PRINTED: 1/6/2025 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 134140 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | | (3) DATE SURVEY OMPLETED | |
|--|--|--|---------------------|--|---|--|-----------------------------|--|
| | | B. WING | | | _ 12/18/2024 | | | |
| NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK | | | | STREET ADDRESS, CITY, STATE, ZIP CO 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 | COR | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| F0000 SS= | Pinnacle Care of I an Abbreviated su MI00148755. Cen | Battle Creek was surveyed for rvey on 12/18/24. | F0000 | | | | | |
| F0925 SS= F | Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: This citation refers to intake MI00148755. Based on observation and interview, the facility failed to maintain an effective Pest Control Program effecting 64 residents, resulting in complaints regarding rodents, the presence of rodent activity in multiple areas of the facility, and the potential to cause cross-contamination and resident discomfort. Findings include: On 12/18/24 at 10:30 AM, an observation of R2's Room (104) was conducted. Several rodent droppings were observed in the hallway right outside resident's door. Rodent droppings were observed along the floor/wall junctures, behind the door and garbage cans. Additional activity was observed in both resident closets. Approximately 20 droppings were found in/around R2's room. On 12/18/24 at approximately 10:40 AM, upon exiting right from R2's room, an outside exit door was observed not to be tightly sealed. Rodent droppings were observed along the floor/wall | | F0925 | The face Element This progressident The perupon the traps at more lill service monthly addionated found a have at This will director administ the quarter the dinition both was ad repairs in room | Element #1 The facility admits there is a rodent problem. Element #2 This problem has the potential to effect all residents. Element #3 The pest control service returned and doubled up on the amount of traps for the building. The traps are now positioned in a manner that is more likely to allow the pests to enter. Pest service will return bi-weekly instead of monthly. They have been advised to make addional notes as to where the problems were found and what remedy will be used. They have agreed to bulk up the charting in the log. This will all be monitored by the maintenance director and will be reviewed by the administrator. This matter will be discussed in the quality meeting monthly as well. THe Maintenance director examined all doors and fixed all gaps. Doors were filled with JB weld material and leveled off. This included the dining room smokers door, and exit door on both north and south hall. A Door sweep was added to patio door to seal gap. These repairs were completed by 01/01/25.The hole in room 104, hole by dishwasher and in long hallway were filled with steel wool and caulk. | | | |

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

TITLE

(X6) DATE

Electronically Signed

01/02/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 134140 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUILD | LTIPLE CONSTRUCTION DING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|---|--|------------|-------------------------------|--|
| | | B. WIN | B. WING | | | 12/18/2024 | | |
| NAME OF PRO | R | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| PINNACLE CARE OF BATTLE CREEK | | | | 675 WAGNER DR BATTLE CREEK, MI 49017 | | | | |
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| | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) junctures of the hallway leading to the exit door and windows in this area. Further observation of the exit door (outside area) revealed some of the bricks and mortar were loose/crumbling and causing gaps in the wall. A black bait box was observed right next to the door in front of the window. Rodent droppings were also observed in the north dining room and along floor/wall junctures in the hallways. During an interview on 12/18/24 at 10:48 AM, Registered Nurse (RN) "C" revealed that the facility has been having a mouse problem for a while now. RN "C" stated we have a pest control company that comes in, but we still have activity. During an interview on 12/18/24 at 11:11 AM, Resident#3 (R3) revealed the building has been having mice activity for a while. R3 stated, "a couple of weeks ago I observed a mouse come out right under my bathroom door and came right on in my room. I asked the staff for a trap. They got me one and we caught it. They just removed the trap from my room the other day." During an interview on 12/18/24 at 11:44 AM, NHA stated, "We have a mouse problem right now. Our pest control company is coming out on Friday." During the interview this surveyor went over areas of concern that had been observed so far and requested to review their pest control book and the last couple months of inspection/service reports. Review of the pest control communication binder reflected mice and ants were noted in the monthly log on 3/29/24. Spider activity noted on 5/17/24. No further documentation of activity was noted for October or November. The binder failed to reveal recent areas of concern by the facility. Review of the binder failed to provide any pest | | | the room mice draw problem the mai Any mo Traps wadminis Friday of dealt will except with on further of the Mastaff will will reviafter eacomple any fince seeing The adl Guardia | 4. Any t and t and or and ne v m in sidents During examine ourse. If a mouse I notify strator. with eed. The angels as will be ort e dealt I be ally basis. ance aff and and II be as will as holes. acc. The weekly tted and ese | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---------------------|--|---|-------------------------------|----------------------------|--|
| | | 134140 | B. WING | | | | 12/18/2024 | |
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| PINNACLE CARE OF BATTLE CREEK | | | | | 675 WAGNER DR BATTLE CREEK, MI 4901 | 7 | | |
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| | control inspection | reports after March 2024. | | | | | | |
| | Inspection Report' General Comment that they're having storage room in the logbook, and nothing the storage room in the logbook, and nothing the storage room in the logbook, and nothing the storage room in the logbook, and nothing war in the front entrance replaced 2 glueboard the glue boards be the dishwasher mait off" Further r "Conditions/Obser reflected, (1.) "Conneed seals. Action Reported 3/29/24 a"Condition: mulch the building. Actic grass. Reported 3/." "Front Entrance ar Wall - Under dishwall. Reported 10/. Service Inspection activity in 6 exteri mouse" being caus. Review of (Name Inspection Report' General Comment service today, I sp. She informed met activity, and they I boards they have gand nothing was n glue board stations. | rvations" section of the report ndition: bad door seal- all doors: Repair or replace door seal. as a High Severity." (2.) In mulch in exterior middle of on: replace mulch with rocks or 29/23 as High Severity." (3.) and Kitchen Condition: Hole In washer Action: repair hole in 1/22/4 as a High Severity." The Report further reflected rodent or boxes and one "house" | | | | | | |

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| PINNACLE C | ARE OF BATTLE | CREEK | | | 675 WAGNER DR BATTLE CREEK, MI 490 |)17 | |
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