

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>					STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
E0000 SS=	Initial Comments  On May 7, 2024, an Emergency Preparedness Revisit Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Pinnacle Care of Battle Creek was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000					
K0000 SS=	INITIAL COMMENTS  On May 7, 2024, a Life Safety Revisit was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Pinnacle Care of Battle Creek was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, subpart 483.90(a), Life Safety from Fire, and the applicable provisions of the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code.	K0000					

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

TITLE

(X6) DATE

Electronically Signed

05/26/2024

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 OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0211 SS= K	Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:  T/W	K0211	Waivered tag: no plan of correction required.	9/30/2024	
K0222 SS= E	Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is	K0222	Waivered tag: no plan of correction required.	9/1/2024	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 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:</p> <p>T/W</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0251  SS= E	<p>Dead-End Corridors and Common Path of Travel Dead-End Corridors and Common Path of Travel 2012 EXISTING Dead-end corridors shall not exceed 30 feet. Existing dead-end corridors greater than 30 feet shall be permitted to be continued to be used if it is impractical and unfeasible to alter them. 19.2.5.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observation and interview, the facility failed to ensure that dead-end corridors do not exceed 30 feet unless it is impractical or unfeasible to alter them as required by 19.2.5.2. This deficient practice could affect 25 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 05/07/2024 at approximately 11:31 AM, during the life safety survey revisit observation revealed the facility pad locked and chained double doors number 5 and 6 in the south east hall creating a dead end corridor exceeding 30 feet. The dead end corridor the facility created was approximately 49 feet in length.</p> <p>This finding was confirmed with Facility Maintenance and Facility Owner/Administrator at the time of observation.</p>	K0251	<p>K251</p> <p>Element 1</p> <p>Facility removed pad lock and chains from doors number 5 and 6 and installed a construction barrier to make the dead-end corridor less than 30 feet on 5/11/2024.</p> <p>Element 2</p> <p>The deficient practice could affect 25 residents in the event of a fire emergency.</p> <p>Element 3</p> <p>The Smoke Barrier/Compartment Policy was reviewed and deemed appropriate by the QAPI committee on 5/24/2024. The Administrator will reeducate the Maintenance Director on ensuring that dead-end corridors do not exceed 30 feet by 6/6/2024.</p> <p>Element 4</p> <p>The Maintenance Department or designee will conduct weekly audits of the smoke barrier documentation, for 3 months, and then quarterly, for 2 quarters. Results of the audits will be reported to monthly QAPI.</p> <p>The Administrator is responsible for sustained compliance.</p>		6/6/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0344 SS= F	Fire Alarm - Control Functions Fire Alarm - Control Functions The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72. 18.3.4.4, 19.3.4.4, 9.6.1, 9.6.5, NFPA 72 This REQUIREMENT is not met as evidenced by:  T/W	K0344	Waivered tag: no plan of correction required.		8/15/2024
K0371 SS= F	Subdivision of Building Spaces - Smoke Compar Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by:  Based on record review and interview, the facility failed to ensure smoke barriers were provided to form at least 2 smoke compartments on every floor as required by 19.3.7.1 and 19.3.7.2. This deficient practice could affect all occupants in the event of a fire emergency.  Findings Include:  On 03/12/2024 between the hours of 10:00-11:03 AM, and again on 05/07/2024 at approximately 11:50 AM, record review revealed the facility	K0371	K371  Element 1  A facility smoke barrier map that shows the facility compartmentalized by smoke barriers was made by a structural engineer on 5/23/2024.  Element 2  This deficient practice could affect all residents in the event of a fire emergency.  Element 3  The Smoke Barrier/Compartments Policy was reviewed and deemed appropriate by the QAPI committee on 5/24/2024. The Administrator will re-educate the Maintenance Director on ensuring smoke barriers are provided to form at least 2 smoke compartments on every floor as required by 19.3.7.1 and 19.3.7.2 by 6/6/2024.  Element 4  The Maintenance Department or designee will conduct weekly audits of the smoke barrier		4/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>					STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>failed to provide a smoke barrier map that shows the facility compartmentalized by smoke barriers. All smoke barriers shown on the map provided do not show complete compartmentalization from one smoke compartment to another throughout the facility. The smoke barrier map provided by the facility fails to show complete solid outside wall to solid outside wall compartmentalization in North Hall Doors 15-16, North Hall doors 17-18, North Hall doors 19-20, South Hall doors 5-6, South Hall doors 7-8, and South Hall doors 11-12. Between these doors listed the map shows the walls stopping at the interior walls of the facility therefore not completing complete compartmentalization for each smoke barrier listed on the map provided.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of record review and at the exit of the revisit survey with Facility Owner/Administrator.</p>		<p>documentation, for 3 months, and then quarterly, for 2 quarters. Results of the audits will be reported to monthly QAPI.</p> <p>The Administrator is responsible for sustained compliance.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/7/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE CARE OF BATTLE CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>675 WAGNER DR BATTLE CREEK, MI 49017</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0372  SS= E	<p>Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2- hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoke barriers were constructed to a minimum 1/2-hour fire resistance rating in accordance with 8.5, as required by 19.3.7.3 and 8.6.7.1(1). This deficient practice could affect 30 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 05/07/2024 at approximately 11:22 AM, observation revealed the wall built at the corridor doors above suspended ceiling had two unsealed penetrations at the suppression pipe going through the wall and approximately 6 inch by 1/4 inch crack at the upper right. Another unsealed penetration approximately 3 inches wide and two feet long at the floor lower right side of the wall.</p> <p>These findings were confirmed by interview with Facility Maintenance and Facility Owner/Administrator at the time of observation.</p>	K0372	<p>K372</p> <p>Element 1</p> <p>The maintenance director sealed the penetrations at the suppression pipe going through the wall built at the corridor doors, the crack at the upper right, and sealed the penetration at the floor lower right side of the wall on 5/13/2024.</p> <p>Element 2</p> <p>This deficient practice could affect 30 residents in the event of a fire emergency.</p> <p>Element 3</p> <p>The Smoke Barrier/Compartments Policy was reviewed and deemed appropriate by the QAPI committee on 5/24/2024. The Administrator will reeducate the Maintenance Director on ensuring smoke barriers are constructed to a minimum 1/2-hour fire resistance rating by 6/6/2024.</p> <p>Element 4</p> <p>The Maintenance Department or designee will conduct weekly audits of the smoke barrier documentation, for 3 months, and then quarterly, for 2 quarters. Results of the audits will be reported to monthly QAPI.</p> <p>The Administrator is responsible for sustained compliance</p>	6/6/2024