

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| E000 | Initial Comments 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. | E000 | | |

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

TITLE

(X6) DATE

Electronically Signed

11/01/2024

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
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

| | | | | |
|---|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ORIGINAL BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| K000 | INITIAL COMMENTS 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. | K000 | | |
| K100 SS=F | General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the | K100 | In accordance with NFPA 101, paperwork will be submitted by the installing contractor to the Bureau of Fire Services for review for the addition of new smoke detectors and heat sensors. No sprinkler changes were made during the renovation project. For Future renovations, the facility will ensure any changes to the fire | 11/22/24 |

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

TITLE

(X6) DATE

Electronically Signed

11/01/2024

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ORIGINAL BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| K100 | Continued From page 1 applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide evidence that plans were submitted to the Michigan Bureau of Fire Services for the work the facility completed for the elevator project, as required by 18.1 and 19.1. This deficient practice could affect all of the occupants in the event of a fire. Findings Include: On October 15, 2024 at between the hours of 9:00 AM and 1:45 PM, Interview with the Facilities Director (FD) revealed two facility elevators were rehabbed and remodeled over the last year. The FD revealed in addition to the elevator work, fire detection and fire suppression additions were made to the existing fire protection systems. The FD was asked if a Bureau of Fire Services permit was obtained for the fire alarm and sprinkler system additions. The FD responded their elevator contractor had pulled a permit for the work, including the fire alarm and sprinkler system additions. No documentation, including a permit number, was provided by the exit of this survey to indicate plans were submitted to the Bureau of Fire Services. | K100 | detecting system be sent to the Bureau of Fire Services for proper review and documentation. Installation contractor has submitted plans to Plan Review and have obtained Plan Review #PR2024BFS-005352. The facility will make any adjustments required by Plan review. | |
| K222 SS=E | Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: | K222 | On October 15, 2024, the 1 North Stairwell exit door did not function as required by NFPA 101, 7.2.1.6.1.1 (3). Adjustments were made to the door to ensure proper function of the magnetic lock, Adjustments were completed October 16, 2024. Facility inspects delayed egress doors on a monthly basis and logs findings into the TELS Workorder System. The | 11/15/24 |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ORIGINAL BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| K222 | <p>Continued From page 2</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be</p> | K222 | <p>facility will continue to inspect delayed egress doors to ensure proper function. Maintenance staff were reeducated on maintaining egress doors.</p> | |

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

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ORIGINAL BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| K222 | <p>Continued From page 3 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</p> <p>This STANDARD is not met as evidenced by:</p> <p>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.</p> <p>Findings Include:</p> <p>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</p> | K222 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ORIGINAL BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| K222 | Continued From page 4 Director at the time of observation. | K222 | | |
| K351 SS=F | <p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>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</p> <p>This STANDARD is not met as evidenced by:</p> <p>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.</p> <p>Findings Include:</p> | K351 | <p>On October 15, 2024, multiple ceiling tiles were observed to be out of position and not in accordance with NFPA 13.</p> <p>1) Two ceiling tiles were observed to be out of position in the vestibule going out to the smoking area. To prevent further tile movement, the facility has replaced the existing tiles with a heavier weighted fire rated tile to prevent air movement from displacing the tiles.</p> <p>2) One ceiling tile was observed to be out of position on the north side of the chapel. The ceiling tile has since been placed back into the proper position. The facility will continue to monitor contractors to ensure all ceiling tiles are being placed back into their proper position after work has been completed.</p> <p>3) One ceiling tile was observed to be out of position int the vestibule exiting the administrative area. To prevent further tile movement, the facility has replaced the existing tiles with a heavier weighted fire rated tile to prevent air movement from displacing the tiles.</p> <p>4) One ceiling tile was observed to be out of position in the records room. The ceiling tile has since been placed back into the proper position. The facility will continue to monitor contractors to ensure all ceiling tiles are being placed back into their proper position after work has been completed. Maintenance staff were reeducated on maintaining ceiling tiles.</p> | 11/15/24 |

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

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ORIGINAL BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 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 | |
| (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) COMPLETE DATE |
| K351 | <p>Continued From page 5</p> <p>1) On October 15, 2024 at approximately 11:14 AM, observation revealed two ceiling tiles missing in the vestibule going out to the smoking area.</p> <p>2) On October 15, 2024 at approximately 11:30 AM, observation revealed a ceiling tile missing on the north side of the chapel.</p> <p>3) On October 15, 2024 at approximately 1:05 PM, observation revealed a ceiling tile missing in the west vestibule exiting the administrative area.</p> <p>4) On October 15, 2024 at approximately 1:07 PM, observation revealed a ceiling tile missing in the records room.</p> <p>These findings were confirmed by the Facilities Director at the time of observation.</p> | K351 | | |

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