STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE		
		235724	В. V	VING	3	11/29/2023		
	DVIDER OR SUPPLIER	ETERANS	•		STREET ADDRESS, CITY, STATE, ZIP COD 425 FISHER ST MARQUETTE, MI 49855	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
E000	Initial Comments	3	E000)				
	Preparedness So Michigan Depart Regulatory Affair Certification. At for Veterans of M substantial comp participation in M	9, 2023, an Emergency urvey was conducted by the ment of Licensing and rs, Bureau of Survey and the survey Dj Jacobetti Home Aarquette was found in bliance with the requirements for Aedicare/Medicaid at 42 CFR ncy Preparedness.						
LABORATORY	DIRECTOR'S OR PROVI	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE		TITLE Electronically Signed		X6) DATE 2/13/2023	

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.

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - ORIGINAL BUILDING B. WING 235724 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 425 FISHER ST DJ JACOBETTI HOME FOR VETERANS MARQUETTE, MI 49855 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) K000 INITIAL COMMENTS K000 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. 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. The facility has 81 certified beds. At the time of the survey the census was 58. The requirement at 42 CFR, subpart 483.90(a) is NOT MET as evidenced by: Doors with Self-Closing Devices K223 K223 K223 12/22/23 CFR(s): NFPA 101 SS=E In accordance with NFPA 101, 7.2.1.8.2, the repair to the chapel smoke doors was Doors with Self-Closing Devices completed on 11/29/23, and now closes Doors in an exit passageway, stairway properly to ensure a proper latch. Smoke LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITI F (X6) DATE

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Electronically Signed

12/13/2023

PRINTED: 02/01/2024

STATEMENT O						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. B		MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		235724	B. WI	NG	11/29/	2023
NAME OF PRO	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	
DJ JACOE	BETTI HOME FOR V	ETERANS		425 FISHER ST MARQUETTE, MI 49855		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
K223	hazardous area kept in the close a release device automatically clo the smoke comp activation of: *Required mar *Local smoke smoke passing t required smoke *Automatic spr *Loss of power 18.2.2.2.7, 18.2. This STANDARI Based on observe failed to ensure of stairway enclosu barrier or hazard kept in the close accordance with 18.2.2.2.7 and 1 practice could af number of occup Findings Include On November 29 PM, observation to the chapel do This finding was	rizontal exit, smoke barrier, or enclosure are self-closing and d position, unless held open by complying with 7.2.1.8.2 that bees all such doors throughout partment or entire facility upon hual fire alarm system; and detectors designed to detect through the opening or a detection system; and rinkler system, if installed; and r. 2.2.8, 19.2.2.2.7, 19.2.2.2.8 D is not met as evidenced by: vation and interview, the facility doors in an exit passageway, are, horizontal exit, smoke dous area were self-closing and d position unless held open in 7.2.1.8.2 as required by 8.2.2.2.8. This deficient ffect more than an isolated pants in the event of a fire.	K223	doors will continue to be inspe and documented into the TEL system. Maintenance staff we on maintaining smoke doors to proper closure.	S work order re educated	
K321 SS=E	Hazardous Area CFR(s): NFPA 1 Hazardous Area 2012 New	01	K321	K321 In accordance with NFPA 101 8.7.1, the 1 West old office wa boxes and combustible materi 12/07/2023 to ensure complia	as emptied of ials on	12/22/23
LABORATOR	 Y DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE			

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OMB NO. 0938-0391

							<u>. 0938-039</u>
STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. E	BUILDING		(X3) DATE SURV COMPLETE	
		235724	B. V	VING		11/29/	2023
	OVIDER OR SUPPLIER BETTI HOME FOR V	'ETERANS	I	425	EET ADDRESS, CITY, STATE, ZIP CO 5 FISHER ST IRQUETTE, MI 49855	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
K321	with 18.3.2.1. Th a 1-hour fire-rate rated door witho 8.7.1.1). Doors s automatic-closin Hazardous area system in accord 8.4. Describe the floo hazardous areas REMARKS. 18.3.2.1, 7.2.1.8 Area Automa N/A a. Boiler and Fur b. Laundries (lar c. Repair, Mainte d. Soiled Linen F e. Trash Collecti (exceeding 64 g f. Combustible S (over 50 and les g. Combustible S (over 100 square h. Laboratories (Hazard - see K3 This STANDARI Based on obsern failed to ensure by a fire barrier I rating or protector system in accord 18.3.2.1. This d	s are protected in accordance he areas shall be enclosed with ed barrier, with a 3/4-hour fire- ut windows (in accordance with shall be self-closing or g in accordance with 7.2.1.8. s are protected by a sprinkler dance with 9.7, 18.3.2.1, and or and zone locations of s that are deficient in a, 8.4, 8.7, 9.7 atic Sprinkler Separation el-Fired Heater Rooms ger than 100 square feet) enance, and Paint Shops Rooms (exceeding 64 gallons) fon Rooms allons) Storage Rooms/Spaces s than 100 square feet) Storage Rooms/Spaces e feet) (if classified as Severe 22) D is not met as evidenced by: vation and interview, the facility hazardous areas are protected having a 1-hour fire-resistance ed by an automatic extinguishin dance with 8.7.1, as required by eficient practice could affect olated number of occupants in	9	NF wł us Te	EFICIENCY) FPA 101. Training was held hat is considered proper sto se. A routine audit has been els workorder system to mor ervice rooms being used for	rage room added to the hitor for out of	

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

			-			0.0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	MULTIPLE CONSTRUCTION JILDING 01 - ORIGINAL BUILDING	(X3) DATE SURVEY COMPLETED	
		235724	B. W	ING	11/29/	2023
	OVIDER OR SUPPLIER	ETERANS		STREET ADDRESS, CITY, STATE, ZIP CO 425 FISHER ST MARQUETTE, MI 49855	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
PREFIX	(EACH DEFICIENT REGULATORY OF Continued From Findings Include On November 25 PM, observation was being used a supplies (decoration other combustible was not provided other means, as This finding was Officer via intervity Subdivision of Be CFR(s): NFPA 1 Subdivision of Be CFR(s): NFPA 1 Subdivision of Be Construction 2012 NEW Smoke barriers at least a one ho constructed in act barriers shall be atrium wall. Smod duct penetrations 18.3.7.3, 18.3.7.4 Describe any me in REMARKS. This STANDARE Based on observ- interview, the fact barriers were con- fire resistance ra- required by 18.3 deficient practice	ACY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) page 3 : 9, 2023, at approximately 2:05 revealed the 1 West Old Office for the storage of activity tions, cardboard boxes, and e items). The door to this room d with a self-closing device, or required by 7.2.1.8, and 8.7.1 confirmed by the Fire Safety iew at the time of observation. uilding Spaces - Smoke Barrie 01 uilding Spaces - Smoke Barrier shall be constructed to provide our fire resistance rating and ccordance with 8.5. Smoke permitted to terminate at an ike dampers are not required in s of fully ducted HVAC systems.	PREFIX	((EACH CORRECTIVE ACTION SECONS - REFERENCED TO THE AP DEFICIENCY)	OULD BE PROPRIATE 01, 8.5.6.2, or doors "1- proved aterial on continue to nout the e c order re educated ing smoke 01, 8.5.6.2, or doors "1-8" /ed properly 11/29/23. o be t the building	COMPLETE
	Findings Include	:				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE			

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FORM APPROVED

OMB NO. 0938-0391

					NO. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION (X3) DATE S JILDING 01 - ORIGINAL BUILDING (X3) DATE S	
		235724	В. И	ING 11/2	29/2023
NAME OF PR	OVIDER OR SUPPLIER	1	-	STREET ADDRESS, CITY, STATE, ZIP CODE	
DJ JACO	BETTI HOME FOR V	ETERANS		425 FISHER ST MARQUETTE, MI 49855	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K372	Continued From	page 4	K372		
	PM, observation penetration that ceiling by cross- barriers shall be material and any penetrations sha properly rated in restricting the tra 8.5.6.2.	r 29, 2023 at approximately 2:39 revealed a wire bundle was unprotected above the drop corridor doors "1-12". All smoke constructed of approved void spaces around all be filled with approved, tumescent material capable of ansfer of smoke as required by r 29, 2023 at approximately 2:43			
	PM, observation penetration that ceiling by cross- barriers shall be material and any penetrations sha properly rated in	r 29, 2023 at approximately 2:43 revealed a wire bundle was unprotected above the drop corridor doors "1-8". All smoke constructed of approved / void spaces around all be filled with approved, tumescent material capable of ansfer of smoke as required by			
		confirmed by the Fire Safety iew at the time of observation.			
K753 SS=D	Combustible De CFR(s): NFPA 1		K753	K753 In accordance with NFPA 101, 18.7.5.6, tinsel was removed from a member's doo	12/22/23
	unless one of the o Flame retard fire-retardant coa for product. o Decorations 0 Decorations 100 kilowatts in a o Decorations paintings and oth	corations corations shall be prohibited e following is met: dant or treated with approved ating that is listed and labeled meet NFPA 701. e exhibit heat release less than accordance with NFPA 289. s, such as photographs, her art are attached to the walls, -fire-rated doors in accordance		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.	3

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CENTER	S FOR MEDICARI	E & MEDICAID SERVICES					APPROVED). 0938-0391
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION UDENTIFICATION NUMBER:		A. BUILDING		LTIPLE CONSTRUCTION DING 01 - ORIGINAL BUILDING	(X3) DATE SURV COMPLETE	
		235724	B. W	VING	·	11/29/	2023
	OVIDER OR SUPPLIER BETTI HOME FOR V	ETERANS			STREET ADDRESS, CITY, STATE, ZIP COD 425 FISHER ST MARQUETTE, MI 49855	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
K753	in such limited q development or 18.7.5.6 This STANDARE Based upon obs facility failed to e decorations were by the requirement	or 19.7.5.6(4). ions in existing occupancies are uantities that a hazard of fire spread is not present. D is not met as evidenced by: ervation and interview, the ensure that combustible e prohibited except as permitted ents of 18.7.5.6. This deficient fect an isolated number of	K753	3			
K918 SS=F	PM, observation interfering with th room 117s door. majority of tinsel resident room do stretched and hu preventing the do latching as requi This finding was Officer via interv Electrical System CFR(s): NFPA 1 Electrical System Maintenance and The generator of and associated e supplying service second criterion test, a process s	9, 2023 at approximately 2:17 revealed decorative tinsel ne door latching of resident Observation revealed the was on the corridor side of the bor with a piece of the tinsel ing into the inside of the door, oor from fully closing and red by 18.7.5.6(4). confirmed by the Fire Safety iew at the time of observation. ns - Essential Electric Syste 01	K918	3	K918 In accordance with NFPA 1110 conductance testing will be per monthly on the generator batte Batteries were changed to mai free in February of 2023 withou knowledge of conductance test item was added for testing in th work order system log on 12/07 equipment ordered and receive held for maintenance department	formed ries. ntenance ut previous ting. A line ne TELS 7/2023. Test ed. Training	12/22/23

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STATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION		TION Í ÍDENTIFICATION NUMBER:		NULTIPLE CONSTRUCTION ILDING 01 - ORIGINAL BUILDING NG	(X3) DATE SU COMPLE		
		235724	D. Wi		11/29/2023		
		FTEDANO		STREET ADDRESS, CITY, STATE, ZIP 425 FISHER ST	CODE		
DJ JACO	BETTI HOME FOR V	EIERANS		MARQUETTE, MI 49855			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
K918	generator and tra in accordance wi Generator sets a under load 30 mi day intervals, an months for 4 com under load condi simulated cold si transfer of all EE competent perso of stored energy are in accordance feeder circuit bre and a program for components is e manufacturer reo maintenance and readily available circuits are mark separate from no the possibility of power source is installations. 6.4.4, 6.5.4, 6.6.4 111, 700.10 (NF This STANDARE Based on record facility failed to e alternative powe equipment is cap 10 seconds, is m and exercised in and records are 6.4.4, 6.5.4, and NFPA 111 and 7	. Maintenance and testing of the ansfer switches are performed ith NFPA 110. The inspected weekly, exercised inutes 12 times a year in 20-40 d exercised once every 36 titnuous hours. Scheduled test itions include a complete tart and automatic or manual S loads, and are conducted by onnel. Maintenance and testing power sources (Type 3 EES) we with NFPA 111. Main and eakers are inspected annually, or periodically exercising the stablished according to quirements. Written records of d testing are maintained and . EES electrical panels and ed, readily identifiable, and ormal power circuits. Minimizing damage of the emergency a design consideration for new 4 (NFPA 99), NFPA 110, NFPA PA 70) D is not met as evidenced by: review and interview, the ensure generators or other r sources and associated bable of supplying service within naintained, inspected, tested accordance with NFPA 110, readily available as required by 6.6.4 of NFPA 99, NFPA 110, 0.10 of NFPA 70. This e could affect all occupants in	K918				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 235724 STREET ADDRESS, CITY, STATE, ZIP CODE 425 FISHER ST MARQUETTE, MI 49855 11/29/2023 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X3) DATE SURVEY COMPLETED	CENTER	S FOR MEDICAR	E & MEDICAID SERVICES					M APPROVED 10. 0938-0391	
Image: Name of provider or supplier Street Address, city, state, zip code DJ JACOBETTI HOME FOR VETERANS Street Address, city, state, zip code (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 DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 7 Findings Include: K918 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 K918			IDENTIFICATION NUMBER:	A. BU	ILDING	01 - ORIGINAL BUILDING	DNSTRUCTION (X3) DATE SURV 01 - ORIGINAL BUILDING (X3) DATE SURV		
425 FISHER ST MARQUETTE, MI 49855 (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) (X. COMP DAY DAY DAY DAY DAY DAY DAY DAY DAY DAY			235724						
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMP DATE K918 Continued From page 7 Findings Include: K918 K918 Image: Comparison of the transformation of th			ETERANS		425 I	FISHER ST	ODE		
Findings Include: 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	PRÉFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	(X5) COMPLETE DATE	
exit of this survey indicating specify gravity testing or conductance testing was completed during this timeframe. This finding was confirmed by the Fire Safety Officer via interview at the time of record review.	TAG	Continued From Findings Include On November 2 AM, record revie conducted speci conductance tes during the timefin through the timefin 110, 8.3.7.1. Not exit of this surve testing or condu during this timefin This finding was	R LSC IDENTIFYING INFORMATION) a page 7 2: 9, 2023 at approximately 10:22 we revealed the facility failed to ific gravity testing or sting on their generator batteries rame of February 9, 2023, e of survey as required by NFPA o records were provided by the ey indicating specify gravity ctance testing was completed rame. a confirmed by the Fire Safety	TAG		CROSS-REFERENCED TO THE A			

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