

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>313020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>5/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PORTAGEPOINTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>500 CAMPUS DRIVE HANCOCK, MI 49930</b>	
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E0000 SS=	Initial Comments  On May 27 and 28, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Portagepointe of Hancock was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 482.15, Emergency Preparedness.	E0000		
K0000 SS=	INITIAL COMMENTS  On May 27 and 28, 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, Portagepointe of Hancock 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 (111) construction, built in 1998 (Bldg 1), with additions completed 2007 (Bldg 2). The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.  The facility has 60 certified beds. At the time of the survey the census was 56.	K0000		

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

TITLE

(X6) DATE

Electronically Signed

06/16/2025

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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K0342 SS= F	<p>Fire Alarm System - Initiation Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure manual initiation of the fire alarm system is arranged as required by 19.3.4.2.1, 19.3.4.2.2 and 9.6.2.5. This deficient practice could affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On May 28, 2025 at approximately 9:12 AM, observation revealed a fire alarm pull station blocked in the Delaware dining room near the courtyard doors, which violates NFPA 101, 9.6.2.7. This finding was confirmed by the Facilities Director at the time of observation.</p>	K0342	<p>K342: Fire Alarm System Initiation</p> <p>The facility will ensure manual initiation of the fire alarm system is arranged as required. This will be accomplished with the following:</p> <ul style="list-style-type: none"> <li>• The facility will move the portable partition for the temporary kitchen space back (away from the fire alarm pull station) one foot.</li> <li>• A tape mark will be placed on the floor to indicate that the temporary partition wall may not go past this mark, as doing so would block the hand pull fire alarm on the wall.</li> <li>• Daily audits will be done and documented to ensure that the partition wall is not exceeding this tape mark on the floor and that the fire alarm is not blocked.</li> <li>• This new process will be in place until the new commercial kitchen is completed (expected completion date 7.4.25) at which time the temporary kitchen will be taken down and partition walls removed, and we will be moving into our new commercial kitchen space.</li> <li>• No other residents are affected as we only have one temporary kitchen set up with use of partition walls</li> <li>• Commercial kitchen completion is expected 7.4.25. The temporary kitchen will be taken down and all items moved to the new kitchen. Once the new kitchen is in place, there will no longer be an issue.</li> </ul>	7/27/2025
K0351 SS= F	<p>Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where</p>	K0351	<p>K351: Sprinkler System Installation</p> <p>The facility will ensure the sprinkler system is</p>	7/27/2025

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	<p>required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide a sprinkler system installed as required by NFPA 13. This deficient practice could affect approximately all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1) On May 28, 2025, between the hours of 8:34 AM and 9:15 AM, observation revealed multiple resident room shower curtains throughout the building were within 18" of the sprinkler head spray pattern, which violates NFPA 13, 8.5.5.2.</p> <p>2) On May 28, 2025, between the hours of 8:48 AM and 9:00 AM, observation revealed ceiling tiles missing in the Pewabic House Pantry and in the Franklin House Clean Utility rooms.</p> <p>These findings were confirmed by the Facilities</p>		<p>installed as required. This will be accomplished with the following:</p> <ul style="list-style-type: none"> <li>• The facility will inventory all shower curtains in the facility and replace the shower curtains that are within 18" of the sprinkler head spray pattern.</li> <li>• The facility will visually lay eyes on each shower curtain in the facility to identify any shower curtains that are not compliant, and these will be replaced.</li> <li>• The facility will work with Materials Management department to ensure that the appropriate shower curtains are stocked in the supply room so when a curtain needs to be replaced, it is replaced with a compliant curtain.</li> </ul> <p>-----</p> <p>The facility will ensure all ceiling tiles are in place in two locations, Pewabic house pantry and Franklin clean utility room. This will be accomplished with the following:</p> <ul style="list-style-type: none"> <li>• The facility will replace all missing ceiling tiles in the Pewabic house pantry and the Franklin clean utility room.</li> <li>• The facility will do a weekly audit to look for missing ceiling tiles throughout the entire facility. If a missing ceiling tile is identified the NHA will submit a work order to the Facilities department to have the ceiling tile replaced/reinstalled that day.</li> <li>• All staff will be provided education that all ceiling tiles need to be in place at all times unless being actively worked on. All staff will sign off on this education.</li> </ul>	

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K0361 SS= E	<p>Director at the time of discovery.</p> <p>Corridors - Areas Open to Corridor Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure spaces open to corridors meet all provisions required by 19.3.6.1. This deficient practice could affect all of the occupants in Delaware House in the event of a fire.</p> <p>Findings Include:</p> <p>On May 28, 2025 at approximately 9:45 AM, observation revealed a portion of the Delaware dining room has been converted into a temporary storage area for food preparation and storage for the facility. In addition, there are 3 refrigerator/freezer units being used and stored here along with multiple combustible boxes in the temporary use area, which violates NFPA 101, 19.3.6.1(1)(a). The area is being separated from the remainder of the unit with portable cubicle dividers. The dividers are not maintaining egress requirements as require by NFPA 101, 19.3.6.1 (7)(c). This finding was confirmed by the Facilities Director at the time of discovery.</p>	K0361	<p>• If staff notice a ceiling tile is missing, a work order needs to be submitted to the Facilities department to have the tile replaced/reinstalled that day.</p> <p>K361: Corridors-Areas Open to Corridor</p> <p>The facility will ensure spaces open to corridors meet all provisions as required. This will be accomplished by the following:</p> <ul style="list-style-type: none"> <li>• The facility will remove dry storage including combustible boxes located in the temporary kitchen area. These items will be moved to the Franklin clean utility room and/or the Medora pantry, until the new commercial kitchen is completed. Expected completion date for new commercial kitchen is 7.4.25.</li> <li>• The facility will audit the temporary kitchen space daily to ensure that combustibles remain removed from the temporary kitchen area. Audits will be done until the time the new commercial kitchen is completed, expected completion date 7.4.25</li> <li>• No other residents affected, as we only have one temporary kitchen set up.</li> <li>• Commercial kitchen completion is expected 7.4.25. The temporary kitchen will be taken down and moved to the new kitchen. Once the new kitchen is in place, there will no longer be an issue.</li> </ul>	7/27/2025

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K0920 SS= D	<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) assemblies 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 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 2 occupants in the event of electric overload or short.</p> <p>Findings Include:</p> <p>On May 28, 2025, at approximately 8:41 AM, observation revealed a fan plugged into an extension cord, plugged into another extension cord for power in the Wynona Den Office.</p>	K0920	<p>K920: Electrical Equipment-Power cords and Extension cords</p> <p>The facility will ensure that power strips are in compliance with code and that extension cords are not used. This will be accomplished by:</p> <p>" The facility will work with the Facilities department to have an additional electrical outlet installed in the wall.</p> <p>" The facility will educate all staff that extension cords are not to be used and that power strips need to meet code requirements. All staff will sign off on this education.</p> <p>" The facility will work with the staff member who uses this office to educate them that extension cord use is prohibited and this staff member will sign an attestation of understanding that they will not use inappropriate power strips or extension cords.</p> <p>" This employee's office will be audited weekly for 3 months to ensure compliance.</p>	7/27/2025

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	Extension cords are not a substitute for permanent wiring as outlined in NFPA 70, 400.8. This finding was confirmed by the Facilities Director and Administrator at the time of discovery.				