

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134140		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/7/2024	
NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 675 WAGNER DR BATTLE CREEK, MI 49017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000 SS=	INITIAL COMMENTS On October 07, 2024, a Life Safety TW 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

Electronically Signed

TITLE

(X6) DATE

11/04/2024

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K0211 SS= K	<p>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:</p> <p>Based on observation and interview, the facility failed to ensure aisles, passageways, corridors, exit discharges, exit locations and accesses are in accordance with Chapter 7, and continuously maintained free of all obstructions to full use in case of an emergency as required by 19.2.1 and 7.1.10.1. This deficient practice could affect 20 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1. On 10/07/2024 at approximately 10:38 AM, observation revealed an ongoing construction project in the South Hall between resident rooms 142 through 145 is without a construction barrier or wall separating the Residents from the construction project.</p> <p>2. On 10/07/2024 at approximately 10:39 AM, observation revealed the South Hall smoke compartment is currently under construction. This construction project has a X5 completion date of 09/30/2024. South Hall has not been restored to it's intended use of occupancy since construction started on 06/06/2023.</p> <p>These findings were confirmed by interview with Facility Maintenance at the time of observation.</p>	K0211	Waivered tag: no plan of correction required.		9/30/2024

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K0363 SS= F	Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:	K0363	<p>Element #1</p> <p>Smoke barrier double doors #7, #8 and door framing on the South Hall (between Rooms 142 and Harmony Hall) were rehung. Caulk was used around the framing to create a smoke tight barrier. The floor was lifted and new concrete was poured so that a proper barrier exists from floor to bottom of door. Door opens unimpeded and closes automatically during a fire alarm. Completed by 11/01/24.</p> <p>Element #2</p> <p>This deficient practice has the potential to affect all occupants in the event of an emergency.</p> <p>Element #3</p> <p>The Facility Door Policy was reviewed and deemed appropriate by the QAPI committee on 11/01/24. Doors have been provided with a means suitable for keeping them closed as required by 19.3.6.3 and 42CFR 403, 418, 460, 482, 483 and 485 by 11/01/24.</p> <p>Element #4</p> <p>The maintenance director or designee will audit 3x week for 4 weeks for corridor door, then Quarterly for 2 quarters. Results of the audits will be reported to monthly QAPI.</p> <p>The Administrator is responsible for maintaining compliance.</p> <p>The compliance date is 11/01/24.</p>		4/22/2024

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	<p>Based on observation and interview, the facility failed to ensure doors protecting corridor openings in other than required enclosures of vertical openings, exits or hazardous areas are 1 3/4 inch solid-bonded core wood or capable of resisting the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed as required by 19.3.6.3, and 42 CFR 403, 418, 460, 482, 483 and 485.</p> <p>There is no impediment to the closing of doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. This deficient practice could affect 20 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 10/07/2024 at approximately 10:44 AM, observation revealed smoke barrier double doors #7, #8 and door framing on the South Hall (between Rooms 142 and Harmony Hall) were missing. This deficient practice allows the passage of smoke from one smoke compartment to another.</p>				

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	This finding was confirmed by interview with Facility Maintenance at the time of observation.						

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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 20 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On 10/07/2024 at approximately 11:17 AM, observation revealed the smoke barrier wall located in the South Hall where smoke barrier doors 7 & 8 are supposed to be, above in the suspended ceiling has a sprinkler pipe through the wall with unsealed penetrations around the pipe.</p> <p>This finding was confirmed by interview with Facility Maintenance at the time of observation.</p>	K0372	<p>Element #1</p> <p>The doors were rehung and caulked appropriately. The gaps around the pipe above doors 7 and 8 were caulked and fully sealed with the appropriate fire retardant (red in color) caulk. Completed by 11/01/24.</p> <p>Element #2</p> <p>This deficient practice has the potential to affect 20 occupants in the event of an emergency.</p> <p>Element #3</p> <p>The Facility Door Policy and caulking procedure and policy was reviewed and deemed appropriate by the QAPI committee on 11/01/24. Doors have been provided with a means suitable for keeping them closed as required by 19.3.6.3 and 42CFR 403, 418, 460, 482, 483 and 485 by 11/01/24. The caulking shall provide a proper sealed barrier and required by 19.3.7.1 and 19.3.7.2 by 11/01/24.</p> <p>Element #4</p> <p>The maintenance director or designee will conduct audits weekly for 3 months then Quarterly for 2 quarters. Results of the audits will be reported to monthly QAPI.</p> <p>The Administrator is responsible for maintaining compliance.</p> <p>The compliance date is 11/01/24.</p>	6/6/2024	