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

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D JACE SUMMARY STATEMENT OF DEFICIENCIES 225 FIGHER ST MARQUETTE, MI 49805 COMPLETE COMPLETE <th< td=""><td></td><td></td><td>235724</td><td>в. V</td><td>VING</td><td>i</td><td>10/15/</td><td>2024</td></th<>			235724	в. V	VING	i	10/15/	2024
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On October 15, 2024, 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 in Marquette was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	PREFIX	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	IVE ACTION SHOULD BE COM ED TO THE APPROPRIATE DA	
Image: Non-State State	E000	Initial Comments	5	E000)			
		Preparedness So Michigan Depart Regulatory Affair Certification. At for Veterans in M substantial comp participation in M	urvey was conducted by the ment of Licensing and rs, Bureau of Survey and the survey DJ Jacobetti Home Aarquette was found in Diance with the requirements for Aedicare/Medicaid at 42 CFR					
Electronically Signed 11/01/2024	LABORATOR	DIRECTOR'S OR PROVI	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE				

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 10/15/2024 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 October 15, 2024, 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 61. General Requirements - Other K100 K100 In accordance with NFPA 101, paperwork 11/22/24 CFR(s): NFPA 101 SS=F will be submitted by the installing contractor to the Bureau of Fire Services General Requirements - Other for review for the addition of new smoke List in the REMARKS section any LSC Section detectors and heat sensors. No sprinkler 18.1 and 19.1 General Requirements that are changes were made during the renovation not addressed by the provided K-tags, but are project. For Future renovations, the facility deficient. This information, along with the will ensure any changes to the fire 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.

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Electronically Signed

11/01/2024

PRINTED: 01/15/2025

CENTER	S FOR MEDICARE	E & MEDICAID SERVICES			-	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724			A. BUI	IULTIPLE CONSTRUCTION (X3) DATE SURVEY ILDING 01 - ORIGINAL BUILDING NG 10/15/2024		
NAME OF PROVIDER OR SUPPLIER DJ JACOBETTI HOME FOR VETERANS				STREET ADDRESS, CITY, STATE, ZIP COU 425 FISHER ST MARQUETTE, MI 49855	DE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY)		OULD BE	(X5) COMPLETE DATE		
К100	citation, should b This STANDARE Based on observ interview, the fact that plans were s Bureau of Fire Sc completed for the by 18.1 and 19.1 affect all of the o Findings Include On October 15, 2 9:00 AM and 1:4 Facilities Directo elevators were re the last year. The elevator work, fir additions were m protection system Bureau of Fire Sc the fire alarm and The FD responde pulled a permit for alarm and sprink documentation, i provided by the e plans were subm Services.	afety Code or NFPA standard be included on Form CMS-2567. D is not met as evidenced by: vation, record review and cility failed to provide evidence submitted to the Michigan ervices for the work the facility e elevator project, as required . This deficient practice could ccupants in the event of a fire.	K100	detecting system be sent to th Fire Services for proper review documentation. Installation co submitted plans to Plan Revier obtained Plan Review #PR202 005352. The facility will make adjustments required by Plan	v and ntractor has w and have 24BFS- any review.	
K222 SS=E	equipped with a l use of a tool or k using one of the arrangements:	01 red means of egress shall not be latch or a lock that requires the ey from the egress side unless following special locking DER/SUPPLIER REPRESENTATIVE'S SIGNA	K222	On October 15, 2024, the 1 No exit door did not function as re NFPA 101, 7.2.1.6.1.1 (3). Adjustments were made to the ensure proper function of the r lock, Adjustments were compl 16, 2024. Facility inspects dela doors on a monthly basis and into the TELS Workorder Syst	equired by e door to magnetic eted October ayed egress logs findings	11/15/24

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/15/2025

FORM APPROVED

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

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

AND PLAN OF (CORRECTION	IDENTIFICATION NUMBER:	· ,	ILDING 01 - ORIGINAL BUILDING	COMPLETE	
		235724	B. WI	NG	10/15/	2024
	OVIDER OR SUPPLIER	ETERANS		STREET ADDRESS, CITY, STATE, ZIP COD 425 FISHER ST MARQUETTE, MI 49855	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
K222	LOCKING Where special lo clinical security n only one locking each door and pr rapid removal of locks; keying of a at all times; or ot available to the s 18.2.2.2.5.1, 18.2 SPECIAL NEEDS Where special lo safety needs of t Clinical or Securi being met. In add electrical locks th upon loss of pow protected by a su system and the lo complete smoke constantly monito within the locked and detection syst the doors upon a 18.2.2.2.5.2, 19.2 DELAYED-EGRE ARRANGEMENT Approved, listed systems installed shall be permitter low and ordinary protected through supervised autor approved, superv system. 18.2.2.2.4, 19.2.2 ACCESS-CONTI ARRANGEMENT Access-Controlle installed in accor	S OR SECURITY THREAT cking arrangements for the needs of the patient are used, device shall be permitted on rovisions shall be made for the occupants by: remote control of all locks or keys carried by staff her such reliable means taff at all times. 2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 S LOCKING ARRANGEMENTS cking arrangements for the he patient are used, all of the ty Locking requirements are dition, the locks must be nat fail safely so as to release rer to the device; the building is upervised automatic sprinkler ocked space is protected by a detection system (or is ored at an attended location space); and both the sprinkler stems are arranged to unlock ctivation. 2.2.2.5.2, TIA 12-4 ESS LOCKING TS delayed-egress locking in accordance with 7.2.1.6.1 d on door assemblies serving hazard contents in buildings hout by an approved, natic fire detection system or an vised automatic sprinkler	K222	facility will continue to inspect of egress doors to ensure proper Maintenance staff were reeduo maintaining egress doors.	function.	
LABUKATURY	DIRECTOR 5 OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	IUKE			

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

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 10/15/2024 235724 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 PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) K222 Continued From page 3 K222 permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure doors in a required means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side unless meeting the special locking arrangements for clinical needs in accordance with 18.2.2.2.5.1 and 18.2.2.2.6, special needs locking arrangements in accordance with 18.2.2.2.5.2, delayed egress locking in accordance with 18.2.2.2.4, access-controlled egress doors in accordance with 18.2.2.2.4, or elevator lobby exit access in accordance with 18.2.2.2.4. This deficient practice could affect approximately 30 occupants in the event of a fire or emergency. Findings Include: On October 15, 2024, at approximately 11: 44 AM, observation revealed the 1 North stairwell delayed-egress exit door does not function as required by NFPA 101, 7.2.1.6.1.1 (3). Upon testing the door three times, the delayed-egress function does not work and the only way to exit through the door is enter a code on a keypad. This finding was confirmed by the Facilities

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PRINTED: 01/15/2025 FORM APPROVED OMB NO. 0938-0391

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

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

					CONSTRUCTION		. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 235724		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	MULTIPLE	CONSTRUCTION 01 - ORIGINAL BUILDING	(X3) DATE SURV COMPLETE	
		B. WI	B. WING			15/2024	
NAME OF PR	OVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
DJ JACO	BETTI HOME FOR \	/ETERANS		425 I	FISHER ST QUETTE, MI 49855		
(X4) ID PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
K222			K222				
K351 SS=F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Director at the time of observation. Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 NEW Buildings are to be protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state and local regulations prohibit sprinklers. Listed quick-response or listed residential sprinklers are used throughout smoke compartments with patient sleeping rooms. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed six square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7, 9.7.1.1(1), 18.3.5.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure buildings are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, as required by 18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 18.3.5.10, 9.7 and 9.7.1.1(1). This deficient practice could affect all occupants in the event of a fire. Findings Include:		K351	wern in a 1) T out the mov exis rate disp 2) C of p The into con all c thei cor 3) C of p adm mov exis rate disp 2) C of p The into con 3) C of p The into con all c thei cor 3) C of p The into con all c thei cor adm thei s a s adm thei s adm thei s t t t adm thei s adm thei s a adm thei s a s a s ad thei s o s a t a s a s a s ad	October 15, 2024, multiple e observed to be out of posicionance with NFPA 13. Wo ceiling tiles were observed for position in the vestibule of smoking area. To prevent for the facility has replacing the swith a heavier weil of tile to prevent air movements of the proper position. The facility has replaced the proper position. The faction on the north side of ecciling tile has since been the proper position. The faction on the north side of receiling tiles are being placed r proper position after work to pleted. One ceiling tile was observe osition int the vestibule exit inistrative area. To prevent vement, the facility has replaced the to prevent air movement of tile to prevent air movement of tile to prevent air movement of tile to prevent air movement of the tiles. One ceiling tile was observe osition in the records room. The since been placed back per position. The facility will not contractors to ensure at a re being placed back into ition after work has been containing ceiling tiles.	sition and not ved to be going out to urther tile aced the ighted fire ent from d to be out the chapel. placed back cility will to ensure back into has been d to be out ing the t further tile aced the ighted fire ent from d to be out ing the t further tile aced the ighted fire ent from d to be out ing the t further tile aced the ighted fire ent from d to be out . The ceiling c into the continue to all ceiling their proper ompleted.	11/15/24

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

CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES			-	RM APPROVE NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BU	IULTIPLE CONSTRUCTION ILDING 01 - ORIGINAL BUILDING NG				
235724					10/15/2024		
NAME OF PROVIDER OR SUPPLIER DJ JACOBETTI HOME FOR VETERANS			STREET ADDRESS, CITY, STATE, ZIP CODE 425 FISHER ST MARQUETTE, MI 49855				
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K351	 AM, observation missing in the varea. 2) On October 1 AM, observation on the north sid 3) On October 1 PM, observation the west vestibuarea. 4) On October 1 PM, observation the records room the records room the records room the records room the set findings 	 15, 2024 at approximately 11:14 n revealed two ceiling tiles estibule going out to the smoking 15, 2024 at approximately 11:30 n revealed a ceiling tile missing e of the chapel. 15, 2024 at approximately 1:05 n revealed a ceiling tile missing in ule exiting the administrative 15, 2024 at approximately 1:07 n revealed a ceiling tile missing in 	K351				

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