

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634604	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER WELLBRIDGE OF CLARKSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 5655 CLARKSTON ROAD CLARKSTON, MI 48348	
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E0000 SS=	Initial Comments On May 13, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Wellbridge of Clarkston 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 13, 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, Wellbridge of Clarkston 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 1 story building of type V (111) construction with no basement built in 2017. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 100 certified beds. At the time of the survey the census was 87.	K0000		

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

TITLE

(X6) DATE

Electronically Signed

06/04/2025

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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K0211 SS= E	<p>Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure aisles, passageways, corridors, exit discharges, exit locations and accesses are in accordance with Chapter 7. This deficient practice could affect 20 out of 87 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 13, 2025, at approximately 12:05 PM. observation revealed the facility failed to maintain the residential hallways free of non-essential or easily Mobil equipment. The gown and isolation cabinets in the #500 hallway were not equipped with wheels to aid in the quick movement to clear a hallway during a fire emergency.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>	K0211	<p>The facility's added wheels to the isolation bins and the hallways are equipped with isolation bins with wheels to aid in the quick movement to clear a hallway during a fire emergency.</p> <p>The Maintenance Director/Designee has been educated to ensure that the hallways are equipped with isolation bins with wheels to aid in the quick movement to clear a hallway during a fire emergency.</p> <p>The Maintenance Director/Designee will conduct routine rounds to ensure that there are wheels on isolation bins to ensure compliance with the regulation.</p> <p>Negative findings will be corrected and forwarded to the Executive Director and trends will be forwarded to the QAPI Committee for additional review.</p> <p>The Executive Director is responsible for attaining and maintain compliance with the regulation.</p>	6/5/2025

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K0355 SS= E	<p>Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure portable fire extinguishers are selected, installed, inspected and maintained in accordance with NFPA 10. This deficient practice could affect 16 out of 87 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 13, 2025, at approximately 9:45 AM, observation revealed the facility failed to document the required monthly maintenance on the portable fire extinguisher located in the kitchen service hallway. The maintenance and inspection tag was missing from the unit.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>	K0355	<p>The facility added the fire extinguisher inspection tag to document the required monthly maintenance on the portable fire extinguisher located in the kitchen service hallway.</p> <p>The Maintenance Director/Designee has been educated to ensure that fire extinguishers have the fire extinguisher inspection tag to document the required monthly maintenance.</p> <p>The Maintenance Director/Designee will conduct routine rounds to ensure that fire extinguishers have the fire extinguisher inspection tag to document the required monthly maintenance.</p> <p>Negative findings will be corrected and forwarded to the Executive Director and trends will be forwarded to the QAPI Committee for additional review.</p> <p>The Executive Director is responsible for attaining and maintaining compliance with the regulation.</p>	6/5/2025	

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K0511 SS= E	<p>Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure equipment using gas or gas-related piping complies with NFPA 54, and electrical wiring and equipment complies with NFPA 70. This deficient practice could affect 16 out of 87 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 13, 2025, at approximately 9:45 AM, observation revealed the facility failed to maintain a minimum of 36 inches of clearance around the breaker panels located in the maintenance office. Combustibles were observed in front of the breaker panels.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during interview at the time of observation.</p>	K0511	<p>The facility removed the combustible and there is no longer obstructions the front of the breaker panels.</p> <p>The Maintenance Director/Designee has been educated to ensure that the maintenance office will maintain a minimum of 36 inches of clearance around the breaker panel.</p> <p>The Maintenance Director/Designee will conduct routine rounds to ensure that the maintenance office is maintaining a minimum of 36 inches of clearance around the breaker panel and they are not obstructed.</p> <p>Negative findings will be corrected and forwarded to the Executive Director and trends will be forwarded to the QAPI Committee for additional review.</p> <p>The Executive Director is responsible for attaining and maintaining compliance with the regulation.</p>	6/5/2025
K0918 SS= F	<p>Electrical Systems - Essential Electric Syste</p> <p>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</p>	K0918	<p>The Maintenance director has completed the required monthly battery test inspection of the facilities generator on June 2nd.</p> <p>The Maintenance Director/Designee has been educated to ensure that monthly battery test inspection of the facilities generator is being conducted and recorded to ensure</p>	6/5/2025

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	<p>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 observation, 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 deficient practice could affect 87 out of 87 occupants in the event of facility wide power outage or fire emergency.</p> <p>Findings Include:</p>		<p>compliance with the regulation.</p> <p>The Maintenance Director/Designee will conduct a routine review of the life safety binder to ensure that monthly battery test inspection of the facilities generator are conducted and recorded.</p> <p>Negative findings will be corrected and forwarded to the Executive Director and trends will be forwarded to the QAPI Committee for additional review.</p> <p>The Executive Director is responsible for attaining and maintain compliance with the regulation.</p>		

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K0923 SS= E	<p>On May 13, 2025, at approximately 11:10 AM. record review revealed the facility failed to document a battery test on the required monthly inspection of the facility's generator. The monthly test of the battery must include the specific gravity of the battery fluids or cold crank amperage if the battery is of a maintenance free design to ensure the cells are in operational condition.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during the exit interview and at the time of record review.</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. >300 but <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 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION:</p>	K0923	<p>The storage rack inside the oxygen storage room on hallway #800 has the proper warning sign indicating that the oxygen cylinders are full.</p> <p>The Maintenance Director/Designee has been educated to ensure that oxygen storage racks are labeled with the proper warning sign indicating if the oxygen cylinders are either empty or full.</p> <p>The Maintenance Director/Designee will conduct routine rounds to ensure that the oxygen storage racks are labeled with the proper warning sign indicating if the oxygen cylinders are either empty or full.</p> <p>Negative findings will be corrected and forwarded to the Executive Director and trends will be forwarded to the QAPI Committee for additional review.</p> <p>The Executive Director is responsible for attaining and maintain compliance with the regulation.</p>	6/5/2025

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	<p>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) 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 affect 16 out of 87 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 13, 2025 at approximately 11:50 AM. observation revealed the facility failed to properly label the storage rack inside the oxygen storage room on hallway #800 with the proper warning sign indicating if the oxygen cylinders were either EMPTY of FULL.</p> <p>The Facility Maintenance Director and Administrator confirmed these findings during the exit interview and at the time of observation.</p>				