, observation revealed there was no battery back-up light installed in the electrical room containing the generator Automatic Transfer Switch (ATS) as required in NFPA 110, 7.3.</p> <p>These findings were confirmed during an interview with the Maintenance Technician at the time of discovery.</p>			