

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 254272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 5/7/2025
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NAME OF PROVIDER OR SUPPLIER THE OAKS AT WOODFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 5370 E BALDWIN ROAD GRAND BLANC, MI 48439
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000 SS=	Initial Comments On May 7, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey The Oaks at Woodfield 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 May 7, 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, The Oaks at Woodfield 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 Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code. The facility is a single story building of type V (111) construction, built in 2012. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 64 certified beds. At the time of the survey the census was 57.	K0000		
K0324 SS= F	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	K0324	K324 – Cooking Facilities Element 1 The Campus obtained a 12 year hydrostatic testing and recharge of agent cylinders on the	6/10/2025

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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	<p>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 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 May 7, 2025, at approximately 2:00 PM record review revealed the facility wet chemical fire suppression system in the kitchen is past due for hydrostatic testing of the agent cylinders. The facility vendor recorded the cylinders as unsatisfactory on the last 2 semi-annual inspection documents. The cylinders were new in 2012 and hydrostatic testing of the cylinders is required at 12 year intervals. This may lead to the wet chemical fire suppression system failing when needed to suppress a fire on the kitchen appliances leading to an unsuppressed fire and meal loss to the facility residents.</p>		<p>wet chemical fire suppression system, on 5/22/2025.</p> <p>Element 2 A one-time audit was completed to ensure records of the system inspection were obtained and compliant.</p> <p>Element 3 Education was provided to the Director of Plant Operations on May 29, 2025, by the Executive Director to ensure timely and compliant inspections of the wet chemical fire suppression systems.</p> <p>Element 4 DPO/Designee will audit monthly x4 to ensure record of completion is present and compliant on the semi annual inspection documents.</p> <p>Element 5 ED or designee will be responsible for substantial compliance. The Facility will be in substantial compliance by June 10, 2025.</p>		

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K0781 SS= E	<p>These findings were confirmed through interview with the maintenance director at the time of record review.</p> <p>Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure portable space heating devices shall be prohibited in all health care occupancies in accordance with 2012 NFPA 101 19.7.8.1. This deficient practice could affect 15 occupants in the event of fire related to space heater use.</p> <p>Findings Include:</p> <p>On May 7, 2025, at approximately 11:00 AM observation revealed a portable space heater on the desk in the Director of Nursing office. The space heater could not be verified not to exceed 212 Degrees Fahrenheit. This could potentially lead to a space heater related fire.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0781	<p>K781- Portable Space Heaters</p> <p>Element 1 The Campus removed the portable space heating device from the Director of Nursing office immediately upon identification.</p> <p>Element 2 A one-time audit was completed to ensure there were no other portable space heating devices in office spaces.</p> <p>Element 3 Remedial education was immediately provided to the Interim Director of Health Services regarding portable space heaters, on May 7, 2025.</p> <p>Element 4 DPO/Designee will audit weeklyx3 and monthlyx4 to ensure there are no portable space heating devices in health care occupancies.</p> <p>Element 5 ED or designee will be responsible for substantial compliance. The Facility will be in substantial compliance by June 10, 2025.</p>	6/10/2025