

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 554020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 6/25/2025
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NAME OF PROVIDER OR SUPPLIER ROUBAL CARE AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE N 306 MAPLE STREET STEPHENSON, MI 49887
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E0000 SS=	Initial Comments On June 25, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Roubal Care and Rehab was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
E0015 SS= F	Subsistence Needs for Staff and Patients §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements	E0015		

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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	<p>for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This REQUIREMENT is not met as evidenced by:</p> <p>During an interview with Dietary Manager (DM) "I", at 9:15 AM on 6/25/25, it was found that the facility does not set aside separate food to cover a three-day emergency menu. When asked how the facility ensures there is enough food during an emergency, DM "I" stated that we always have enough onsite to cover three days. When asked if they had a standard menu to go by, DM "I" stated it would be based on our regular menu cycle. When asked how the facility would handle an emergency if dietary staff were impeded by weather, DM "I" was unsure. DM "I" stated they previously had a three day menu, but one has not been established since changing vendors.</p> <p>Based on record review, observation and interview, the facility failed to develop, at a minimum, policies and procedures that address; the provision of subsistence needs for staff and patients whether they evacuate or shelter in place, including, but not limited to: Food, water, medical and pharmaceutical supplies, alternate sources of energy to maintain temperatures to protect patient health and safety and for the safe</p>				

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	<p>and sanitary storage of provisions, emergency lighting, fire detection, extinguishing and alarm systems, and sewage and waste disposal. This deficient practice could affect all occupants in the event of a water outage or other emergency.</p> <p>Findings Include:</p> <p>On June 25, 2025, at approximately 12:28 PM, record review of their water supply policy in their emergency preparedness plan revealed the facility would use Vendor A to provided them water in the event of an emergency. Interview with the Administrator at this time revealed they have a contract with another water supply vendor that does not match their emergency plan.</p>				

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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On June 25, 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, Roubal Care and Rehab of Stephenson 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.</p> <p>The facility is a one story building of type II (000) construction, built in 1976. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 39 certified beds. At the time of the survey the census was 36.</p>	K0000		

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K0211 SS= F	<p>Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure aisles, passageways, corridors, exit discharges, exit locations and accesses are in accordance with Chapter 7. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On June 25, 2025, at approximately 11:37 AM, observation revealed the gate to exit the patio area had a chain wrapped around the gate and fence, prohibiting egress. This finding was confirmed by the Maintenance Director at the time of discovery.</p>	K0211			

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K0291 SS= F	<p>Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure automatic emergency lighting is provided in accordance with 7.9. This deficient practice could affect all occupants in the event of a power failure.</p> <p>Findings Include:</p> <p>On June 25, 2025, at approximately 9:25 AM, record review revealed the facility failed to conducted monthly emergency light testing for the months of June 2024 through October 2024. No records were provided by the exit of this survey. Interview with the Maintenance Director confirmed this finding at the time of discovery.</p>	K0291			
K0324 SS= F	<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 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</p>	K0324			

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K0345 SS= F	<p>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, record review and interview, the facility failed to ensure cooking facilities are protected in accordance with NFPA 96. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On June 25, 2025, at approximately 11:00 AM, record review revealed the facility failed to have their kitchen hood inspected/cleaned at a minimum of semi-annually as required. Of the records provided, only one hood cleaning report was provided dated 10/2024. Observation at this time of the cleaning sticker on the hood stated the hood was due for cleaning on 4/2025. Interview with the Maintenance Director confirmed this finding at the time of discovery.</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:</p>	K0345			

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	<p>Based on observation, record review and interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 70 and NFPA 72. This deficient practice could affect all occupants in the event of a fire</p> <p>Findings Include:</p> <p>1) On June 25, 2025, at approximately 9:05 AM, record review of the most recent annual fire alarm inspection report dated 3-19-25 and the most recent sensitivity report dated 3-13-24, revealed the smoke detectors need to be replaced as, "most are out of sensitivity and are unserviceable". The Maintenance Director (MD) was asked at this time if this had been corrected? The MD responded, no. The MD was asked if any work has been done to the fire alarm system over the past 12 months? The MD provided documentation from work completed by a fire alarm vendor on 10-30-24, that stated "duct detectors, key switches, and pane" were replaced. The MD was asked at this time, if the fire alarm control panel (FACP) was replaced, in which the MD responded, "believe there was some work done to the panel, but this was right when I got hired". The MD also stated he talked to the previous MD to ask what was done to the FACP. The MD stated the previous MD said what you see when you look at the panel is what was replaced. Additional review of the most recent fire alarm inspection report revealed the installed panel was an Edwards EST Panel. Observation at approximately 10:45 AM, revealed a Kidde FX Series panel was installed in the building. No additional evidence was provided by the exit of this survey to indicate if the deficiencies noted on the 3-19-25 and 3-13-24, reports have been corrected, or to clarify the discrepancies noted on the inspection reports about the FACP.</p>			

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	2) On June 25, 2025 at approximately 11:29 AM, observation revealed the Fire Alarm Control Panel breaker did not have a way to prevent unauthorized disconnecting (e.g. circuit breaker lock) as required by NFPA 72, 10.5.5.2.4. This finding was confirmed by the MD at the time of discovery.				

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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>Based on record review and interview, the facility failed to provide sprinkler system maintenance and testing as required by NFPA 25. This deficient practice could affect approximately all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On June 25, 2025, at approximately 8:44 AM, record review of the most recent annual sprinkler inspection dated 3-25-25, revealed the outside bell failed to operate. Interview with the maintenance director confirmed this finding and stated it has not been fixed.</p>	K0353			

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K0355 SS= E	<p>Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure portable fire extinguishers are selected, installed, inspected and maintained in accordance with NFPA 10. This deficient practice could affect 15 occupants in the event of a fire</p> <p>Findings Include:</p> <p>1) On June 25, 2025, at approximately 11:35 AM, observation revealed a fire extinguisher located in the patio area with no record of inspection associated with it.</p> <p>2) On June 25, 2025, at approximately 11:40 AM, observation revealed the fire extinguisher behind the 200 wing nurses station was overpressure.</p> <p>These findings were confirmed by the Maintenance Director at the time of discovery.</p>	K0355		

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K0712 SS= F	<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 affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On June 25, 2025, at approximately 8:30 AM, record review revealed the facility failed to transmit the fire alarm signal during their fire drills on 3rd shift (or immediately the next day) for the following dates, April 24, 2024, September 18, 2024, December 27, 2024, and March 20, 2025. This finding was confirmed by the Maintenance Director at the time of record review.</p>	K0712		