

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 2/10/2023
NAME OF PROVIDER OR SUPPLIER MOMENTOUS HEALTH AT BATTLE CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 675 WAGNER DR BATTLE CREEK, MI 49017		
(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) COMPLETION DATE
K0000 SS=	INITIAL COMMENTS On February 10, 2023, a Life Safety Revisit was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Momentous Health at Battle Creek was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, subpart 483.90(a), Life Safety from Fire, and the applicable provisions of the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code.	K0000			
K0345 SS= F	Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 70 and NFPA 72, and records are readily available as required by 19.6.1.3, 9.6.1.5, NFPA 70 and NFPA 72. This deficient practice could affect all occupants in the event of a fire emergency. Findings Include:	K0345	A Temporary Waiver is being requested for Tag K0345 at this time. At current time, the fire panel sensitivity testing is not able to be completed due a fault in the communication panel device. Per the monitoring company the panel still alerted at central station thus there was no added risk to any residents or staff. However, as an added precaution, all staff were educated on 2/14/2023 to immediately call the fire department as well on any alarms that sounds. Signs as well were posted at all nurses stations and at the front desk. The technicians were scheduled to conduct the sensitivity testing and arrived at the facility on 2/3/2023 but were unable to complete the testing. The Administrator and Director of Environmental Services contacted the vendor and, pending required county permits, the sensitivity test will be completed once the new panel has been installed. A contract was signed with Sonitrol Monitoring for this project on 2/14/2023. The date of the installation of		1/31/2023

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

TITLE

(X6) DATE

Electronically Signed

02/16/2023

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 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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K0353 SS= F	<p>On 12/15/22 between the hours of 9:30 AM & 1:30 PM, and again on 02/10/23, during the revisit, record review revealed the facility failed to provide documentation of the required bi-annual Sensitivity Test for the installed fire alarm system. No documentation of the requested document was provided by the exit of the survey.</p> <p>The Plan of Correction (POC) stated "The sensitivity test was completed on 1/10/2023. The listed deficiency above has not been corrected as stated in the POC by the X5 completion date of 1/31/23.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of record review.</p> <p>Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p>	K0353	<p>the new panel and testing to be completed will be March 13, 2023.</p> <p>To ensure the safety of residents and staff, as an added precaution, all staff were educated on 2/14/2023 to immediately call the fire department as well on any alarms that sounds. Signs as well were posted at all nurses stations and at the front desk reminding staff to call the fire department</p> <p>1. On 2-15-2023, the Sprinkler vendor came to the facility and completed the 5 year internal inspection, the five year check valve inspection, and the five year pressure gage checks. 2. All facility residents have the potential to be affected. 3. A quarterly audit of all sprinkler heads was added to the TELS preventive maintenance logs. All maintenance staff were educated on 2/15/2023 on the revised process. 4. To ensure compliance, all sprinkler audits will be brought to QAPI monthly to ensure completion for the next 12 months and then re-evaluated for extension. 5. The Administrator is responsible for this plan of correction.</p>		1/31/2023

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	<p>Based on record review and interview, the facility failed to ensure the automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25, and records are readily available as required by 9.7.5, 9.7.7, 9.7.8 and NFPA 25. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1. On 12/15/22 between the hours of 9:30 AM & 1:30 PM, and again on 02/10/23, during the revisit, record review revealed the facility failed to provide documentation of the 5-year internal inspection of piping for the sprinkler system as required in NFPA 25. No documents were provided for review by the exit of the survey.</p> <p>2. On 12/15/22 between the hours of 9:30 AM & 1:30 PM, and again on 02/10/23, during the revisit, record review revealed the facility failed to provide documentation of the 5-year inspection of the check valve for the sprinkler system as required in NFPA 25. No documents were provided for review by the exit of the survey.</p> <p>3. On 12/15/22 between the hours of 9:30 AM & 1:30 PM, and again on 02/10/23, during the revisit, record review revealed the facility failed to provide documentation of the 5-year replacement or recalibrating of the pressure gages for the sprinkler system as required in NFPA 25. No documents were provided for review by the exit of the survey.</p> <p>The Plan of Correction (POC) for the noted deficiencies above state "On 1/11/2023, Sprinkler vendor came in and did the 5 year internal inspection, the 5 year check valve inspection, the 5 year pressure gage checks." Observation revealed, the vendor has not been in to correct the</p>						

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	<p>listed deficiencies as stated in the POC by the X5 completion date of 1/31/23.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of record review.</p>						