

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 624030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/9/2025
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NAME OF PROVIDER OR SUPPLIER REGENCY AT FREMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 4554 W 48TH ST FREMONT, MI 49412
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E0000 SS=	Initial Comments On April 9, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Regency At Fremont 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 9, 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, Regency At Fremont 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 of type II (222) construction, built in 1969. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 129 certified beds. At the time of the survey the census was 87.	K0000		
K0324 SS= E	Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control	K0324	K324 Cooking Facilities Element 1	5/6/2025

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

TITLE

(X6) DATE

Electronically Signed

04/29/2025

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>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 and interview the facility failed to ensure cooking facilities are protected in accordance with NFPA 96. This deficient practice could potentially affect kitchen staff and 24 occupants within the adjacent smoke compartment in the event of a fire emergency within the kitchen hood and exhaust system.</p> <p>Findings Include:</p> <p>On April 9, 2025 at approximately 10:36 am, observation revealed the main kitchen hood filter system located above the commercial stove and appliances contained a filter that was partially out of position. The filter was observed on top of another filter not maintaining a tight system as designed for the prevention of grease laden vapors to enter above into the plenum space. This finding was confirmed by interview with the</p>		<p>The filter in the main kitchen hood system was serviced and adjusted to maintain a tight system for the prevention of grease laden vapors to enter above into the plenum space.</p> <p>Element 2 Kitchen hood system was checked to ensure that all filters are placed and fitted appropriately to maintain a tight system. No other concerns were identified.</p> <p>Element 3 The Maintenance Department was educated by the Nursing Home Administrator on checking the hood system for proper filter placement ensuring a tight system is in place.</p> <p>Element 4 Kitchen hood system will be checked for proper filter placement weekly for 4 weeks, then monthly x 3 months to ensure a tight system for the prevention of grease laden vapors to enter above into the plenum space. Variances will be corrected as indicated. Audit results will be forwarded to the facility's quality assurance committee for review and further recommendations. Additional education and monitoring will be initiated for any identified concerns.</p> <p>Facility Administrator will be responsible for sustained compliance.</p>		

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K0712 SS= F	<p>facility Maintenance Director at the time of observation. As required by NFPA 96, 6.2.1.5 and 6.2.3.2</p> <p>Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct fire drills as required by 19.7.1.4 through 19.7.1.7. This deficient practice could potentially affect all occupants and staff in the event staff fails to respond to drills as a result of complacency.</p> <p>Findings Include:</p> <p>On April 9, 2025 record review between 11:25 am and 1:00 pm, revealed the facility failed to conduct fire drills unexpected times, under varying conditions. Fire drill records indicated drills held within the first quarter on 1st shift were held at 10 am on 5/27/24 and 10:30 am on 2/28/25. Third shift 1st and 2nd quarter drills 3/11/25 and 5/27/24, were held at 3:30 am and 3:40 am. This finding was confirmed by interview with the facility Maintenance Director at the time of observation As required by 19.7.1.6</p>	K0712	<p>K712 Fire Drills</p> <p>Element 1 There have been no negative affects concerning residents related to the fire drills not being conducted at unexpected times, under varying conditions.</p> <p>Element 2 Residents that reside in the facility have the potential to be affected by this deficient practice.</p> <p>Element 3 The Maintenance Department was educated by the Nursing Home Administrator on conducting fire drills on all shifts at unexpected times, under varying conditions.</p> <p>Element 4 Facility fire drills will be audited monthly for 4 months to ensure completion at unexpected times, under varying conditions. Variances will be corrected as indicated. Audit results will be forwarded to the facility's quality assurance committee for review and further recommendations. Additional education and monitoring will be initiated for any identified concerns.</p> <p>Facility Administrator will be responsible for sustained compliance.</p>	5/6/2025	
K0918	Electrical Systems - Essential Electric Syste	K0918	K918 Electrical Systems	5/6/2025	

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SS= F	<p>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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure generators or other alternative power source are in accordance with NFPA 110,</p>		<p>Element 1 Facility purchased tester for generator battery. Battery tested and is in operational condition.</p> <p>Element 2 Residents that reside in the facility have the potential to be affected by this deficient practice.</p> <p>Element 3 The Maintenance Department was educated by the Nursing Home Administrator on monthly generator inspections to include a documented battery test.</p> <p>Element 4 Facility generator checks will be audited monthly for 4 months to ensure monthly generator inspections include a documented battery test. Variances will be corrected as indicated. Audit results will be forwarded to the facility's quality assurance committee for review and further recommendations. Additional education and monitoring will be initiated for any identified concerns.</p> <p>Facility Administrator will be responsible for sustained compliance.</p>	

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K0920 SS= E	<p>NFPA 99, NFPA 111 and NFPA 70. This deficient practice could potentially affect all occupants and staff in the event of a failed battery on the generators during main utility power loss.</p> <p>Findings Include:</p> <p>On April 9, 2025 between 11:25 am and 1:00 pm, record review revealed the facility failed to document a battery test on the required monthly inspection of the facility generators. The monthly test must include the specific gravity fluids or cold crank amperage if the battery is of maintenance free design to ensure the cells are in operational condition. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by NFPA 110, 8.3.7.1</p>	K0920	<p>K920 Power Cords and Extension Cords</p> <p>Element 1 Power strips in the Therapy Room were removed from service.</p> <p>Element 2 Residents that reside in the facility have the potential to be affected by this deficient practice.</p> <p>Element 3 The Maintenance Department was educated by the Nursing Home Administrator on completing checks within the facility to ensure that power strips and extension cords are not in use outside of temporary work being completed.</p> <p>Element 4 Facility rounds will be audited weekly for 4 weeks, then monthly for 3 months to ensure monthly power strips and extension cords are</p>	5/6/2025

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	<p>meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure power strips are in compliance with NFPA 99 and NFPA 70. This deficient practice could potentially affect 12 occupants and staff in the event of an electrical fire as a result of non approved power strip use.</p> <p>Findings Include:</p> <p>On April 9, 2025 at approximately 9:50 am, observation revealed a power strip plugged into a second power strip providing power for several items located in physical therapy at the staff desk. This finding was confirmed by interview with the facility Maintenance director at the time of observation. As required by NFPA 70, 400.8(1)</p>		<p>not inappropriately in use. Variances will be corrected as indicated. Audit results will be forwarded to the facility's quality assurance committee for review and further recommendations. Additional education and monitoring will be initiated for any identified concerns.</p> <p>Facility Administrator will be responsible for sustained compliance.</p>		