

| 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 2/9/2024 |
|--|--|--|---|----------------------------|--|
| NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK | | | STREET ADDRESS, CITY, STATE, ZIP CODE 675 WAGNER DR BATTLE CREEK, MI 49017 | | |
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| F0000 SS= | INITIAL COMMENTS Pinnacle Care of Battle Creek was surveyed for an Abbreviated survey on 2/09/24. Intakes: MI00139070, MI00139893, MI00142383, MI00142472, MI00142486. Census= 51 | F0000 | | | |
| F0558 SS= D | Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to promote and facilitate resident needs through support of resident choice in bathing, a toileting program, equipment needs, and services, in one of three residents reviewed for rehabilitation services (Resident #5), resulting in lack of progress in meeting resident goals for discharge. Findings include: Resident #5 (R5) R5 was observed lying in bed on his back on 2/08/24 at 10:50 AM. R5 stated he had not received therapy services he needed since he was admitted to the facility. R5 stated his goal was to return home and live independently as he did before he had back surgery a few months prior. R5 stated after his back surgery he transferred to a rehabilitation hospital for therapy, and bowel and bladder training. R5 stated he had not had a shower in over a month. R5 stated he had received bed baths, but preferred showers. R5 stated he had acne from not receiving a shower. | F0558 | F Tag 558 Element #1 The Director of Nursing interviewed resident number #5 for shower preference, ordered bi-pap machine for resident number #5, and completed toileting needs assessment for resident number #5 on 2/21/24. The Director of Nursing completed a facility wide audit for all residents in the facility including for shower preferences, toileting assessment, and screened all residents for need of special equipment including Bi-pap on 2/23/24. Element #2 The facility has determined that all residents have the potential to be affected. Element #3 The Accommodation of Needs, Shower, Bowel & Bladder-Incontinence and Bi-pap Policies were reviewed and deemed appropriate by the IDT team. The nursing staff will be reeducated on the policies by Director of Nursing by March 4, 2024. Element #4 The Director of Nursing or designee will conduct random audits of 5 residents, 3 x weekly for 4 weeks for shower preferences, | 3/4/2024 | |

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

TITLE

(X6) DATE

Electronically Signed

02/27/2024

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 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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| | <p>R5 stated his pain was worse after the fall from the transfer lift with staff the month prior. R5 stated the average call light response time was one hour during the day and up to five hours at night; and at times had to yell for help. R5 stated he used a BiPAP (provide air pressure levels for inhalation and exhalation) at home and had used a BiPAP machine during his stay in the hospital. R5 stated he had an appointment set up with a podiatrist prior to his admission to the nursing home due to an ingrown toenail, but the facility had canceled the appointment and told him he could see a podiatrist at the nursing home. R5 stated it had been over two months ago, and he was still waiting to see a podiatrist. R5 stated staff did not take him to the bathroom and had to wait for staff to clean him up after incontinence. R5 stated he was looking for another nursing home, and stated he could only hope he would walk again.</p> <p>R5's medical record revealed he was not residing in the room that was under the census tab in his record. The room that was in R5's record was observed with a sign on the door that indicated the room was out of order. R5 was observed residing in a different room on 2/08/24 at 10:50 AM; and there was a sign on the door that instructed to not use the bathroom in the room.</p> <p>R5's Minimum Data Set (MDS) assessment dated 11/30/23 revealed he was 52 years old and was admitted to the facility on 11/17/23, after an inpatient stay at a rehabilitation facility. Prior to the rehabilitation facility, R5's referral information dated 10/12/23 indicated he presented to the hospital with back pain in August of 2023, and underwent spinal surgery on 10/02/23. Prior to August 2023, R5 ambulated independently and worked as a mechanic. R5's MDS dated 11/30/23 revealed a brief interview for mental status (BIMS), a short performance-based cognitive screener score of 14 (14-15</p> | | <p>toileting needs, and use of special equipment including Bi-PAP machines. Findings will be reported to Monthly QAPI. The Director of Nursing is responsible for maintaining compliance. The compliance date is March 4, 2024.</p> | | | | |

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| | <p>cognitively intact). The same MDS assessment indicated R5 was frequently incontinent of urine and always incontinent of bowel. A trial of a toileting program (e.g. scheduled toileting, prompted voiding or bladder training) had not been attempted since admission or since incontinence was noted in the facility.</p> <p>R5's admission referral from the specialized rehabilitation facility dated 10/12/23 indicated R5 had a diagnoses of diabetes, super morbid obesity and hypoventilation syndrome (OHS, breathing disorder resulting in a slow breathing rate due to lack of oxygen) and was treated with a BiPAP machine. The same referral information indicated R5 used a BiPAP machine while at the rehabilitation facility. R5 was motivated with meeting goals that included improvement in bowel and bladder continence, increased strength and endurance with therapy, improved self-care skills, and return to the community. R5's same referral information indicated his rehab prognosis was good.</p> <p>R5's Kardex (Care Plan) dated 2/08/24 revealed "Bathing- (Specify)"; there was no specific information on whether R5 preferred showers, bed baths, or tub baths. There were no instructions on how often R5 preferred showers. Under Bladder/Bowel instructions, R5 was to be checked every 2 hours during the day and to change his brief as needed. Occupational Therapy (OT) Plan of Treatment, certification period 12/20/23 through 2/17/24 indicated R5's goal was to safely perform toileting tasks using a raised toilet seat and bedside commode with minimum assistance and proper positioning without falls. Progress toward R5's goal was limited due to need for bariatric commode and limited upright tolerance. R5's OT was discontinued on 1/12/24. The same note revealed a proper sling was ordered for showering and for toileting (hole cut out), for R5. OT note dated 1/09/24 revealed R5</p> | | | | |

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| | <p>had constipation, and was unable to have a bowel movement for greater than 7 days.</p> <p>R5 was interviewed on 2/09/24 at 7:30 AM and stated his call light was on earlier on this same morning for an hour; he stated he was screaming for help; his leg was off the bed, was "locked up" (muscle spasm) and in need of medication.</p> <p>During an observation on 2/09/24 at 8:48 AM, the light over the door to room R5's room was illuminated. In observation of the call light board at the nurse's station; no light was observed activated for R5's room and there was no sound. The only way to know R5's need for assistance was to visually observe the light over the door. Other resident rooms on the South unit were illuminated above the door and at the nurse's station; the sound was faint and was not able to be heard unless at the nurse's station. The speaker on the call light board was observed covered with heavy duty tape. At the same date and at approximately 9:45 AM, room 133's light was observed illuminated above the door, however; it was not illuminated or sounding at the nurse's station.</p> <p>Assistant Director of Nursing (ADON) "H" was interviewed on 2/09/24 at 9:05 AM and 11:00 AM; she stated a bowel and bladder assessment was completed with the admission nursing assessment. ADON "H" did not know if residents were assessed for a three-to-five-day patterning to assist in determining appropriate toileting plans to improve or maintain continence. ADON "H" did not know if R5 had a commode to use for toileting, and stated R5 was incontinent. ADON "H" stated she was not aware R5's electronic medical record indicated he was in a different room than he was residing. ADON "H" was asked if she was aware R5 preferred showers and he had not had a shower for over a month; her response</p> | | | | |

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| | <p>was R5 had bed baths. ADON stated in the same interview she was not aware R5 required a BiPAP machine prior to admission to the facility. ADON "H" stated the facility had completed call light audits in response to call light response time complaints reported in resident council the last three months; but did not know if R5's room had been audited.</p> <p>Occupational Therapist (OT) "J" was interviewed on 2/09/24 at 10:07 AM and stated he had requested a sling for R5 to use for toileting. OT "J" stated there had been staffing issues in the therapy department since the Rehab manager left in November 2023, and as of 1/12/24, was no longer employed at the facility. OT "J" stated when residents were discharged from therapy, in the past he would recommend a maintenance program; but had not recommended maintenance programs for some time because there was no one in the building to provide services.</p> <p>During an interview with maintenance staff (MS) "K" on 2/09/24 at 10:30 AM, stated R5 moved about a week and half ago due to a ceiling leak, and the plan to move him back to his room was when the director of nursing determined it was okay. MS "K" stated the toilet in R5's room was working, the sign that was on the door not to use the toilet was an old sign. MS "K" stated he was not aware call lights were not working at the nurse's station for R5's room or room 133. Maintenance staff "K" stated he had just put a bedside commode in R5's room for use.</p> <p>During an interview with Unit Manager/Licensed Practical Nurse (LPN) "I" on 2/09/24 at 10:36 AM stated the facility did not have a toileting sling for R5 to use.</p> <p>On 2/09/24 at 10:45 AM, a bedside commode was observed in R5's room. The toilet in R5's</p> | | | | |

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| F0610 SS= B | <p>room was observed with cloudy water and did not look as if it had been cleaned for some time. R5's toilet did not flush completely unless the handle was held down for the entire cycle. On 2/09/24 at 10:50 AM, R5's maximum weight capacity for the bedside commode that was provided on this same day was requested; Nursing Home Administrator (NHA) replied that she would have to ask other staff and did not provide maximum weight capacity prior to survey exit.</p> <p>Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to MI00142383.</p> <p>Based on observation, interview and record review, the facility failed to ensure the protection of other residents by thoroughly investigating allegations of abuse for one (Resident #2) of three reviewed for abuse, resulting in the potential for abuse to occur with other residents.</p> <p>Findings include:</p> | F0610 | <p>F Tag 610</p> <p>Element #1</p> <p>Resident #2 no longer resides in the facility. All residents were interviewed for any concerns and safety concerns on 2-21-24. Any concerns noted will be addressed appropriately. There were no resident concerns and safety concerns.</p> <p>Element #2</p> <p>The facility has determined that all residents have the potential to be affected.</p> <p>Element #3</p> <p>The Abuse-Investigate/Prevent/Correct Alleged Violation Policy was reviewed and deemed appropriate. The Administrator and Social Worker were reeducated on the Abuse Policy-Investigate/Prevent/Correct Alleged Violation Policy by the Director of Operations on 2-22-24.</p> <p>Element #4</p> <p>The Social Worker or designee will conduct random audits of 3 residents, 3 x weekly for 4</p> | 3/4/2024 | |

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| | <p>Resident #2 (R2)</p> <p>During record review it was revealed that during a video call on 1/12/2024, R2 reported to a family member and the Activities Director (AD) "C" that "they put their penis in my butt." As a result, the facility submitted a Facility Reported Incident (FRI) on 1/12/2024 regarding sexual abuse to the State Agency. The FRI investigation was completed and submitted to the State Agency on 1/19/2024.</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 11/7/2023 revealed R2 admitted to the facility on 4/8/2016 with diagnoses of multiple sclerosis (autoimmune disease that affects the central nervous system), anxiety, dysphagia (difficulty swallowing), depression and chronic fatigue. Brief Interview for Mental Status (BIMS) reflected a score of 00 out of 15 which indicated R2 was severely cognitively impaired (00 to 07 is severe cognitive impairment).</p> <p>During an interview on 2/7/2024 at 8:27 AM, R2 was lying in bed and was sleepy. R2 was unable to answer any questions or hold a conversation.</p> <p>Review of the FRI and investigation file revealed that other comparable residents were not assessed and/or interviewed during the investigation to make sure other residents were safe due to the sexual abuse allegation.</p> <p>During an interview on 2/8/2024 at 10:33 AM, Social Worker (SW) "D" stated that she wanted to say she interviewed other residents for this FRI but she wasn't sure. SW "D" said, "Maybe not if other resident interviews aren't in the file."</p> <p>During an interview on 2/8/2024 at 2:25 PM, Nursing Home Administrator (NHA) "A"</p> | | <p>weeks. Findings will be reported to Monthly QAPI. The Administrator is responsible for maintaining compliance. The compliance date is March 4, 2024.</p> | | | | |

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| | reported that other residents were interviewed around the same time regarding misappropriation of property but other residents weren't interviewed for inappropriate/unwanted touch. | | | | | | |