

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 394020A	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/6/2025
NAME OF PROVIDER OR SUPPLIER PLAINWELL PINES NURSING AND REHABILITATION COMMUNI			STREET ADDRESS, CITY, STATE, ZIP CODE 3260 EAST B AVE PLAINWELL, MI 49080		
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E0000 SS=	Initial Comments On May 6, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Plainwell Pines Nursing and Rehabilitation Community 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

Electronically Signed

05/30/2025

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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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On May 6, 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, Plainwell Pines Nursing and Rehabilitation Community was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and the 2012 Edition of NFPA 99, Health Care Facilities Code.</p> <p>The facility is a single-story building with partial basement of type II (000) construction built in 1963. 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 33.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is not met as evidenced by:</p>	K0000		
K0222 SS= E	<p>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</p>	K0222	<p>K222 Egress Doors</p> <p>Element 1</p> <p>No residents were harmed due to this deficient practice. All staff have the potential to be affected by this deficient practice.</p> <p>The hasp with a padlock mounted to the outside of the refrigerator/freezer door was</p>	6/5/2025

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	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 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		removed in order to prevent accidental locking of someone inside. Element 2 The Maintenance Director audited other refrigerators and freezers in the facility to ensure that all opened and closed properly without the threat of accidentally locking someone inside. No concerns were identified. Element 3 Education was provided to the maintenance director on refrigerator and freezer doors that need to open and close properly per K222. Element 4 The Maintenance Director or Designee will audit the refrigerator/freezer doors one-time weekly times 4 weeks then monthly times three months to ensure that the doors are closing and locking properly. Any concerns will be addressed at the time they are discovered. Audit findings will be presented to and reviewed by the QAPI Committee monthly until such time that consistent substantial compliance has been achieved and maintained as determined by the committee. The Maintenance Director will be responsible for sustained compliance.	

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K0293 SS= F	<p>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 provide approved exit access in accordance with the LSC section 19.2.2. This deficient practice could potentially affect all occupants of the Kitchen. A delay in exiting could increase occupant exposure to a hazardous condition or entrapment.</p> <p>Findings Include:</p> <p>On 5/6/25 at 11:25am, observation revealed a hasp with a padlock mounted to the outside of the refrigerator/freezer door that has a potential of locking someone inside which violates LSC 7.2.1.5.3.</p> <p>These findings were confirmed during an interview with the Maintenance Director at the time observed.</p> <p>Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, and interview, the facility failed to ensure every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance</p>	K0293	<p>K293 Exit Signage Element 1</p> <p>No residents were harmed due to this deficient practice. All residents and staff have the potential to be affected by this deficient practice.</p> <p>Proper signage was installed on the sliding glass door in the dining room leading out to the courtyard, stating that "Not An Exit".</p>	6/5/2025

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	<p>with 19.2.2 and Chapter 7. This deficient practice could potentially affect all occupants of the dining room in the event of confusion when existing in an emergency.</p> <p>Findings Include:</p> <p>On 5/6/25 at 11:55am, observation revealed the sliding glass door in the dining room, leading out to the courtyard, could be mistaken for an exit and did not meet the requirements for exiting to the public way. NO EXIT signage on the sliding door needs to be provided in accordance to LSC 7.10.8.3.1.</p> <p>These findings were confirmed during an interview with the Maintenance Director at the time observed.</p>		<p>Element 2</p> <p>An audit was completed of exit doors that are not emergency exits to ensure that proper signage is in place. No concerns were identified.</p> <p>Element 3</p> <p>Education was provided to the maintenance director on exit and directional signage displayed properly in the facility.</p> <p>Element 4</p> <p>The Maintenance Director or Designee will audit the exit doors one-time weekly for 4 weeks then monthly times three months to ensure that the exit doors have proper exit signage in place. Any concerns will be addressed at the time they are discovered.</p> <p>Audit findings will be presented to and reviewed by the QAPI Committee monthly until such time that consistent substantial compliance has been achieved and maintained as determined by the committee.</p> <p>The Maintenance Director will be responsible for sustained compliance.</p>		
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	6/5/2025	

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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 protect cooking facilities in accordance with LSC 19.3.2.5 and NFPA 17A. This deficient practice could potentially affect all occupants of the kitchen in the event of failure of the hood suppression system to extinguish a fire due to obstructions to the spray nozzles.</p> <p>Findings Include:</p> <p>On 5/6/25 at 11:20am, observation revealed the shelf of a newly acquired kitchen stove would obstruct the spray nozzles of the hood fire suppression system if activated, which would violate NFPA 17A 10.2.7.3.</p> <p>These findings were confirmed during an interview with the Maintenance Director at</p>		<p>No residents were harmed due to this deficient practice. All residents and staff have the potential to be affected by this deficient practice.</p> <p>The shelf of the newly installed kitchen stove was removed so that it does not obstruct the spray nozzles of the hood fire suppression system if activated.</p> <p>Element 2</p> <p>An audit was completed by the maintenance director to ensure that there are no other objects within the kitchen that could obstruct the spray nozzles of the fire suppression system. No other concerns were identified.</p> <p>Element 3</p> <p>Education was provided to the maintenance director regarding the requirement that there should be no objects obstructing the spray nozzles of the fire suppression system.</p> <p>Element 4</p> <p>The Maintenance Director or Designee will audit the kitchen one-time weekly for 4 weeks, then monthly times three months, to ensure that there are no objects obstructing the spray nozzles of the fire suppression system.</p>	

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K0353 SS= F	<p>the time observed.</p> <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 records review and interview, the facility failed to ensure that the automatic sprinkler system is maintained and tested in accordance with LSC Sections 19.7.6, 4.6.12, 9.7.5 and NFPA 25. This deficient practice could potentially affect all occupants</p>	K0353	<p>Any concerns will be addressed at the time they are discovered.</p> <p>Audit findings will be presented to and reviewed by the QAPI Committee monthly until such time that consistent substantial compliance has been achieved and maintained as determined by the committee.</p> <p>The Maintenance Director will be responsible for sustained compliance.</p> <p>K353 Sprinkler System- Maintenance and Testing</p> <p>Element 1</p> <p>No residents were harmed due to this deficient practice. All residents and staff have the potential to be affected by this deficient practice.</p> <p>Element 2</p> <p>Testing of the sprinkler system took place on Jan 29, 2025, and April 15, 2025.</p> <p>Element 3</p> <p>Education was provided to the Maintenance Director regarding scheduling and monitoring to ensure the Quarterly testing of the sprinkler system occurs timely, and documentation of the test is available for review.</p>	6/5/2025

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	<p>of the facility if the sprinkler system failed to activate due to lack of maintenance.</p> <p>Findings Include:</p> <p>On 5/6/25 during the review of facility records between 12:45 pm and 2:00 pm, there was no documentation provided for the quarterly testing of the sprinkler system in the 4th quarter of 2024, as required in NFPA 25, 5.2.5 and 13.2.5.1.</p> <p>These findings were confirmed during an interview with the Maintenance Director at the time the records were reviewed.</p>		<p>Element 4</p> <p>The Quarterly Sprinkler System Test schedule and documentation will be audited monthly by the Maintenance Director to ensure it is scheduled and performed timely and that the documentation of the inspection is available for review.</p> <p>The Quarterly Sprinkler System Test schedule and documentation of the test findings will be presented to and reviewed by the QAPI Committee monthly until such time that consistent substantial compliance has been achieved and maintained as determined by the committee.</p> <p>The Maintenance Director will be responsible for sustained compliance.</p>		