

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>368510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>4/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>IRON CO MEDICAL CARE FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1523 U S HIGHWAY 2 CRYSTAL FALLS, MI 49920</b>		
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E0000 SS=	Initial Comments  On April 23, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Iron County Medical Care Facility of Crystal Falls 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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K0222 SS= F	<p>required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING</p>			

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	<p>ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for clinical needs in accordance with 19.2.2.2.5.1 and 19.2.2.2.6. This deficient practice could affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>1) On April 23, 2025, at approximately 10:26 AM, observation revealed the door to the main nurses station from Willow Wing is equipped with 15-second delayed egress hardware. The door failed to have a "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" sign as required by NFPA 101, 7.2.1.6.1.1 (4).</p> <p>2) On April 23, 2025, at approximately 10:30 AM, observation revealed the Birch Wing Alcove exit was equipped with 15-second delayed egress hardware. The door failed to initiate the irreversible opening sequence when tested three</p>			

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K0324 SS= E	<p>times by this surveyor.</p> <p>3) On April 23, 2025, at approximately 10:51 AM, observation revealed Door 17 was equipped with 15-second delayed egress hardware. The door failed to initiate the irreversible opening sequence when tested three times by this surveyor.</p> <p>4) On April 23, 2025, at approximately 11:31 AM, observation revealed Door 12 is equipped with 15-second delayed egress hardware. The door failed to have a "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" sign as required by NFPA 101, 7.2.1.6.1.1 (4).</p> <p>5) On April 23, 2025, at approximately 11:42 AM, observation revealed Door 9 is equipped with 15-second delayed egress hardware, and appropriately signed as required. Upon testing the door, the door immediately opened and bypassed the irreversible opening sequence.</p> <p>6) On April 23, 2025, at approximately 11:46 AM, observation revealed Door 8 is equipped with 15-second delayed egress hardware, and appropriately signed as required. Upon testing the door, the door immediately opened and bypassed the irreversible opening sequence.</p> <p>These findings were confirmed by the Acting Maintenance Director at the time of discovery.</p> <p>Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used</p>	K0324			

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K0741 SS= F	<p>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 record review and interview, the facility failed to ensure cooking facilities are protected in accordance with NFPA 96. This deficient practice could affect 30 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On April 23, 2025, at approximately 8:46 AM, record review of the two most recent inspections of the kitchen hood fire suppression systems in Cedar Wing (4-2-25 and 10-8-24) revealed the system is overdue for hydrostatic testing. No records were provided by the exit of the survey to indicate the system has been hydrostatic tested. This finding was confirmed by the Acting Maintenance Director at the time of record review.</p> <p>Smoking Regulations Smoking Regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in</p>	K0741			

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	<p>any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoking regulations were adopted and meet all provisions as required by 19.7.4. This deficient practice could affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On April 23, 2025, at approximately 12:48 PM, during a tour of the exterior of the building, observation revealed a large amount of cigarette butts scattered on the ground throughout the smoking area and in the grass. This finding was confirmed by the Acting Maintenance Director at the time of discovery.</p>			

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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 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 or other alternative</p>	K0918			

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K0920 SS= D	<p>power source are in accordance with NFPA 110, NFPA 99, NFPA 111 and NFPA 70. This deficient practice could affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On April 23, 2025, at approximately 12:47 PM, observation revealed the facility failed to label the generator above ground diesel fuel tank with NFPA 704 placard located where it can be seen on approach as required by NFPA 30, 21.7.2.1.</p> <p>This finding was confirmed by the Acting Maintenance Director at the time of discovery.</p> <p>Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA</p>	K0920			

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K0923 SS= F	<p>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 affect 1 occupant in the event of a electric short or overload.</p> <p>Findings Include:</p> <p>On April 23, 2025, at approximately 10:49 AM, observation revealed an exercise bike plugged into an extension cord located in the inpatient gym area. This finding was confirmed by the Acting Maintenance Director at the time of observation.</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to</p>	K0923			

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	<p>be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure storage of nonflammable gasses meet all requirements of NFPA 99. This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings Include:</p> <p>On April 23, 2025 at approximately 11:00 AM, observation revealed empty oxygen cylinders stored in the Cedar Wing oxygen storage room are not segregated from full oxygen cylinders. At the time of observation, 38 cylinders were found mixed together on a cart in the oxygen storage room.</p> <p>This finding was confirmed by the Acting Maintenance Director at the time of discovery.</p>			