DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **235724** | A. BUILDING ______<br>B. WING ______ | **11/29/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **DJ JACOBETTI HOME FOR VETERANS** | **425 FISHER ST<br>MARQUETTE, MI 49855** |

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| E000 | Initial Comments<br><br>On November 29, 2023, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Dj Jacobetti Home for Veterans of Marquette was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness. | E000 | | |

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| | Electronically Signed | 12/13/2023 |

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| K000 | INITIAL COMMENTS<br><br>On November 29, 2023, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, DJ Jacobetti Home for Veterans 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.<br><br>The facility was constructed in three phases. The original building constructed in 1954, of Type I(332) construction walks out to the ground floor and has 3 floors above. The second phase was built in 1964, of Type I(332) construction with a ground floor walkout and has 2 floors above. The third phase was built in 1988, of Type II(222) construction with open parking below and two stories above. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.<br><br>The facility has 81 certified beds. At the time of the survey the census was 58.<br><br>The requirement at 42 CFR, subpart 483.90(a) is NOT MET as evidenced by: | K000 | | |
| K223<br>SS=E | Doors with Self-Closing Devices<br>CFR(s): NFPA 101<br><br>Doors with Self-Closing Devices<br>Doors in an exit passageway, stairway | K223 | K223<br>In accordance with NFPA 101, 7.2.1.8.2, the repair to the chapel smoke doors was completed on 11/29/23, and now closes properly to ensure a proper latch. Smoke | 12/22/23 |

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| K223 | Continued From page 1<br>enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:<br>*Required manual fire alarm system; and<br>*Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and<br>*Automatic sprinkler system, if installed; and<br>*Loss of power.<br>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8<br><br>This STANDARD is not met as evidenced by:<br><br>Based on observation and interview, the facility failed to ensure doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area were self-closing and kept in the closed position unless held open in accordance with 7.2.1.8.2 as required by 18.2.2.2.7 and 18.2.2.2.8. This deficient practice could affect more than an isolated number of occupants in the event of a fire.<br><br>Findings Include:<br><br>On November 29, 2023 at approximately 2:14 PM, observation revealed the self-closing doors to the chapel do not fully close and latch.<br><br>This finding was confirmed by the Fire Safety Officer via interview at the time of observation. | K223 | doors will continue to be inspected monthly and documented into the TELS work order system. Maintenance staff were educated on maintaining smoke doors to ensure proper closure. | |
| K321<br>SS=E | Hazardous Areas - Enclosure<br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br>2012 New | K321 | K321<br>In accordance with NFPA 101, 7.2.1.8 and 8.7.1, the 1 West old office was emptied of boxes and combustible materials on 12/07/2023 to ensure compliance with | 12/22/23 |

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| K321 | Continued From page 2<br>Hazardous areas are protected in accordance with 18.3.2.1. The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4.<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.<br>18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7<br><br>Area<br>Automatic Sprinkler Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms (exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces (over 50 and less than 100 square feet)<br>g. Combustible Storage Rooms/Spaces (over 100 square feet)<br>h. Laboratories (if classified as Severe Hazard - see K322)<br><br>This STANDARD is not met as evidenced by:<br><br>Based on observation and interview, the facility failed to ensure hazardous areas are protected by a fire barrier having a 1-hour fire-resistance rating or protected by an automatic extinguishing system in accordance with 8.7.1, as required by 18.3.2.1. This deficient practice could affect more than an isolated number of occupants in the event of a fire. | K321 | NFPA 101. Training was held for staff on what is considered proper storage room use. A routine audit has been added to the Tels workorder system to monitor for out of service rooms being used for storage. | |

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| K321 | Continued From page 3<br>Findings Include:<br><br>On November 29, 2023, at approximately 2:05 PM, observation revealed the 1 West Old Office was being used for the storage of activity supplies (decorations, cardboard boxes, and other combustible items). The door to this room was not provided with a self-closing device, or other means, as required by 7.2.1.8, and 8.7.1<br><br>This finding was confirmed by the Fire Safety Officer via interview at the time of observation. | K321 | | |
| K372<br>SS=E | Subdivision of Building Spaces - Smoke Barrie<br>CFR(s): NFPA 101<br><br>Subdivision of Building Spaces - Smoke Barrier Construction<br>2012 NEW<br>Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems.<br>18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3<br>Describe any mechanical smoke control system in REMARKS.<br><br>This STANDARD is not met as evidenced by:<br><br>Based on observation, record review and interview, the facility failed to ensure smoke barriers were constructed to a minimum 1-hour fire resistance rating in accordance with 8.5 as required by 18.3.7.3 and 8.6.7.1(1). This deficient practice could affect more than an isolated number of occupants in the event of a fire.<br><br>Findings Include: | K372 | K372<br>1. In accordance with NFPA 101, 8.5.6.2, penetration over cross-corridor doors "1-12" was properly filled with approved properly rated intumescent material on 11/29/23. Smoke barriers will continue to be inspected quarterly throughout the building and will continue to be documented in the TELS work order system. Maintenance staff were educated on the importance of maintaining smoke barriers.<br><br>2. In accordance with NFPA 101, 8.5.6.2, penetration over cross-corridor doors "1-8" was properly filled with approved properly rated intumescent material on 11/29/23. Smoke barriers will continue to be inspected quarterly throughout the building and will continue to be documented in the TELS work order system. | 12/22/23 |

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| K372 | Continued From page 4<br><br>1) On November 29, 2023 at approximately 2:39 PM, observation revealed a wire bundle penetration that was unprotected above the drop ceiling by cross-corridor doors "1-12". All smoke barriers shall be constructed of approved material and any void spaces around penetrations shall be filled with approved, properly rated intumescent material capable of restricting the transfer of smoke as required by 8.5.6.2.<br><br>2) On November 29, 2023 at approximately 2:43 PM, observation revealed a wire bundle penetration that was unprotected above the drop ceiling by cross-corridor doors "1-8". All smoke barriers shall be constructed of approved material and any void spaces around penetrations shall be filled with approved, properly rated intumescent material capable of restricting the transfer of smoke as required by 8.5.6.2.<br><br>This finding was confirmed by the Fire Safety Officer via interview at the time of observation. | K372 | | |
| K753<br>SS=D | Combustible Decorations<br>CFR(s): NFPA 101<br><br>Combustible Decorations<br>Combustible decorations shall be prohibited unless one of the following is met:<br>o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product.<br>o Decorations meet NFPA 701.<br>o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289.<br>o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance | K753 | K753<br>In accordance with NFPA 101, 18.7.5.6, tinsel was removed from a member's door on 11/29/23. Decoration training has been added to Relias Training for all staff. Staff was reminded to educate family members on approved decorations for members room. A task has been created in the Tels workorder system to routinely audit for prohibited decorations. | 12/22/23 |

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| K753 | Continued From page 5<br>with 18.7.5.6(4) or 19.7.5.6(4).<br>o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present.<br>18.7.5.6<br><br>This STANDARD is not met as evidenced by:<br><br>Based upon observation and interview, the facility failed to ensure that combustible decorations were prohibited except as permitted by the requirements of 18.7.5.6. This deficient practice could affect an isolated number of occupants in the event of a fire.<br><br>Findings Include:<br><br>On November 29, 2023 at approximately 2:17 PM, observation revealed decorative tinsel interfering with the door latching of resident room 117s door. Observation revealed the majority of tinsel was on the corridor side of the resident room door with a piece of the tinsel stretched and hung into the inside of the door, preventing the door from fully closing and latching as required by 18.7.5.6(4).<br><br>This finding was confirmed by the Fire Safety Officer via interview at the time of observation. | K753 | | |
| K918<br>SS=F | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>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 | K918 | K918<br>In accordance with NFPA 1110, 8.3.7.1, conductance testing will be performed monthly on the generator batteries. Batteries were changed to maintenance free in February of 2023 without previous knowledge of conductance testing. A line item was added for testing in the TELS work order system log on 12/07/2023. Test equipment ordered and received. Training held for maintenance department. | 12/22/23 |

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| K918 | Continued From page 6<br>critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.<br>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.<br>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br><br>This STANDARD is not met as evidenced by:<br><br>Based on record review and interview, the facility failed to ensure generators or other alternative power sources and associated equipment is capable of supplying service within 10 seconds, is maintained, inspected, tested and exercised in accordance with NFPA 110, and records are readily available as required by 6.4.4, 6.5.4, and 6.6.4 of NFPA 99, NFPA 110, NFPA 111 and 700.10 of NFPA 70. This deficient practice could affect all occupants in the event of power failure. | K918 | | |

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| K918 | Continued From page 7<br>Findings Include:<br><br>On November 29, 2023 at approximately 10:22 AM, record review revealed the facility failed to conducted specific gravity testing or conductance testing on their generator batteries during the timeframe of February 9, 2023, through the time of survey as required by NFPA 110, 8.3.7.1. No records were provided by the exit of this survey indicating specify gravity testing or conductance testing was completed during this timeframe.<br><br>This finding was confirmed by the Fire Safety Officer via interview at the time of record review. | K918 | | |

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