

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>614010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>3/26/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN CARE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2053 S SHERIDAN DRIVE MUSKEGON, MI 49442</b>
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E0000 SS=	Initial Comments  On March 26, 2025 an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Christian Care Nursing Center was found to be 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.	E0015	E015 1. No residents were harmed as a result of this deficient practice. 2. An emergency food supply was purchased and in the facility by 4/30/2025. 3. The CDM was educated by the NHA by 4/25/2025 on the Emergency Food Supply Policy and Procedure. An emergency food agreement was obtained by the food An 4. The QAPI Committee has directed the CDM/Designee to perform random weekly audits of emergency food supply in the facility. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow-up and review.	4/30/2025

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

TITLE

(X6) DATE

Electronically Signed

04/21/2025

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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	<p>(6) The following are additional requirements 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>Based on observation, interview, and record review the facility failed to provide enough safe emergency food to fulfill the needs of the emergency menu. This results in the potential for staff confusion, delayed mealtimes, and a lack of preparedness in the event of an emergency, potentially affecting all residents as well as any staff and visitors. Findings include:</p> <p>During a tour of the dry storage room, at 3:27 PM on 3/25/25, an interview with the Certified Dietary Manager found that some of the emergency food has been used up to fill out menu items and get used before it would have expired. Currently they are in-between a couple different menus, as the facility is working with a culinary vendor to help build it back up their way. Observation of the shelf that stated, "Emergency Food", found minimal entree items and mostly can items of vegetables that accompany an entree meal.</p> <p>Record review of the provided emergency menu</p>			

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K0000 SS=	<p>found Beef Stew, Chili with Beans, Chicken and Dumplings, and Corn Beef Hash. None of which was found onsite during this evaluation.</p> <p>INITIAL COMMENTS</p> <p>On March 26, 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, Christian Care Nursing Center 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 V (111) construction, built in 2011. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 49 certified beds. At the time of the survey the census was 49.</p>	K0000			

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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 observation and interview, the facility failed to ensure automatic emergency lighting is provided in accordance with 7.9. This deficient practice could potentially affect all occupants and staff in the event of main utility power failure and a malfunction of the emergency generator transfer switch.</p> <p>Findings Include:</p> <p>On March 26, 2025 at approximately 9:59 AM, observation revealed the facility failed to provide a battery pack powered emergency light at the emergency generator transfer switches located in the electrical room. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 7.9.3.1.2</p>	K0291	<p>K291</p> <ol style="list-style-type: none"> <li>1. No residents were harmed as a result of this deficient practice.</li> <li>2. An emergency battery pack powered light has been installed in the electrical room.</li> <li>3. The QAPI Committee has directed the Director of Plant Operations/designee to perform random audits of facility emergency lighting x 4 weeks to ensure operations. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow-up and review.</li> </ol>	4/30/2025	

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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 and interview, the facility failed to provide sprinkler system maintenance and testing as required by NFPA 25. This deficient practice could potentially affect all occupants and staff in the event of a fire and the system fails to operate as designed due to the absence of ceiling tiles acting as a heat deflector for the sprinklers.</p> <p>Findings Include:</p> <p>On March 26, 2025 at approximately 9:45 AM, observation revealed ceiling tiles missing from the ceiling grid in the data room located in the service hall. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 5.2.1</p>	K0353	<p>K353</p> <ol style="list-style-type: none"> <li>1. No residents were harmed as a result of this deficient practice.</li> <li>2. Ceiling tiles in the IT storage closet have been properly installed. Any protrusions through the ceiling tiles have been properly sealed with fire resistant material.</li> <li>3. The QAPI Committee has directed the Director of Plant Operations/designee to perform random audits of facility x 4 weeks to ensure ceiling tiles are in place according to NFPA 25. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow-up and review.</li> </ol>	4/30/2025

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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 record review and interview, the facility failed to ensure generators or other alternative</p>	K0918	<p>K918 1. No residents were harmed as a result of this deficient practice. 2. The annual generator preventative maintenance and testing has been completed on 4/3/2025. 3. The QAPI Committee has directed the Director of Plant Operations/designee to perform weekly generator load tests as scheduled and submit the results of those tests to QAPI. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow-up and review.</p>	4/30/2025

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K0923 SS= E	<p>power source are maintained in accordance with NFPA 110, NFPA 99, NFPA 111 and NFPA 70. This deficient practice could potentially affect all occupants in the event of a main utility power loss and emergency generator failure.</p> <p>Findings Include:</p> <p>On March 26, 2025 between 11:30 AM and 1:00 PM, record review revealed the facility failed to provide the required annual generator preventative maintenance report. The last annual preventative maintenance report indicated a date of 3/20/24. This finding was confirmed by interview with the facility Maintenance Director at the time of record review. As required by NFPA 110 8.4.2</p> <p>Gas Equipment - Cylinder and Container Storag 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	<p>K923</p> <ol style="list-style-type: none"> <li>1. No residents were harmed as a result of this deficient practice.</li> <li>2. The oxygen storage room has been appropriately organized and labeled in accordance with NFPA 99. All cardboard been removed from the closet and signage has be introduced to keep the area clear. Proper storage racks and locations have clearly been labeled as to the placement of the oxygen containers. All clinical staff will be educated by 4/25/2025 regarding oxygen storage.</li> <li>3. The QAPI Committee has directed the Director of Plant Operations/designee to perform weekly audits of the oxygen room to ensure compliance. The Administrator is responsible for ensuring that substantial compliance is attained through the Plan of Correction and is maintained thereafter. The results will be provided to the QAPI Committee for further follow-up and review.</li> </ol>	4/30/2025	

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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. This deficient practice could potentially affect 17 occupants if the cylinders were needed during an emergency event.</p> <p>Findings Include:</p> <p>1. On March 26, 2025 at approximately 9:02 AM, observation revealed the oxygen storage closet located at main hall contain non full cylinders mixed in with full cylinders. This finding was confirmed by interview with the facility Maintenance Director at the time of observation. As required by 11.6.5.2</p> <p>2. On March 26, 2025 at approximately 9:02 AM, observation revealed combustibles stored within 5 feet of oxygen within the main oxygen storage closet located at main hall. As required by 11.3.2.3 (2)</p>			