

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>634576</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>3/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOX RUN VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>41215 FOX RUN ROAD NOVI, MI 48377</b>
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E0000 SS=	Initial Comments  On March 12, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Fox Run Village 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 March 12, 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, Fox Run Village 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 3-story building of Type II (222) construction, with a partial basement, built in 2006. The location of the skilled nursing beds are the second floor. There is a 2-hour rated wall separation from the assisted living area. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.  The facility has 44 certified beds. At the time of the survey the census was 39.	K0000		

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	Egress Doors Egress Doors Doors in a 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-	K0222			

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	<p><b>CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> 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 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> 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 and as required by NFPA 101 2012 edition, 7.2.1.6.1.1 (4). This deficient practice could affect all of the 39 residents in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1) On March 12, 2025, at approximately 10:10 AM observation revealed the 2nd floor stairwell exit doors 1, 2 and 3 with 15 second delayed egress did not have the proper signage "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS."</p> <p>These findings were confirmed by the Director of Maintenance and Security and Maintenance Director at the time of observation and interview.</p>			

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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 observation, record review and interview, the facility failed to provide sprinkler system maintenance and testing according to NFPA 25 2011 and NFPA 25 2011 6.3.4.1. Gauges are required to be replaced or recalibrated every 5 years. This deficient practice could affect approximately all 39 residents in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1) On March 12, 2022, at approximately 10:40 AM observation revealed the gauge for the sprinkler riser is dated 2019.</p> <p>2) On March 12, 2022, at approximately 12:45 PM record review revealed the facility failed to provide the automatic wet sprinkler 5-year check valve and internal pipe tests. When asked for the</p>	K0353			

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K0521 SS= F	<p>documents the Maintenance Director replied, "They are scheduled for next month." No documentation was available by survey exit.</p> <p>These findings were confirmed by the Director of Maintenance and Security, Security Manager and Maintenance Director at the time of observation, record review and interview.</p> <p>HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure heating, ventilation and air conditioning is in compliance with NFPA 80, 2010 Edition, 19.4. This deficient practice could affect all 39 residents in the event of a fire.</p> <p>Findings Include:</p> <p>On March 12, 2025, at approximately 1:40 PM record review revealed the facility failed to repair the fire dampers listed in the document titled "Duct Cleaning" dated March 2023. The report documented inaccessible and unable to locate fire dampers.</p> <p>These findings were confirmed by the Director of Maintenance and Security and Maintenance Director at the time of record review and interview.</p>	K0521		
K0531 SS= F	<p>Elevators Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as</p>	K0531		

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	<p>specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure elevators comply with the provisions of 9.4, are inspected and tested as specified in ASME A17.1 or ASME/ANSI A17.3 including <b>firefighter's service</b> as required by 19.5.3, 9.4.2 and 9.4.3. This deficient practice could affect all 39 residents in the event of an emergency.</p> <p>Findings Include:</p> <p>On March 12, 2025, at approximately 1:25 PM record review revealed the facility failed to provide a record of the monthly firefighter's service tests. When asked for this documentation the Maintenance Director replied, "First I've heard about it." No documentation was available by survey exit.</p> <p>These findings were confirmed by the Director of Maintenance and Security and Maintenance</p>			

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K0712 SS= F	<p>Director at the time of record review and interview.</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 affect all 39 residents in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 12, 2023, at approximately 10:35 AM record review revealed the fire drills are not being conducted at unexpected times. The first shift 2nd quarter fire drills were conducted at 1:34 PM and 3rd quarter at 2:45 PM. The third shift 1st quarter was conducted at 2:15 AM, 2nd quarter at 2:30 AM and 4th quarter at 2:00 AM.</p> <p>These findings were confirmed by the Director of Maintenance and Security and Maintenance Director at the time of record review and interview.</p>	K0712			
K0918	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric</p>	K0918			

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SS= F	<p>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 record review and interview, the facility failed to ensure generators or other alternative power source are in accordance with NFPA 110, NFPA 99, NFPA 111 and NFPA 70. This</p>				

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K0923 SS= E	<p>deficient practice could affect all 39 residents in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On March 12, 2025, at approximately 12:50 PM record review revealed the facility failed to provide the document for the annual generator diesel fuel analysis. When asked, "Do you have this document?" The Maintenance Director replied, "No I don't." No documentation was available by survey exit.</p> <p>These findings were confirmed by the Director of Maintenance and Security and Maintenance Director at the time of record review and interview.</p> <p>Gas Equipment - Cylinder and Container Storage 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 be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5</p>	K0923			

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	<p>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)</p> <p>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 11.3.2.3(2). This deficient practice could affect 6 occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On March 12, 2025, at approximately 10:20 AM observation revealed 9 oxygen concentrators less than 5 feet from the oxygen cylinders in the Oxygen Room. At least a 5-foot separation of combustibles or materials being housed in the same area is required.</p> <p>These findings were confirmed by the Director of Maintenance and Security and Maintenance Director at the time of observation and interview.</p>				