STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:			ISTRUCTION		ATE SURVEY LETED
		134140	B. WING			3/18/2	024
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATI	, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CF FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
E0000	Initial Comments		E0000				
SS=	Preparedness So Michigan Depart Regulatory Affair Certification. At t Battle Creek was compliance with participation in M	2024, an Emergency urvey was conducted by the ment of Licensing and s, Bureau of Survey and he survey Pinnacle Care of found not in substantial the requirements for ledicare/Medicaid at 42 CFR hey Preparedness.					
E0006 SS= F	§403.748(a)(1)-(§418.113(a)(1)-(§460.84(a)(1)-(2 §483.73(a)(1)-(2 §483.73(a)(1)-(2 §485.542(a)(1)-(§485.542(a)(1)-(§485.6360(a)(1)-(§494.62(a)(1)-(2 [facility] must dev emergency prepareviewed, and up years. The plan based on and inc based on and inc based and comm assessment, utili approach.* (2) In addressing emer the risk assessm §418.113(a):] En must develop an preparedness pla and updated at le must do the follo include a docum community-base an all-hazards ap	II Hazards Risk Assessment 2), §416.54(a)(1)-(2), 2), §441.184(a)(1)-(2), 3), §482.15(a)(1)-(2), 3), §483.475(a)(1)-(2), 2), §485.685(a)(1)-(2), 2), §485.625(a)(1)-(2), 2), §485.920(a)(1)-(2), 2), §491.12(a)(1)-(2), 3) ((a) Emergency Plan. The velop and maintain an aredness plan that must be odated at least every 2 must do the following:] (1) Be clude a documented, facility- nunity-based risk zing an all-hazards clude strategies for gency events identified by ent. * [For Hospices at hergency Plan. The Hospice d maintain an emergency an that must be reviewed, east every 2 years. The plan wing: (1) Be based on and ented, facility-based and d risk assessment, utilizing oproach. (2) Include dressing emergency events	E0006	Adminis facility I Risk as updates Elemen his defi affect a emerge Elemen The En and de Commi The Ad the imp Emerge assess Govern Elemen	dents were cited in this tag. The strator reviewed and updated th Emergency Preparedness Plan esessment on 10/2/2023, any fu swill be updated by 4/22/2024. In #2 cient practice has the potential ill occupants in the event of an ency. In #3 hergency Preparedness was re- emed appropriate by the QAPI ttee on 3/26/2024. Iministrator received a 1:1 in-se iortance of reviewing and update ency Preparedness plan and ris ment annually on 4/5/2024 by t ing Board.	e and rther to viewed rvice on ing the k ne	4/22/2024
					-		
		ROVIDER/SUPPLIER REPRESEN	ITA FIVE'S SIGN	ATURE	TITLE	(X6) DA	
Electronical	iy Signed					04/07	/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.

STATEMENT O AND PLAN OF 0	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN		ISTRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		134140	B. WING _			3/18/2	024
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	the management power failures, n emergencies tha ability to provide §483.73(a):] Eme facility must deve emergency prep- reviewed, and up plan must do the and include a do community-base an all-hazards ap residents. (2) Include addressing emert the risk assessm §483.475(a):] Em must develop an preparedness pla and updated at le must develop an preparedness pla and updated at le must do the follo include a docum- community-base an all-hazards ap clients. (2) Include emergency even assessment. This REQUIREN evidenced by: Based on record facility failed to m Preparedness pla and updated am- include a docum- community base an all-hazards ap residents, and in addressing emert the risk assessment	risk assessment, including is of the consequences of atural disasters, and other t would affect the hospice's care. *[For LTC facilities at ergency Plan. The LTC elop and maintain an aredness plan that must be odated at least annually. The following: (1) Be based on cumented, facility-based and d risk assessment, utilizing oproach, including missing lude strategies for gency events identified by ent. *[For ICF/IIDs at hergency Plan. The ICF/IID d maintain an emergency an that must be reviewed, east every 2 years. The plan wing: (1) Be based on and ented, facility-based and d risk assessment, utilizing oproach, including missing le strategies for addressing ts identified by the risk IENT is not met as review and interview, the naintain an Emergency an that must be reviewed ually and be based on and ented, facility-based and d risk assessment, utilizing oproach, including missing le strategies for addressing ts identified by the risk IENT is not met as		month, Results QAPI. The Ad maintai	ency Preparedness Manual once for 3 months, and then annually s of the audit will be reported to r ministrator is responsible for ning compliance. mpliance date is 4/22/2024.		

AND PLAN OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 134140	A	À. BUILDING	G	STRUCTION	СО́МРІ 3/18/2	024
	ARE OF BATTLE					675 WAGNER DR BATTLE CREEK, MI 49017	211 001	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)		ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
	record review rev conduct a facility based risk asses community-based provided by the e	t approximately 1:27 PM, vealed the facility failed to -based and community- sment. No facility-based or d risk assessment was exit of the survey. confirmed by interview with						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CON	STRUCTION		ATE SURVEY PLETED
		134140	B. WING			3/18/2	2024
NAME OF PRO	OVIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, STAT	TE, ZIP CC	DE
PINNACLE (CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE C FERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
K0000	INITIAL COMME	ENTS	K0000				
	Recertification S Michigan Depart Regulatory Affai Certification. At Battle Creek was compliance with participation in N 482.90(a), Life S applicable provis the National Fire 101, Life Safety of NFPA 99, Hea The facility is a c basement buildin construction, bui addition added t 1985, of Type I (Type I (332) con fully sprinklered detection in the the corridors. The facility has 8 of the survey the The requirement	 , 2024, a Life Safety , urvey was conducted by the terment of Licensing and rs, Bureau of Survey and the survey, Pinnacle Care of sound not in substantial the requirements for Medicare/Medicaid at 42 CFR Safety from Fire and the sions of the 2012 Edition of Protection Agency (NFPA) Code and the 2012 Edition alth Care Facilities Code. one story with partial ng of Type I (332) it in 1968. There were two o the original facility one in (111) and one in 1993, of istruction. The building is and has supervised smoke corridors and spaces open to 32 certified beds. At the time a census was 52. t at 42 CFR, subpart 483.90 as evidenced by: 					
K0111 SS= K	Repair, Renovat Reconstruction / repair, renovatio reconstruction c following: * Requi 19 * Requiremen 43.3, 43.4, 43.5,	itation Building Rehabilitation ion, Modification, or Any building undergoing n, modification, or omplies with both of the uirements of Chapter 18 and hts of the applicable Sections and 43.6 18.1.1.4.3, 2.1 Change of Use or	K0111	Stability Engined were de comple *Isolate constru	ility was assessed for Structur on 3/15/2024 by a structural er. The building and resident a beened stable. The Following w ted by 4/22/2024: a area/wing of building under	areas vill be	4/22/2024

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CON	ISTRUCTION		ATE SURVEY LETED
		134140	B. WING	i		_ 3/18/2	2024
NAME OF PRO	OVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	TATE, ZIP CO	DE
PINNACLE C	CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490	17	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD E FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
	undergoing char occupancy class requirements of permitted by 18. 18.1.1.4.2 (4.6.7 (4.6.7 and 4.6.1' Any building und comply with the 43.8. If the buildi a nonconforming is a fire barrier h resistance rating required for the a openings occur of protected by app with at least a 1- rating. Additions requirements of (4.6.7 and 4.6.1' 18.1.1.4.1.2, 18. and 4.6.11), 19. 19.1.1.4.1.3, 43. This REQUIREM evidenced by: Based on observat failed to ensure a 1 renovation, modifi complies with the Chapter 18 and 19 applicable Section required by 18.1.1 facility failed to g and modification of egress and the stru- failed to maintain separation from th occupied space, re compromised smoothed	Section 43.8. 18.1.1.4.1 I), 18.1.1.4.1.1 (8.3), 1.1.4.1.3, 19.1.1.4.1 (4.6.7 I.1.4.1.1 (8.3), 19.1.1.4.1.2,		side. *Tape a and acl fire/smo *Shim b existing weight trusses *Fire ca partition from the remaine *Install 6070 d *Install door to construe Elemen The fac and sta the defi 149, 15 128,133 Rooms soiled u around Pharma Unit Ce was mo the Adr inspect Creek E by 4/22 Elemen The Me Policy v by the 0	aulk/foam/grout between flo ns and concrete slab to pre e wing under construction a der of facility. door sweep on the other re- oor. Manual Lock on the other re- prevent resident access to iction. If #2 Sility has determined that al iff have the potential to be a icient practice. Residents in 60 were relocated on 3/12/2 5, 137 with 2 means of egra 142-147 were not occupie titlity room was moved dow the corner across from roo acy room has been moved entral Supply Room. The Th oved to the North Unit Activi- ny Hall Meeting Room was nissions office off the Front ion of the 1 - hour separatio Building Department will be 2/24.	try standard with walls to excessive uctural roof bating event air flow and emaining r	

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	STRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		134140	B. WING _			3/18/2	024
NAME OF PROV	DER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP COI	DE
PINNACLE CA	RE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	observation reveale approval from the s authorities having j and modification o corridor, spanning rooms 143 and 145 dirt was observed o to the south exit do out the width of the inches deep. This c not separated from During this time, a wheelchair was ob- unsecured smoke b area. This finding was cc Maintenance at the Interview with Fac approximately 4:00 at approximately 4:00 at approximately 4:00 at approximately 10: stated permits were company. At no tir presented to this su for this construction growimately 10: the construction pr The Immediate Jec when construction egress path. The Fa notified of the Imn 03/13/2024 at 11:4	rgency. approximately 3:15 PM, ed the facility failed to obtain State of Michigan or local jurisdiction for the construction f the facility. At the south unit across the corridor between 5, an open trench with exposed obstructing the egress pathway yor. The concrete floor was cut e corridor, 3 feet wide, and 12 construction area was observed adjacent occupied spaces. n unidentified resident in a served coming up to the parrier doors to the construction onfirmed with the Facility e time of observation. ility Owner on 03/12/2024 at 0 PM, and again on 03/13/2024 0:29 AM, Facility Owner e pulled by the construction ne was the required permits urveyor. No required permits it of the survey. During lity Owner on 03/13/2024 at 33 AM, Facility Owner stated oject started on June 6, 2023. opardy began on 06/06/2023, began on the south hallway acility Administrator was nediate Jeopardy on 1 AM. The surveyor confirmed interview the Immediate		day of v Elemen The Ma audit th months audits v The Ad complia	intenance Director or designee e construction area 3 x weekly f for Building Safety. Results of t vill be reported to monthly QAPI ministrator is responsible for ma	will or 6 he	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	IA (X2) MULTI A. BUILDIN	PLE CON G	STRUCTION		ATE SURVEY LETED
	134140	B. WING _			3/18/2	2024
NAME OF PROVIDER OR SUPF	LIER			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
PINNACLE CARE OF BATT	LE CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
PREFIX (EACH DEFIC	TATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY ATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORF	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
 noncompliance for more than n Jeopardy due to incomplete and been verified b The Immediate 06/06/2023, wa facility took the immediacy: Identification of be affected: 1. This affected smoke compart 2. Immediate a safety of the 20 compartments. were moved or Rooms 128, 13 exit. Rooms 14 residents. The moved down th across from roo moved to the N The Therapy G Unit Activity F Room has beer off the Front L 3. The Means of Policy was rev 3/13/2024 on T of Egress - Con 	ction was taken to ensure the residents in the adjacent smoke Residents in rooms 148, 149,150 3/12/2024 at 5:00pm, relocated to 5, 137 with 2 means of egress to 2-147 were not occupied by any Goiled Utility Room has been e hall and around the corner, m 126. Pharmacy room has been orth Unit Central Supply Room. ym has been moved to the North oom. Harmony Hall Meeting moved to The Admissions Office bbby. f Egress-Corridors and Exits ewed and deemed appropriate on ff were immediately in serviced on he Construction Area and Means ridors and Exits. Non-working rviced by phone and will be on					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134140	À. BUILDIN	NG	ISTRUCTION		ATE SURVEY LETED
	OVIDER OR SUPPLI				STREET ADDRESS, CITY, STA 675 WAGNER DR BATTLE CREEK, MI 49017	TE, ZIP CO	DE
(X4) ID PREFIX TAG	(EACH DEFICIEI FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	L /IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE (:FERENCED TO THE APPROPR DEFICIENCY)	CROSS-	(X5) COMPLETION DATE
	 5. No access or ac areas of The Soile Room, Therapy Grooms 142-150. 6. The facility wa Structural Engine 7. He assessed the building and resid facility structures are commendations designated Constructural Content On 03/12/2024 at observation revea covered with a plamiddle of the corrulation revea have been removed These observation 	e stability of the rest of the lent areas. He deemed the stable. He gave to: Project Manager. To a					
К0211 SS= К	- General Aisles exit discharges, are in accordance means of egress free of all obstrue emergency, unle through 18/19.2	s - General Means of Egress , passageways, corridors, exit locations, and accesses ce with Chapter 7, and the s is continuously maintained actions to full use in case of ess modified by 18/19.2.2 .11. 18.2.1, 19.2.1, 7.1.10.1 MENT is not met as	K0211	Tempo CMS Ju This red adverse residen Facility This aff rooms,	e Care of Battle Creek is requ rary Waiver for this Citation ustification: quest for Temporary Waiver w ely affect the health and safety ts and staff at the Skilled Nurs ected 3 residents on the hallw 148, 149 and 150.2. Residen 19 and 150 were moved on 3/	vill not y of sing vay in ts in room	9/30/2024

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	À. BUILDI	NG		ĊOMP	ATE SURVEY LETED
		134140	B. WING			3/18/2	024
NAME OF PRC	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, ST	ATE, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 4901	7	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROP DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE
	interview, the facil passageways, corr locations and acce Chapter 7, and cor obstructions to ful as required by 19.2 practice could affe a fire emergency. Findings Include: 1. On 03/12/2024 : observation reveal 5 and 6 (between H and South Hall exi Hall (between Roc were observed obs foot wide by 12 fo had been cut in the renovations. This f two required mean spaces: resident ro 147, 148, 149, 150 Harmony Hall, Re construction barrie the floor from adja During interview V 03/13/2024 at app Owner stated the c June 6, 2023. 2. On 03/12/2024 : observed obstructe equipment stored i aisle not free from case of emergency	ion, record review and lity failed to ensure aisles, idors, exit discharges, exit sses are in accordance with ntinuously maintained free of all luse in case of an emergency 2.1 and 7.1.10.1. This deficient for 20 occupants in the event of et the Southeast Hall exit doors Rehab/Therapy and Room 147) it doors 7 and 8 on the South oms 142 and Harmony Hall) structed by an approximate 3 ot long and 12" deep hole that e floor for construction means of egress was one of the is of egress for the following oms 142, 143, 144, 145, 156, 0, soiled utility, pharmacy, hab/Therapy. There was not a er or wall separating the hole in acent occupied spaces. with Facility Owner on roximately 10:33 AM, Facility construction project started on at approximately 3:15 PM, ed the exit doors 5 and 6 were ed by several beds and in the hall on both sides of the all obstructions to full use in <i>x</i> . at approximately 3:15 PM,		with 2 r Utility R Rehab/ on3/13/ has bee the Fro action of and 133 residen emerge moved across been m Room. the Nor Meeting Admiss Measur Deficier 3/13/20 structur 04/12/2 plumbir for 2 re past rep 04/22/2 Battle 0 5/7/24 inspect 5/10/24 building departn 5/20/24 remove	 24 - Structural Engineering ral integrity of construction a 24 - Plumbing contractor sub ng permit request to the Battleng inspector for an undergrop pairs for the current work or pairs. 2024 - All equipment remove ction area. 24 - Receive permit approval Creek Plumbing department. Battle Creek Building department. Submit requests for nece permits to Battle Creek building here 	Soiled ed g Room s Office off imediate s 128, 135 afety of vent of an n has been he corner, oom has ral Supply n moved to oony Hall The bby. he verified rea. omitted the Creek und permit der and ed from I from artment to nits needed essary Iding s, and large sag emove and 50. Minor	

STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	IA	(X2) MULTII A. BUILDING		STRUCTION	(X3) DA COMPI	ATE SURVEY LETED
		134140		B. WING _			3/18/2	024
NAME OF PROVIDER C	OR SUPPLIE	R				STREET ADDRESS, CITY, STATE	, ZIP CO	DE
PINNACLE CARE O	F BATTLE	CREEK				675 WAGNER DR BATTLE CREEK, MI 49017		
PRÉFIX (EAC	H DEFICIEN	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING IFORMATION)		ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
due to settling proper mainta case of time, v by the must b On 03, record dated 1 proper repaire eviden 4. On 0 observ wheeld 145, ar These with F Facility The In when o egress notifie 03/13// by obs Jeopar noncon for mo Jeopar incomj been v	the structure g causing an exiting. Thi ined free of s an emergery when the doo surveyor, M e from it set (12/2024 fro review of th 11/09/23, rev ly." When a d, Maintena ce of repairs 03/12/2024 a ation reveal chairs in the nd 146. observation acility Own- y Maintenar mediate Jee construction path. The F d of the Imr 2024 at 11:4 ervation and dy was remo- npliance ref re than mini- dy due to cco plete and su- erified by the mediate Jee 2023, was reference	m 10:00 AM - 11:03 AM, he annual fire door inspection, vealed "Door #7 does not close sked if any doors had been ince Director did not have any			remove and rep rated fit pipe, st 5/31/24 verify p 6/10/24 Creek t 6/17/24 Poly-Le in soutt 6/17/24 vall/fire 6/28/24 trenche prepare 6/28/24 trenche prepare 6/28/24 repaired 7/10/24 Flooring the Cou 7/10/24 fire b 7/19/24 inspect repairs. 7/22/24 flooring flooring flooring flooring flooring flooring flooring	 Concrete Company will return es in the hallways with concrete for new flooring. Battle Creek building departm foundation and fire wall repairs. Doors for Rooms #142 146 are d and smoke-tight. Foundation repair contractor vivel Foam to Lift and Stabilize C g in North and south hall areas ourtyards. Fire wall contractor to make a fire barrier repairs needed Structural engineer to verify in arriers/walls. Battle Creek building departm the additional foundation and fin r cracked areas of the facility f Adjacent to rooms 101 & 102-N poring adjacent to rooms 121 & 	r pipe round agging will Battle will use ooring any fire ntegrity will be to fill to ent will use racked putside any ntegrity ent to re wall new nalls, lorth 122-	

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION		ATE SURVEY LETED
		134140	B. WING _			3/18/2	024
		-					
	IDER OR SUPPLIE				STREET ADDRESS, CITY, STATE	, ZIP CO	DE
PINNACLE CA	RE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (I RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETION DATE
	be Affected: 1. This affected 3 r rooms, 148, 149 ar 2. Residents in roo moved on 3/12/20/ Rooms 128, 135, 1 exit. The Soiled Ut and Rehab/Therapy 3/13/2024. Harmon been moved to The Front Lobby on 3/. 3. Immediate action 128, 135 and 137 v of residents, staff a emergency. The Sc moved to the North The Therapy Gym Unit Activity Roor Room has been mo off the Front Lobby 4. The Means of E Policy was reviewed 3/13/2024. 5. Working Staff w 3/13/2024 on The 4 of Egress - Corrido Staff were in service next day of workin Actions to Prevent	m 148, 149 and 150 were 24 at 5:00pm, relocated to 37 with 2 means of egress to ility Room, Pharmacy Room y room were relocated on ny Hall Meeting Room has e Admissions Office off the 15/2024. n of moving residents to rooms was taken to ensure the safety ind visitors in the event of an oiled Utility Room has been all and around the corner, 126. Pharmacy room has been n Unit Central Supply Room. has been moved to the North n. Harmony Hall Meeting oved to The Admissions Office y gress-Corridors and Exits ed and deemed appropriate on construction Area and Means ors and Exits. Non-working ced by phone and will be on		120. 9/1/24 by Batt 9/30/24 Service Increas Safety *Fire D months *Month staff for	ly Fire Safety Awareness Traini [•] 6 months rary Waiver Expiration Date is	n or 6	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		ATE SURVEY LETED
		134140	B. WING	i	3/18/2	024
NAME OF PRC	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY	Y, STATE, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK		675 WAGNER DR BATTLE CREEK, MI 4	9017	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE
		Room, Pharmacy Room, Harmony Hall and rooms 142-				
K0222 SS= E	required means equipped with a the use of a tool unless using one locking arrangem SECURITY THR special locking a security needs o one locking device each door and p the rapid removat control of locks; carried by staff a reliable means a times. 18.2.2.25 19.2.2.6 SPEC ARRANGEMEN arrangements fo patient are used. Locking requiren addition, the lock that fail safely so power to the dev by a supervised and the locked s complete smoke constantly monit within the locked sprinkler and def to unlock the doo 18.2.2.2.5.2, 19. DELAYED-EGRI ARRANGEMEN egress locking s accordance with	gress Doors Doors in a of egress shall not be latch or a lock that requires or key from the egress side e of the following special nents: CLINICAL NEEDS OR EAT LOCKING Where rrangements for the clinical f the patient are used, only ce shall be permitted on rovisions shall be made for al of occupants by: remote keying of all locks or keys it all times; or other such vailable to the staff at all 6.1, 18.2.2.2.6, 19.2.2.2.5.1, CAL NEEDS LOCKING TS Where special locking r the safety needs of the all of the Clinical or Security nents are being met. In as must be electrical locks o as to release upon loss of rice; the building is protected automatic sprinkler system pace is protected by a detection systems are arranged ors upon activation. 2.2.5.2, TIA 12-4 ESS LOCKING TS Approved, listed delayed- ystems installed in 7.2.1.6.1 shall be permitted lies serving low and ordinary	K0222	K222 The facility is requesting a temp for this citation. This request for a temporary war adversely affect the health and residents and staff at the Skiller Facility. This affected 3 residents on the rooms, 148, 149 and 150.2. Re 148, 149 and 150 were moved at 5:00pm, relocated to Rooms with 2 means of egress to exit. Utility Room, Pharmacy Room Rehab/Therapy room were reloc on3/13/2024. Harmony Hall Me has been moved to The Admiss the Front Lobby on 3/15/2024.3 action of moving residents to ro and 137 was taken to ensure th residents, staff and visitors in th emergency. The Soiled Utility F moved down the hall and arour across from room 126. Pharma been moved to the North Unit C Room. The Therapy Gym has the North Unit Activity Room. H Meeting Room has been move Admissions Office off the Front Measurable Milestones to corres Deficiency: 6/17/24 Foundation repair contt Poly-Level Foam to lift and Stai in South Hall construction area 6/20/2024 The Egress-Corridor Emergency exit door repairs wi completed.	aiver will not safety of d Nursing e hallway in ssidents in room on 3/12/2024 128, 135, 137 The Soiled and ocated beeting Room sions Office off 3. Immediate borns 128, 135 he event of an Room has been nd the corner, icy room has Central Supply been moved to larmony Hall d to The Lobby. ect the ractor will use bilize Flooring and	9/1/2024

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER D PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDII	TIPLE CON	STRUCTION		ATE SURVEY LETED
		134140	B. WING			3/18/2024	
AME OF PRO	OVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	TATE, ZIP CO	DE
INNACLE (CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 4901	17	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTI RECTIVE ACTION SHOULD B FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE
	throughout by an automatic fire de approved, super			trenche prepare	24 Concrete Company will s in the hallways with conc for new flooring.		
	approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS- CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be 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 REQUIREMENT is not met as evidenced by:			in the S Emerge emerge South F and the	ze Flooring a. The ired. The e end of functional, itside the ipletely by		
	failed to ensure do egress are not equi requires the use of side unless meetin arrangements for c with 19.2.2.2.5.1 a locking arrangeme 19.2.2.2.5.2, delay accordance with 1 egress doors in acc elevator lobby exi 19.2.2.2.4. This de	on observation and interview, the facility o ensure doors in a required means of are not equipped with a latch or lock that is the use of a tool or key from the egress iless meeting the special locking ements for clinical needs in accordance 0.2.2.2.5.1 and 19.2.2.2.6, special needs g arrangements in accordance with 2.5.2, delayed egress locking in ance with 19.2.2.2.4, access-controlled doors in accordance with 19.2.2.2.4, or or lobby exit access in accordance with 2.4. This deficient practice could affect 40 ints in the event of of a fire emergency. gs Include:		Policy v by the 0 Working 3/13/20 Means working will be 0 the IDT door ne	ans of Egress-Corridors an vas reviewed and deemed a QAPI Committee on 3/13/20 g Staff were immediately in 24 on The Construction Are of Egress - Corridors and E g Staff were in serviced by p on next day of working. 3/18 Team and Managers. Eme ar the end of south hall will d and operable by 9/1/24.	appropriate 024. serviced on ea and exits. Non- ohone and 8/2024 by ergency exit	
	On 03/12/2024 at approximately 3:29 PM, observation revealed the facility failed to maintain the emergency exit door located at the			audit pr weekly	intenance Director or desig oper means of all egress ar for 4 weeks. Results of the rted to monthly QAPI.	nd exits 3 x	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DA COMPL	TE SURVEY ETED	
		134140	B. WING	B. WING		_ 3/18/2024	
AME OF PRO	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY	, STATE, ZIP COD	E	
NNACLE C	ARE OF BATTLE	CREEK		675 WAGNER DR BATTLE CREEK, MI 4	9017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPI DEFICIENCY)	D BE CROSS-	(X5) COMPLETIC DATE	
	emergency exit do due to the bottom concrete when test only opened appro stopped. This finding was c	near room 144. This or failed to completely open of the door catching on the ed. The emergency exit door ximately 20 inches until it onfirmed by interview with ice at the time of observation.		The Administrator is responsible maintaining compliance. The Compliance Date is 9/1/202			
K0291 SS= F	Emergency lighti duration is provid accordance with This REQUIREM evidenced by: Based on record re failed to ensure au 1-1/2 hour duration with 7.9, as require practice could affe a fire emergency. Findings Include: 1. On 03/12/2024 I 11:03 AM, record failed to provide d 30 second testing of documentation wa survey. 2. On 03/12/2024 I 11:03 AM, record failed to provide d	ting Emergency Lighting ng of at least 1-1/2-hour ded automatically in 7.9. 18.2.9.1, 19.2.9.1 IENT is not met as eview and interview, the facility tomatic emergency lighting of n is provided in accordance ed by 19.2.9.1. This deficient ct all occupants in the event of between the hours of 10:00- review revealed the facility ocumentation for the monthly of emergency lighting. No s provided by the exit of the between the hours of 10:00- review revealed the facility ocumentation for the annual 90 mergency lighting. No s provided by the exit of the	K0291	K291 Element #1 The Monthly 30 second testing emergency lighting will be comp 4/22/2024. The Annual 90-minute testing o emergency lighting will be comp 4/22/2024. Element #2 This deficient practice has the p affect all occupants in the event emergency. Element #3 The Emergency Lighting Policy and deemed appropriate by the Committee on 3/26/2024. The A will reeducate the Maintenance the importance of conducting so testing of the emergency lightin 4/22/2024. Element #4 The Maintenance Department of audit 3 x weekly for 4 weeks to the Emergency Lighting is teste scheduled. Results of the audit	oleted by f the oleted by ootential to t of an was reviewed QAPI Administrator Director on cheduled g by or designee will confirm that d as	4/22/2024	

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	À. ÉUILDIN	IPLE CONSTRUCTION	_ COMP	(X3) DATE SURVEY COMPLETED	
		134140	B. WING		3/18/2	024	
NAME OF PRO	/IDER OR SUPPLIE	R		STREET ADDRESS, CITY	', STATE, ZIP CO	DE	
PINNACLE C	ARE OF BATTLE	CREEK		675 WAGNER DR BATTLE CREEK, MI 4	9017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	ARY STATEMENT OF DEFICIENCIES ID DEFICIENCY MUST BE PRECEDED BY PREFIX REGULATORY OR LSC IDENTIFYING TAG INFORMATION)		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOUL REFERENCED TO THE APPI DEFICIENCY)	(X5) COMPLETION DATE		
		re confirmed by interview with ace at the time of record review.		reported to monthly QAPI. The Administrator will be respo maintaining compliance. The Compliance Date is 4/22/2			
K0321 SS= E	Areas - Enclosur protected by a fir resistance rating doors) or an auto system in accord When the approv- extinguishing sys areas shall be se by smoke resistir accordance with closing or autom have nonrated or plates that do no bottom of the doo zone locations of deficient in REM. Area Automatic S Boiler and Fuel-F Laundries (larger Repair, Maintena Soiled Linen Roo e. Trash Collecting gallons) f. Combr Rooms/Spaces (Laboratories (if c see K322)	s - Enclosure Hazardous e Hazardous areas are e barrier having 1-hour fire (with 3/4 hour fire rated prace with 8.7.1 or 19.3.5.9. ved automatic fire stem option is used, the eparated from other spaces ing partitions and doors in 8.4. Doors shall be self- atic-closing and permitted to field-applied protective t exceed 48 inches from the br. Describe the floor and hazardous areas that are ARKS. 19.3.2.1, 19.3.5.9 Sprinkler Separation N/A a. Fired Heater Rooms b. t than 100 square feet) c. ance, and Paint Shops d. oms (exceeding 64 gallons) on Rooms (exceeding 64 ustible Storage over 50 square feet) g. lassified as Severe Hazard - IENT is not met as	K0321	K321 Element #1 Rooms will be cleared by 4/22/2 Rooms 143 and Room 145 floo repaired to be smoke tight with within Waivers requested to lift Tags 211 which will coincide wi room 143 and 145. Element #2 This deficient practice has the p affect 20 occupants in the even emergency. Element #3 The Hazardous Areas Policy wa and deemed appropriate by the committee on 3/26/2024. The A will reeducate the Maintenance the importance of ensuring all h areas are equipped with self-cloo by 4/22/2024. Element #4	r will be flooring repair flooring in K th repair of botential to t of an as reviewed e QAPI administrator Director on hazardous	4/22/2024	

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STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULTII A. BUILDIN	PLE CON G	STRUCTION	(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			3/18/2	024
NAME OF PROVID	DER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
PINNACLE CAR	RE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
fa fr (v fr 8. ff 8. cl af in pr a Fr 1. ol us th 2. ol us th 3. ol us th 4. ol us th 5. fi fi fi fi 5. fi fi fi fi fi fi fi fi fi fi fi fi fi	ailed to provide H ire barrier having with 3/4 hour fire ire extinguishing s .7.1 or 19.3.5.9. V ire extinguishing s hall be separated t esisting partitions .4. Doors shall be losing and permit pplied protective nches from the bo ractice could affe fire emergency. "indings Include: . On 03/12/2024 a bservation revealed sed for storage wite e door. . On 03/12/2024 a bservation revealed sed for storage wite e door.	on and interview, the facility azardous areas protected by a 1-hour fire resistance rating rated doors) or an automatic system in accordance with When the approved automatic system option is used, the areas from other spaces by smoke and doors in accordance with self-closing or automatic- ted to have nonrated or field- plates that do not exceed 48 ttom of the door. This deficient ct 20 occupants in the event of at approximately 3:13 PM, ed resident room 142 is being thout a self-closing device on at approximately 3:17 PM, ed resident room 143 is being thout a self-closing device on at approximately 3:20 PM, ed resident room 144 is being thout a self-closing device on at approximately 3:38 PM, ed resident room 145 is being thout a self-closing device on at approximately 3:38 PM, ed resident room 145 is being thout a self-closing device on at approximately 3:38 PM, ed resident room 146 is being thout a self-closing device on		audit 3 hazardo Results The Ad maintai	intenance Department or desigr x weekly for 4 weeks to verify th bus areas have self-closing devi of the audits will be reported to ministrator will be responsible for ning compliance. mpliance Date is 4/22/2024.	at all ces. QAPI	

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	À. ÉUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		134140	B. WING		_ 3/18/2024		
NAME OF PRO	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP CODE			
PINNACLE CARE OF BATTLE CREEK				675 WAGNER DR BATTLE CREEK, MI 490 ⁻	17		
(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 CORRECTI CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	E CROSS- COMPLÉTION		
		re confirmed by interview with ce at the time of observation.					
K0324 SS= F	equipment is pro NFPA 96, Standa and Fire Protecti Operations, unle equipment (i.e., s microwaves, hot for food warming accordance with cooking facilities smoke compating patients comply 18.3.2.5.3, 19.3.2 protected accord are not required hazardous areas corridor. 18.3.2.5 19.3.2.5.1 throug This REQUIREM evidenced by: Based on record re failed to ensure co accordance with N requirements of 19 19.3.2.5.5, 9.2.3 ar	s Cooking Facilities Cooking tected in accordance with ard for Ventilation Control on of Commercial Cooking small appliances such as plates, toasters) are used or limited cooking in 18.3.2.5.2, 19.3.2.5.2 * open to the corridor in nents with 30 or fewer with the conditions under 2.5.3, or * cooking facilities trments with 30 or fewer with conditions under 2.5.4. Cooking facilities ing to NFPA 96 per 9.2.3 to be enclosed as , but shall not be open to the .1 through 18.3.2.5.4, th 19.3.2.5.5, 9.2.3, TIA 12-2 IENT is not met as view and interview, the facility oking facilities are protected in FPA 96, unless meeting the .3.2.5.2, 19.3.2.5.1 through ad TIA 12-2. This deficient ct all occupants in the event of	K0324	K324 Element #1 The Semi-Annual Hood cleaning w completed by 4/22/2024. The Kitchen hood suppression ser service will be completed by 4/22/2 Element #2 This deficient practice has the pote affect all occupants in the event of emergency. Element #3 The Hood Suppression and Clean was reviewed and deemed approp QAPI committee on 3/28/2024. Th Administrator will reeducate the M Director on the importance of ensu- hood cleanings and inspection are semi-annually by 4/22/2024. Element #4 The Maintenance Department or cl audit monthly to verify that all sem hood cleanings and inspections ar completed semiannually. Results of will be reported to monthly QAPI The Administrator will be responsil maintaining compliance. The Compliance Date is 4/22/2024	mi-annual 2024. ential to an ing Policy priate by the e aintenance uring all completed designee will i-annual e of the audits ble for		

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:			STRUCTION	(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			3/18/2	024
NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK					STREET ADDRESS, CITY, STATE, 675 WAGNER DR BATTLE CREEK, MI 49017	ZIP CO	DE
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CRU FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
	11:03 AM, record hood suppression s conducted in Janua was due in July of was conducted in I due for the require approximately 4 m 2. On 03/12/2024 I 11:03 AM, record failed to provide d semi-annual hood cleaning service de 01/05/2023. These findings we	between the hours of 10:00- review revealed the kitchen semi-annual service was ary 2023 and the next service 2023. That semi-annual service November 2023, this being past d semi-annual service by nonths. between the hours of 10:00- review revealed the facility ocumentation for the current cleaning. The last hood ocumentation provided was re confirmed by interview with ace at the time of record review.					

STATEMENT OF D AND PLAN OF COF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CON	STRUCTION	(X3) DA COMPL	ATE SURVEY LETED
		134140	B. WING			3/18/2024	
IAME OF PROVID	ER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE,	ZIP COI	DE
PINNACLE CAR	E OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	EACH DEFICIEN	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR(FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETIO DATE
SS= F ar wa in m a Tr sp fa fa fa fa fa fa fa fa fa fa fa fa fa	nd Ceiling Finish all and ceiling fi terior surfaces of ovable walls, p flame spread ra- he reduction in orinkler system ermitted. 10.2, 1 ame spread ration in strend to the system videnced by: ased on record re- iled to ensure into videnced by: ased on record re- iled to ensure into videnced by: ased on record re- iled to be read videnced by: ased on record re- iled to be read videnced as re- mitted to be read videnced as re- in 03/12/2024 bet M, record review ovide documentar- mishings and up oread criteria as re- lition, 10.3.1, 10. ocumentation of t as provided by su-	ENT is not met as view and interview, the facility erior wall and ceiling finishes d rating of Class A or B, unless luced by 10.2.8.1, as required .3.3.2. This deficient practice upants in the event of a fire ween the hours of 10:00-11:03 revealed the facility failed to tion for the contents, holstered furniture flame equired by NFPA 101 2012 3.2.1 and 10.3.3. No he flame spread requirement	K0331	with dou furnishi spread edition 4/22/20 Elemen This de affect a emerge Elemen The flar deemee on 3/26 reeduca importa ceiling f Class A by 10.2 19.3.3.2 Elemen The Ma audit 3 spread the aud The Ad maintai	ility will create a flame spread bi cumentation on the contents, ngs and upholstered furniture fla criteria as required by NFPA 10 ^o , 10.3.1, 10.3.2.1 and 10.3.3 by 24. t #2 ficient practice has the potential Il occupants in the event of an ency. t #3 me spread policy was reviewed a d appropriate by the QAPI comm /2024. The Administrator will ate the Maintenance Director on nce of ensuring interior wall and cinishes have a flame spread rati or B, unless permitted to be rec 8.1,as required by 19.3.3.1 and 2 by 4/22/2024.	to and ittee the ng of Juced heee will lame lts of	4/22/2024

STATEMENT O AND PLAN OF 0	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:			ISTRUCTION		ATE SURVEY LETED
		134140	B. WING			3/18/2	024
NAME OF PRO	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP CO			DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (RECTIVE ACTION SHOULD BE CF FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
K0342 SS= F	System - Initiatio system is by mar required sprinkle device, or detect boxes are provid near each requir in patient sleepin required at exits located at all nur continuously atte alarm boxes are accessible, and 2 exceeded. 18.3.4 19.3.4.2.2, 9.6.2.2 This REQUIREN evidenced by: Based on observat failed to ensure mar system is arranged 19.3.4.2.2 and 9.6. could affect all occ emergency. Findings Include: On 03/12/2024 at a observation reveal middle of the corri 145, was covered of	m - Initiation Fire Alarm n Initiation of the fire alarm nual means and by any r system alarm, detection ion system. Manual alarm ed in the path of egress ed exit. Manual alarm boxes g areas shall not be if manual alarm boxes are se's stations or other inded staff location, provided visible, continuously 200' travel distance is not 4.2.1, 18.3.4.2.2, 19.3.4.2.1, 5 IENT is not met as ion and interview, the facility nual initiation of the fire alarm as required by 19.3.4.2.1, 2.5. This deficient practice supants in the event of a fire approximately 3:15 PM, ed the smoke detector in the dor, between rooms 143 and with a plastic bag taped over it. onfirmed by interview with ace at the time of observation.	K0342	detecto 3/28/20 detecto detecto 4/22/20 Elemen This de affect a emerge Elemen The Fir deemed on 3/26 reeduca importa fire alar 19.3.4.2 4/22/20 Elemen The Ma audit 3 manual occurs. to mont The Ad maintai	astic bag was removed from the r between rooms 143 and 145 of 124. A facility wide audit of all sr rs will be conducted to ensure a rs are free from being covered 124. In #2 ficient practice has the potentia Il occupants in the event of an ency. It #3 e Alarm Policy was reviewed and d appropriate by the QAPI comin //2024. The Administrator will ate the Maintenance Director or ince of ensuring manual initiatio m system is arranged as requin 2.1,19.3.4.2.2 and 9.6.2.5 by 124.	on noke all by I to n the n of the ed by nee will e em	4/22/2024

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CON	ISTRUCTION		(X3) DATE SURVEY COMPLETED	
		134140	B. WING	3/18/2	3/18/2024			
NAME OF PRC	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, ST	ATE, ZIP CO	DE	
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 4901	7		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETIO DATE	
K0344 SS= F	Control Function automatically ac functions and is power supply in 18.3.4.4, 19.3.4. This REQUIREM evidenced by: Based on observat failed to ensure th activates required provided with an a accordance with N 19.3.4.4, 9.6.1 and could affect all oc emergency. Findings Include: On, 03/12/2024 at observation reveat active trouble mod	trol Functions Fire Alarm - is The fire alarm tivates required control provided with an alternative accordance with NFPA 72. 4, 9.6.1, 9.6.5, NFPA 72 MENT is not met as tion and interview, the facility e fire alarm automatically control functions, and is alternative power supply in IFPA 72, as required by 19.6.5. This deficient practice cupants in the event of a fire approximately 12:00 PM, led the fire alarm system has an de on the system. confirmed by interview with nee at the time of observation.	K0344	Tempo CMS Ju This rea adverse residem Facility Measun Deficiel Scope Fire Ala Monitor *4/29/2 submitt Plan Re PR202- *An Ele Creek i registra their sy be subr *5/9/24 trouble *5/9/24 trouble *5/31/2 Battle (*6/28/2 *7/15/2 Replac comple Fire Se of Battl approva our sch started	rable Milestones to correct th ncy: Work Completed by 8/1 of Work: arm Cellular Dialer Replacer ring 4 – Drawings were complete ed to the Bureau of Fire Saf eview. The Submittal numbe 4BFS-002213. Actrical permit with the City of s in process. The contractor ation with them had to be up stem before a permit application mitted. - Tech from company will b shoot unknown event alert. 4 - Permit approval from the	will not ety of ursing he 5/2024: ment for e and iety for er is of Battle s's dated in ation could e on site to e City of r work to be review Bureau of of the City are be after s due to rk once	8/15/2024	

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY LETED
		134140	B. WING			3/18/2	024
NAME OF PROV	IDER OR SUPPLIE	R		S	STREET ADDRESS, CITY, STATE,	ZIP COI	DE
PINNACLE CA	RE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	CORRE	DER'S PLAN OF CORRECTION (E/ ECTIVE ACTION SHOULD BE CRC ERENCED TO THE APPROPRIATI DEFICIENCY)	DSS-	(X5) COMPLETION DATE
				once wor inspectio local and Increased Safety M *Fire War *Fire Drill months *Monthly staff for 6 Tempora 8/15/202 Element Fire Alarr Monitorin The activ 5/2/24 ar Element	 All inspections are to be comprised on the availability of state inspectors' schedules. d Fire Safety Measures: Interime leasures: tch until dialer is replaced ls 2 times monthly each shift for the safety Awareness Training 5 months ary Waiver Expiration Date is 4. #1 m Cellular Dialer Replacement for by 8/15/24. we trouble mode was corrected of a scurrently functioning proper #2 cient practice has the potential for occupants in the event of an availability of a scurrent of an availability of a scurrent of an availability of a scurrent of an availability of the scurrent of the scure of the scure of the scurrent of the	for f the r 2 g of all for on rly.	
				Element			
				deemed a on 3/26/2 reeducate important activating provided accordant	Alarm Policy was reviewed and appropriate by the QAPI commi 2024. The Administrator will the the Maintenance Director on the ce of the Fire Alarm automatical grequired control functions, and with an alternative power supplice with NFPA 72, as required .4, 9.6.1 and 9.6.5 by 4/22/2024	ittee the Ily I is Iy in	

STATEMENT OF AND PLAN OF C	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 134140	À. ÉL	JILDING	G	STRUCTION	ĊÓMPI	
		134140	D. V	/ING _			3/18/2	024
NAME OF PRO\	IDER OR SUPPLIE	R				STREET ADDRESS, CITY, STATE,	ZIP COI	DE
PINNACLE CA	ARE OF BATTLE	CREEK				675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREF TAG		COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE
					conduc quarter reporter The Ad maintai	intenance Department or desigr t audits 3 x weekly for 3 months, y. Results of the audits will be d to monthly QAPI. ministrator is responsible for ning compliance. ility will be in compliance by 8/1	, then	
K0345 SS= F	and Maintenance tested and maint approved progra requirements of I Code, and NFPA Signaling Code. I acceptance, maii readily available. NFPA 72 This REQUIREM evidenced by: Based on record re failed to ensure the and maintained in program complyin and records are rea 19.6.1.3, 9.6.1.5, N deficient practice of event of a fire eme Findings Include: 1. On 03/12/2024 I	 Alarm System - Testing A fire alarm system is ained in accordance with an m complying with the NFPA 70, National Electric .72, National Fire Alarm and Records of system ntenance and testing are 9.6.1.3, 9.6.1.5, NFPA 70, ENT is not met as view and interview, the facility fire alarm system was tested accordance with an approved g with NFPA 70 and NFPA 72, dily available as required by IFPA 70 and NFPA 72. This could affect all occupants in the 	K034		came o the syst 5/2/24. Elemen This de affect a emerge Elemen The Firr deemec on 3/26 reeduca importa activatii provide accorda	e Alarm Technician from comparent ut for trouble shooting and resoluted tem trouble event on the panel of The system is now operating no it #2 ficient practice has the potential Il occupants in the event of an incy. It #3 e Alarm Policy was reviewed and d appropriate by the QAPI comm /2024. The Administrator will ate the Maintenance Director on nce of the Fire Alarm automatic ng required control functions, an d with an alternative power supp ance with NFPA 72, as required 4.4, 9.6.1 and 9.6.5 by 4/22/202	ved m rrmally. to d hittee the ally d is oly in	5/2/2024

STATEMENT O AND PLAN OF 0	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 134140	À. ÉUILDIN	IG	STRUCTION		ATE SURVEY LETED 024
	VIDER OR SUPPLIE			STREET ADDRESS, CITY, STAT 675 WAGNER DR BATTLE CREEK, MI 49017			DE
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
	report dated 11/16, communication wi trouble-not alarm.' Maintenance at thi corrected the defic Maintenance stated out." No proof was deficiency being co 2. On 03/12/2024 I 11:03 AM, record failed to provide do Dialer Test. No do the exit of the surv These findings we	between the hours of 10:00- review revealed the facility ocumentation of the Quarterly cumentation was provided by		conduc quarter reporter The Ad maintai	intenance Department or design t audits 3 x weekly for 3 months, ly. Results of the audits will be d to monthly QAPI. ministrator is responsible for ning compliance. ility will be in compliance by 5/2/	then	
K0353 SS= F	Sprinkler System Automatic sprink are inspected, te accordance with Inspection, Testii Water-based Fire Records of syste inspection and te secure location a sprinkler system system test system supply so REMARKS inforr non-required or p system. 9.7.5, 9.	b) Who provided c) Water	K0353	sprinkle 4/22/20 The 5-y the spri 4/22/20 The spri comple Elemen This de affect a emerge Elemen	rear internal inspection of piping r system will be completed by 24 rear inspection of the check valve nkler system will be completed b 24. inkler inspection flow test will be ted by 4/22/2024. It #2 ficient practice has the potential Il occupants in the event of an incy.	e for by to	4/22/2024

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	À. BUILDII	NG	STRUCTION	COMP	ATE SURVEY LETED
		134140	B. WING			3/18/2	024
NAME OF PRC	VIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, S	STATE, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490	17	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD E FERENCED TO THE APPRC DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
	 failed to ensure th standpipe systems maintained in accurecords are readily 9.7.7, 9.7.8 and N could affect all oce emergency. Findings Include: 1. On 03/12/2024 11:03 AM, record failed to provide of internal inspection system as required were provided for survey. 2. On 03/12/2024 11:03 AM, record failed to provide of inspection of the oc system as required were provided for survey. 3. On 03/12/2024 11:03 AM, record failed to provide of survey. 3. On 03/12/2024 11:03 AM, record failed to provide of third and fourth qui inspection flow te provided for revie These findings were 	eview and interview, the facility e automatic sprinkler and ordance with NFPA 25, and y available as required by 9.7.5, FPA 25. This deficient practice cupants in the event of a fire between the hours of 10:00- review revealed the facility locumentation of the 5-year n of piping for the sprinkler d in NFPA 25. No documents review by the exit of the between the hours of 10:00- review revealed the facility locumentation of the 5-year n of piping for the sprinkler d in NFPA 25. No documents review by the exit of the between the hours of 10:00- review revealed the facility locumentation of the 5-year scheck valve for the sprinkler d in NFPA 25. No documents review by the exit of the between the hours of 10:00- review revealed the facility locumentation for first, second, uarter automatic sprinkler st. No documents were w by the exit of the survey. ere confirmed by interview with nce at the time of record review.		commit will reed the imp sprinkle inspecte accorda readily a 9.7.8 ar Elemen The Ma audit of docume and the be repo The Ad maintai	amed appropriate by the Q tee on 3/26/2024. The Adr ducate the Maintenance D ortance of ensuring the au or and standpipe systems a ed, tested and maintained ance with NFPA 25, and re available as required by 9. ad NFPA 25. By 4/22/2024 t #4 intenance Department or of the sprinkler system testir entation once a month, for n quarterly. Results of the rted to monthly QAPI. ministrator is responsible f ning compliance. mpliance Date is 4/22/202	ninistrator irector on itomatic are in ecords are 7.5, 9.7.7, k. designee will ng 3 months, audits will for	
K0363 SS= F	protecting corrid	Corridor - Doors Doors or openings in other than ures of vertical openings,	K0363	K363 Elemen	t #1		4/22/2024

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CON	ISTRUCTION	(X3) D/ COMP	ATE SURVEY LETED
		134140	B. WING			3/18/2024	
NAME OF PRO	OVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	STATE, ZIP CO	DE
PINNACLE (CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490)17	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PREFIX CORRECTIVE ACTION SHOULD BE CROS			
	of smoke and ar bonded core woo of resisting fire for in fully sprinklered only required to Corridor doors a containing flamm materials have p Roller latches ar regulation. Thes to auxiliary spac flammable or coo Clearance betwe covering is not ed doors complying if provided with a the door closed the applied. There is closing of the do release when the are permitted. N unlimited height meeting 19.3.6.3 frames shall be I other materials in unless the smok sprinklered. Fixe are allowed per a compartments the area or fire resis window assembl 403, 418, 460, 4 REMARKS deta protection rating devices, etc. This REQUIREN evidenced by: Based on observat	us areas resist the passage e made of 1 3/4 inch solid- bod or other material capable or at least 20 minutes. Doors d smoke compartments are resist the passage of smoke. Ind doors to rooms nable or combustible ositive latching hardware. e prohibited by CMS e requirements do not apply es that do not contain mbustible material. een bottom of door and floor xceeding 1 inch. Powered with 7.2.1.9 are permissible a device capable of keeping when a force of 5 lbf is a no impediment to the ors. Hold open devices that e door is pushed or pulled onrated protective plates of are permitted. Door abeled and made of steel or n compliance with 8.3, e compartment is d fire window assemblies 8.3. In sprinklered here are no restrictions in tance of glass or frames in ies. 19.3.6.3, 42 CFR Parts 82, 483, and 485 Show in ils of doors such as fire s, automatics closing MENT is not met as		 #14 will The cerpenetra The jan above to 4/22/20 Cross-crepaire The gal will be door au door re repairs Elemer This de affect a emerge Elemer The Fa deemee on 3/26 reeduc; importa opening vertical are 13/ capable Doors s for kee 19.3.6.; and 483 Elemer The Ma 	corridor doors 19 and 20 w d by 4/22/2024. p above cross-corridor doo repaired by 4/22/2024. A f idit will be conducted for an pairs. Any additional doors will be repaired by 4/22/20 at #2 ficient practice has the pot II occupants in the event of ency. at #3 cility Door Policy was revied d appropriate by the QAPI i/2024. The Administrator v ate the Maintenance Direct ince of doors protecting co gs in other than required et openings, exits or hazarde 4 inch solid-bonded core w e of resisting the passage of shall be provided with a me oing the door closed as ref 3, and 42CFR 403, 418, 46 5 by 4/22/2024.	. or handle 22/2024. tration gap red by ill be ors 19 and 20 facility wide ny other s requiring 024. tential to f an ewed and committee will tor on the rrridor nclosures of ous areas vood or of smoke. eans suitable quired by 50, 482, 483	

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION		ATE SURVEY LETED
		134140	B. WING _			3/18/2	2024
NAME OF PROV	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, STA	E, ZIP CO	DE
PINNACLE CA	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE C FERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	openings in other t vertical openings, 3/4 inch solid-bonr resisting the passag provided with a me door closed as requ 403, 418, 460, 482 There is no impedi Clearance between covering is not exc are prohibited by C doors and rooms c combustible mater with 7.2.1.9 are pe that release when t permitted. Nonrate height are permitte 19.3.6.3.6 are perm Door frames shall other materials in of smoke compartme window assemblie sprinklered compa in area or fire resis window assemblie affect all occupant emergency. Findings Include: 1. On 03/12/2024 a observation reveale	han required enclosures of exits or hazardous areas are 1 led core wood or capable of ge of smoke. Doors shall be eans suitable for keeping the tired by 19.3.6.3, and 42 CFR , 483 and 485. ment to the closing of doors. toottom of door and floor weeding 1 inch. Roller latches CMS regulations on corridor ontaining flammable or ials. Powered doors complying rmissible. Hold open devices he door is pushed or pulled are d protective plates of unlimited d. Dutch doors meeting		audits v The Ad maintai	DEFICIENCY) tarterly, for 2 quarters. Results ministrator is responsible for ning compliance. mpliance Date is 4/22/2024.		
	Hall. The cross-cossmoke tight fit who not operate correct2. On 03/12/2024 a observation revealed	rridor door failed to close to a en tested. Door Coordinator did					

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	IA	(X2) MULTIF A. BUILDING	PLE CON	ISTRUCTION	(X3) DATE SURVEY COMPLETED	
		134140		B. WING _			3/18/2024	
NAME OF PROV	VIDER OR SUPPLIE	R				STREET ADDRESS, CITY, STATE,	ZIP CO	DE
	ARE OF BATTLE					675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG			F	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR(FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
	 On 03/12/2024 a observation revealed has a penetration g On 03/12/2024 a observation revealed maintain cross-corr failed to clos observed catching preventing them fr when tested. On 03/12/2024 a observation revealed maintain cross-corr gap was observed a frame and the wall smoke barrier map These findings were served to the s	ely ¼" through the door. at approximately 2:34 PM, ed the janitors closet door #24 ap above the door handle. at approximately 2:43 PM, ed the facility failed to ridor doors 19 and 20. Both se when tested. The floor was the bottom of the door om closing to a smoke tight fit at approximately 2:48 PM, ed the facility failed to ridor doors 19 and 20. A 3/8" above door 19, at the top of the of smoke barrier noted on the re confirmed by interview with ce at the time of observation.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION	(X3) D. COMP	(X3) DATE SURVEY COMPLETED	
	134140	B. WING		3/18/2024		
NAME OF PROVIDER OR SUPPL	IER		STREET ADDRESS, CIT	Y, STATE, ZIP CO	, ZIP CODE	
PINNACLE CARE OF BATTL	E CREEK		675 WAGNER DR BATTLE CREEK, MI	49017		
PRÉFIX (EACH DEFICI	TATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY ATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	LD BE CROSS-	(X5) COMPLETION DATE	
SS= FCompar Subdi Smoke Compar Smoke barriers least two smok sleeping floor v capacity. Size exceed 22,500 travel distance compartment t 19.3.7.1, 19.3. dimensions ind dead-end corri This REQUIRE evidenced by:Based on record failed to ensure form at least 2 s floor as required deficient practic event of a fire erFindings Include On 03/12/2024 I AM, record revi provide a smoke facility compart smoke compart facility.	MENT is not met as review and interview, the facility smoke barriers were provided to noke compartments on every by 19.3.7.1 and 19.3.7.2. This e could affect all occupants in the nergency.	K0371	K371 Element #1 The smoke barrier map was up verified on 3/28/2024. Element #2 This deficient practice has the affect all occupants in the ever emergency. Element #3 The Smoke Barrier/Compartm reviewed and deemed appropi QAPI committee on 3/26/2024 Administrator will reeducate th Director on ensuring smoke ba provided to form at least 2 smo compartments on every floor a 19.3.7.1 and19.3.7.2 by 4/22/2 Element #4 The Maintenance Department conduct weekly audits of the s documentation, for 3 months, a quarterly, for 2 quarters. Resu will be reported to monthly QA The Administrator is responsib maintaining compliance. The Compliance Date is 4/22/2	potential to nt of an ents Policy was riate by the . The e Maintenance arriers are bke is required by 2024. or designee will moke barrier and then Its of the audits PI. le for	4/22/2024	

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 134140		À. BUILDII	NG	STRUCTION		PATE SURVEY PLETED 2024	
PINNACLE C	VIDER OR SUPPLIE	CREEK		•	STREET ADDRESS, CITY, ST 675 WAGNER DR BATTLE CREEK, MI 4901	7		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH (EACH DEFICIENCY MUST BE PRECEDED BY PREFIX CORRECTIVE ACTION SHOULD BE CROSS- FULL REGULATORY OR LSC IDENTIFYING TAG REFERENCED TO THE APPROPRIATE INFORMATION) DEFICIENCY)		(X5) COMPLETION DATE				
K0511 SS= F	Electric Equipme piping complies of Gas Code, electric complies with NF Code. Existing in service provided 19.5.1.1, 9.1.1, 9 This REQUIREM evidenced by: Based on observat failed to ensure eq related piping com electrical wiring a NFPA 70, as requi 9.1.2. This deficie occupants in the effective exposure to expose Findings Include: On 03/12/2024 at electrical outlet on corridor doors 11 as secured to the wal staff and visitors. This finding was co	IENT is not met as ion and interview, the facility uipment using gas or gas- uplies with NFPA 54, and nd equipment complies with ired by 19.5.1.1, 9.1.1 and nt practice could affect 45 vent of an unauthorized	K0511	4/1/202 will be of working will be i Elemen This de affect 4 emerge Elemen The Ele and de commit will ree ensurin piping of wiring a as requ 4/22/20 Elemen The Ma conduc electric for 2 qu reporte The Ad maintai	al outlet on south hall was re 4. A Facility wide audit of al conducted to ensure outlets g order, any outlets found to repaired by 4/22/2024. It #2 ficient practice has the pote 5 occupants in the event of ncy. It #3 ectrical Policy/Outlets was re- emed appropriate by the QA tee on 3/26/2024. The Admid ducate the Maintenance Dirag g equipment using gas or gr complies with NFPA 54, and ind equipment complies with ired by 19.5.1.1, 9.1.1 and9 24.	outlets are in not work ntial to an eviewed PI nistrator ector on as-related electrical o NFPA 70, .1.2. by esignee will eeks of the quarterly, dits will be	4/22/2024	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 134140 134140		À. ÉUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 	
(X4) ID PREFIX	(EACH DEFICIEN	CREEK TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY	ID PREFIX	COR	STREET ADDRESS, CITY, STATE, 2 675 WAGNER DR BATTLE CREEK, MI 49017 'IDER'S PLAN OF CORRECTION (EA RECTIVE ACTION SHOULD BE CRO	ACH SS-	(X5) COMPLETION
TAG		ORY OR LSC IDENTIFYING IFORMATION)	TAG	REFERENCED TO THE APPROPRIATE DEFICIENCY)			DATE
K0521 SS= F	conditioning shal be installed in ac manufacturer's s 19.5.2.1, 9.2 This REQUIREM evidenced by: Based on record re failed to ensure her conditioning is in of installed in accord: specifications as re This deficient prace in the event of a fin Findings Include: On 03/12/2024 bet AM, record review provide documentat inspection through documentation was survey. This finding was c	ating, ventilation, and air I comply with 9.2 and shall cordance with the pecifications. 18.5.2.1, IENT is not met as view and interview, the facility ating, ventilation and air compliance with 9.2, and ance with the manufacturer's equired by 19.5.2.1 and 9.2. tice could affect all occupants re emergency. ween the hours of 10:00-11:03 v revealed the facility failed to ation for the 4-year damper out the facility. No is provided by the exit of the onfirmed by interview with ace at the time of record review.	K0521	completer Element This de affect 4 emerge Element 3/26/24 Mainter ventilati complia accorda specific by 4/22 Element The Ma audit m docume and the the aud The Ad maintai	rear damper inspection will be ted by 4/22/2024. t #2 ficient practice has the potential to 5 occupants in the event of an incy. t #3 AC Policy was reviewed and deer iate by the QAPI committee on . The Administrator will reeducate nance Director on ensuring heatin ion and air conditioning is in ince with 9.2, and installed in ance with the manufacturer's ations as required by 19.5.2.1 and /2024.	med e the g, d 9.2. ee will hs, s of	4/22/2024

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: 134140			A. BUILDII	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			ATE SURVEY LETED 2024
	(EACH DEFICIEN FULL REGULA		ID PREFIX TAG	COR	STREET ADDRESS, CITY, STA 675 WAGNER DR BATTLE CREEK, MI 49017 /IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROPR DEFICIENCY)	N (EACH CROSS-	DE (X5) COMPLETION DATE
K0712 SS= F	Fire Drills Fire D transmission of a simulation of em drills are held at times under vary quarterly on eac with procedures part of establish conducted betwe coded announce of audible alarms This REQUIREN evidenced by: Based on record ru failed to ensure fin of a fire alarm sig emergency fire co times under varyin least quarterly on planning and cond competent persons leadership as requ 19.7.1.7. This defi occupants in the e Findings Include: On 03/12/2024 be AM, record review provide the fire dr shift, 2nd quarter- quarter- 1st, 2nd a 2nd and 3rd shift. provided for any co	rills Fire drills include the a fire alarm signal and ergency fire conditions. Fire expected and unexpected ving conditions, at least h shift. The staff is familiar and is aware that drills are ed routine. Where drills are ed routine. Where drills are een 9:00 PM and 6:00 AM, a sment may be used instead s. 19.7.1.4 through 19.7.1.7 MENT is not met as eview and interview, the facility re drills include the transmission nal and simulation of nditions, are held at unexpected ag circumstances, conducted at each shift and responsibility for lucting drills is assigned only to s who are qualified to exercise ired by 19.7.1.4 through ticient practice could affect all vent of a fire emergency. tween the hours of 10:00-11:03 v revealed the facility failed to ills records for 1st quarter- 2nd 1st, 2nd, and 3rd shift, 3rd nd 3rd shift, and 4th quarter- No documentation was of the missing fire drills noted. confirmed by interview with nce at the time of record review.	K0712	Fire Dri Mainter Shift at 2024. Elemer The fac have th deficier Elemer The Fir deemer Commi Mainter maintai Drills of Elemer The Ma conduc docume results QAPI. The Ad maintai	at #1 er was created for documenta lls. Fire Drills were conducted hance Director on Day Shift a 2:40PM and 7:21 PM on Mar at #2 willity has determined that all re e potential to be affected by the practice. It #3 e Drill Policy was reviewed and d appropriated by the QAPI ttee. The Administrator reedun hance Director on the expectant ning proper documentation of h 3/21/24.	d by the nd Night rch 21, essidents the nd accated the ation of f Fire signee will s. The	4/22/2024
	Maintenance, In	spection & Testing - Doors	K0761	K761			4/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER: 134140 NAME OF PROVIDER OR SUPPLIER		Á. BUILDIN	PLE CONSTRUCTION G	_ COMP 3/18/2		
	ARE OF BATTLE			675 WAGNER DR BATTLE CREEK, MI 49		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
K0761 SS= D	Fire doors assent tested annually in Standard for Fire Protectives. Non- corridor doors to barrier doors, are of the facility mai Individuals perfor and testing posse experience that of records of inspect maintained and a 19.7.6, 8.3.3.1 (L 80) This REQUIREM evidenced by: Based on record re failed to inspect ar with NFPA 101, 1" Standard for Fire I Protectives 5.2, 5.2, corridor doors to p doors, are routinel facility maintenand performing the doo possess knowledge demonstrates abilin inspection and test available for revier affect all occupant emergency. Findings Include: On 03/12/2024 bet AM, record review on the annual fire o outside vendor dat	spection & Testing - Doors nblies are inspected and n accordance with NFPA 80, e Doors and Other Opening patient rooms and smoke e routinely inspected as part intenance program. rming the door inspections ess knowledge, training or demonstrates ability. Written ction and testing are are available for review. SC) 5.2, 5.2.3 (2010 NFPA IENT is not met as eview and interview, the facility nd test annually in accordance 9.7.6, 8.3.3.1 and NFPA 80, Doors and Other Opening 2.3. Non-rated doors, including patient rooms and smoke barrier y inspected as part of the cce program. Individuals or inspections and testing e, training or experience that ty. Written records of ting are maintained and are w. This deficiant practice could s in the event of a fire tween the hours of 10:00-11:03 v revealed multiple deficiencies door inspection report from an ed 11/09/23. The fire door map ort show Door #7, door #8,		Element #1 Deficiencies for doors #7,8,11,1 and 24 will be repaired by 4/22/2 Element #2 This deficient practice has the p affect all occupants in the event emergency. Element #3 The Fire Door Policy was review deemed appropriate by the QAF on 3/26/2024. The Administrator reeducate the Maintenance Dire ensuring that corrected deficient documented on each door that v the Fire Door Policy by 4/22/202 Element #4 The Maintenance Director or de audit the Fire Doors 3 x weekly t and then quarterly, for 2 quarter the audits will be reported to mo The Administrator is responsible maintaining compliance. The Compliance Date is 4/22/20	2024. otential to of an ved and l committee will octor on cies are was noted and '4. signee will for 3 months, s. Results of nthly QAPI. e for	

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	A (X2) MULT A. BUILDII			ATE SURVEY LETED
		134140	B. WING	B. WING 3/18		024
	VIDER OR SUPPLIE		•	STREET ADDRESS, CIT 675 WAGNER DR BATTLE CREEK, MI		DE
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOU REFERENCED TO THE APP DEFICIENCY)	LD BE CROSS-	(X5) COMPLETION DATE
	#20, door #21, and No corrected docu noted. This finding was c	2, door #14, door #19, door 1 door #24 all have deficiencies. mentation on each door was confirmed by interview with ace at the time of record review.				
K0781 SS= F	Heaters Portable be prohibited in a except, unless u employee areas do not exceed 2 degrees Celsius, This REQUIREM evidenced by: Based on observat interview, the faci space heating devi health care occups sleeping staff and heating elements of Fahrenheit as requideficient practice e event of a fire emo Findings Include: 1. On 03/12/2024 observation reveal the maintenance of 2. On 03/12/2024	IENT is not met as ion, record review and lity failed to ensure portable ces shall be prohibited in all incies. Unless used in non- employee areas where the lo not exceed 212 degrees ired by 18.7.8, 19.7.8. This could affect all occupants in the ergency. at approximately 11:04 AM, ed two space heaters located in ffice. at approximately 2:01 AM, ed a space heater located in the s space heater was plugged into	K0781	K781 Element #1 Space heaters were removed maintenance, dietary, and acti 3/13/2024. Element #2 This deficient practice has the affect all occupants in the ever emergency. Element #3 The Space Heater Policy was deemed appropriate by the QA on 3/26/2024. The Administrat reeducate the Maintenance Di Director and Dietary Manager portable space heating device prohibited in all health care oc Unless used in non-sleeping s employee areas where the head do not exceed 212 degrees Fa required by 18.7.8, 19.7.8. by Element #4 The Maintenance Department will audit 3 x weekly for 3 moni quarterly, for 2 quarters. Resul will be reported to monthly QA	vity offices on potential to nt of an reviewed and API committee or will rector, Activity on ensuring s shall be cupancies. taff and ating elements ahrenheit as 4/22/2024. or Designee ths, and then lts of the audits	4/22/2024

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CON) DATE SURVEN MPLETED
		134140	B. WING	3/1	8/2024	
ME OF PRO	OVIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE, ZIP	CODE
NNACLE C	CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (EACH RECTIVE ACTION SHOULD BE CROSS- FERENCED TO THE APPROPRIATE DEFICIENCY)	
	heater located in theater was plugge Record review rev prohibits space he Facility portable s the policy of this f heaters."	ed the facility had a space ne activity's office. This space d into a power strip cord. ealed the facility policy aters in the facility at any time. pace heater policy states: "It is acility not to use space re confirmed by interview with nce at the time of observation		sustain	ministrator will be responsible for ed compliance. mpliance Date is 4/22/2024.	
K0914 SS= F	Testing Electrica and Testing Hos patient bed local sedation or gene administered, ar installation, repla Additional testing defined by docu Receptacles not these locations a exceeding 12 m (LIM), if installed less than or equa the LIM test swith manual test is po than or equal to tested per 6.3.3. renovation to the Records are mai associated repai containing date, results. 6.3.4 (NI	hs - Maintenance and I Systems - Maintenance pital-grade receptacles at ions and where deep ral anesthesia is e tested after initial accement or servicing. g is performed at intervals mented performance data. listed as hospital-grade at are tested at intervals not onths. Line isolation monitors , are tested at intervals of al to 1 month by actuating ch per 6.3.2.6.3.6, which sual and audible alarm. For automated self-testing, this erformed at intervals less 12 months. LIM circuits are 3.2 after any repair or e electric distribution system. ntained of required tests and rs or modifications, room or area tested, and FPA 99) IENT is not met as	K0914	hospita by 4/22 Elemen This de affect a emerge Elemen The fac reviewe QAPI c Adminis Directol recepta where c adminis	receptacle testing for non-listed l-grade receptacles will be completed /2024. tt #2 ficient practice has the potential to Il occupants in the event of an incy. tt #3 ility electrical systems policy was ed and deemed appropriate by the committee on 3/26/2024. The strator will reeducate the Maintenanch r on ensuring hospital-grade cles at patient bed locations and deep sedation or general anesthesia stered, are tested after initial tion, replacement or servicing by	e

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CON	STRUCTION		ATE SURVEY LETED
		134140	B. WING	i		3/18/2	024
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	STATE, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490	17	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD E FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
	failed to ensure ho patient bed locatio general anesthesia initial installation, Additional testing defined by docume Receptacles not lis locations are tested months. Records a and associated rep date, room or area by 6.3.4 of NFPA could affect all occ emergency. Findings Include: On 03/12/2024 bet AM, record review provide document testing for non-list	eview and interview, the facility spital-grade receptacles at ns and where deep sedation or is administered, are tested after replacement or servicing. is performed at intervals ented performance date. ted as hospital-grade at these 1 at intervals not exceeding 12 re maintained of required tests airs or modifications, contain tested and results as required 99. This deficient practice supants in the event of a fire		audit 3 quarter testing recepta reporte The Ad maintai	It #4 intenance Director or Desi x weekly for 3 months, and ly, for 2 quarters to ensure for non-listed hospital grad icles. Results of the audits d to monthly QAPI. ministrator is responsible fining compliance. mpliance Date is 4/22/202	d then receptacle le will be or	
		onfirmed by interview with ace at the time of record review.					
K0918 SS= F	Electrical System System Maintena generator or othe and associated e supplying service 10-second criteri monthly test, a p annually confirm safety and critica and testing of the switches are per	hs - Essential Electric Syste hs - Essential Electric ance and Testing The er alternate power source equipment is capable of e within 10 seconds. If the on is not met during the rocess shall be provided to this capability for the life I branches. Maintenance e generator and transfer formed in accordance with erator sets are inspected	K0918	4/22/20 Monthly by 4/22 Weekly comple Monthly by 4/22	generator service will be c 24. / generator load test will be /2024. generator inspections will ted by 4/22/2024. / specific gravity test will be	e completed be e completed	4/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER: 134140 NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK		Á. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE 675 WAGNER DR		(X3) DATE SURVEY COMPLETED 3/18/2024 E, ZIP CODE	
PINNACLE CA	SUMMARY STA (EACH DEFICIEN FULL REGULAT FULL REGULAT IN weekly, exercised times a year in 20 exercised once e continuous hours conditions includ start and automa EES loads, and a personnel. Maint energy power so accordance with circuit breakers a a program for pe components is es manufacturer req of maintenance a and readily availa and circuits are m and separate fror Minimizing the po emergency powe consideration for 6.5.4, 6.6.4 (NFP 111, 700.10 (NFF This REQUIREM evidenced by: Based on observati interview, the facil or other alternative equipment is capat 10 seconds, is main exercised in accorro circords are readily 0.5.4 and 6.6.4 of I 111 and 700.10 of	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ORY OR LSC IDENTIFYING JFORMATION) d under load 30 minutes 12 0-40 day intervals, and very 36 months for 4 a. Scheduled test under load e a complete simulated cold tic or manual transfer of all are conducted by competent enance and testing of stored urces (Type 3 EES) are in NFPA 111. Main and feeder ire inspected annually, and riodically exercising the stablished according to uurements. Written records and testing are maintained able. EES electrical panels narked, readily identifiable, n normal power circuits. possibility of damage of the er source is a design new installations. 6.4.4, A 99), NFPA 110, NFPA DA 70) ENT is not met as	ID PREFIX TAG	675 WAGNER DR BATTLE CREEK, MI 4 PROVIDER'S PLAN OF CORRECORRECTIVE ACTION SHOUL REFERENCED TO THE APPI DEFICIENCY) by 4/22/2024. Annual load bank test will be co 4/22/2024. Auxiliary fault was cleared and normal status by 4/22/2024. Generator fuel was filled and is low fuel by 4/22/2024. Element #2 This deficient practice has the p affect all occupants in the event outage or generator failure. Element #3 The Generator Policy was revie deemed appropriate by the QAI on 3/26/2024. The Administrator reeducate the Maintenance Dir ensuring generators or other all sources and associated equipm of supplying service within 10 s maintained, inspected, tested a in accordance with NFPA 110, a are readily available as required 6.5.4 and 6.6.4 of NFPA 99, NF 111 and 700.10 of NFPA 70 by Element #4 The Maintenance Department of will conduct random monthly au generator and fuel testing docu once a month, for 3 months, an quarterly, for 2 quarters. Result will be reported to monthly QAF The Administrator is responsible maintaining compliance.	CTION (EACH D BE CROSS- ROPRIATE ompleted by generator is in not signaling botential to t of an power eved and PI committee or will ector on ternative power nent is capable econds, is nd exercised and records d by 6.4.4, 'PA 110, NFPA 4/22/2024.	(X5) COMPLETION DATE
	C C	between the hours of 10:00-		he Compliance Date is 4/22/202	24.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
134140		B. WING _	B. WING				
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STA	ΓΕ, ΖΙΡ CO	DE
PINNACLE C	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE (FERENCED TO THE APPROPR DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	 failed to provide c annual generators s documentation for was provided by th 2. On 03/12/2024 11:03 AM, record failed to provide d 2023 through Mar load test. Last doc November 8, 2023 missing monthly i exit of the survey. 3. On 03/12/2024 11:03 AM, record failed to record the inspections. No do weekly inspection the survey. 4. On 03/12/2024 11:03 AM, record failed to record the values of the lead- values for the mor maintenance free s 5. On 03/12/2024 11:03 AM, record failed to provide d has been performe NFPA 110, 8.3.8, least annually usin standards. 6. On 03/12/2024 11:03 AM, record 	review revealed the facility urrent documentation for the ervice. No current or previous the annual generator service he exit of the survey. between the hours of 10:00- review revealed the facility ocumentation for the December ch 2024, monthly generator umented monthly load test was . No documentation for the nspection was provided by the between the hours of 10:00- review revealed the facility e weekly emergency generator scumentation for the missing s was provided by the exit of between the hours of 10:00- review revealed the facility e monthly specific gravity test acid generator batteries or the thly conductance test of the generator batteries. between the hours of 10:00- review revealed the facility ocumentation a fuel quality test d during the last 12 months, per fuel quality test performed at g tests approved by ASTM between the hours of 10:00- review revealed the facility e annual load bank test of the tor as required.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTIPLE CON A. BUILDING		STRUCTION	(X3) DA COMPL	TE SURVEY
13		134140		B. WING			
AME OF PRC	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP COI	DE
NNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	CORF	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIA DEFICIENCY)	OSS-	(X5) COMPLETIC DATE
	observation reveal	at approximately 11:34 AM, ed the generator panel warning supervisory mode signaling		1			
	observation reveal	at approximately 11:34 AM, ed the generator panel warning supervisory mode signaling					
		re confirmed by interview with ince at the time of observation					
K0920 SS= F	Even Electrical Equipment Bower Cords		K0920	Extension mainten Refriger offices a as of 3/1 conduct electrica power s into pow Element This def affect al emerger Element The Extor reviewed QAPI co Adminis	K920 Element #1 Extension cords were removed from the maintenance office on 3/13/2024. Refrigerators, coffee pots, and microwaves in offices are no longer plugged into power strips as of 3/13/2024. A facility wide audit will be conducted of offices by 4/22/2024 for electrical equipment/appliances plugged into power strips. Any equipment found plugged into power strips will be removed. Element #2 This deficient practice has the potential to affect all occupants in the event of an emergency. Element #3 The Extension Cords/Power Strip Policy was reviewed and deemed appropriate by the QAPI committee on 3/26/2024. The Administrator will reeducate the Maintenance Director on ensuring power strips are listed for		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 134140		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 3/18/2024		
NAME OF PRO				STREET ADDRESS, CITY, STATE, 675 WAGNER DR BATTLE CREEK, MI 49017	ZIP CO	DE	
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIEN FULL REGULAT II	ID PREFIX TAG	COR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			
	 evidenced by: Based on observation and interview, the facility failed to ensure power strips are listed for the area in which they are used as required by 10.2.3.6 of NFPA 99, 400-8 of NFPA 70 and TIA 12-5, and extension cords are placed in use only temporarily as required by 10.2.4 of NFPA 99 and 590.3(D) of NFPA 70. This deficient practice could affect all occupants in the event of a fire emergency. Findings Include: 1. On 03/12/2024 at approximately 11:07 AM, observation revealed an extension cord plugged into a power strip cord, plugged into another power strip cord with a refrigerator plugged into the last power strip cord, in the maintenance office. 2. On 03/12/2024 at approximately 2:57 PM, observation revealed a refrigerator, coffee pot and microwave plugged into a power strip cord in the therapy office. 			by10.2. and TIA in use c of NFP, 4/22/20 Elemen The Ma conduc then qu The Ad maintai		70 laced 0.2.4 /	