

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 1/14/2025
NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 675 WAGNER DR BATTLE CREEK, MI 49017		
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F0000 SS=	INITIAL COMMENTS Pinnacle Care of Battle Creek was surveyed for a re-visit survey on 1/15/25. Census= 65	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: Based on observation, interview, and record review the facility failed to maintain an effective Pest Control Program effecting 65 residents, resulting in the presence of rodent activity, and the potential to cause cross-contamination and resident discomfort. Findings include: During an interview with Nursing Home Administrator (NHA) "A", at 9:25 AM on 1/15/25, it was found that their Pest Control Vendor (PCV) has not been out this year, but has been out a couple times since the survey on 12/18/24. A review of the "Pest Sighting and Recommendation Log" found visits by the vendor on 12/20/24 and 12/27/24. The log contains two sections, one section is for the PCV to document actions taken and recommendations for the facility and the other section is for facility staff to document findings in the facility to best aid the PCV in remediation. A review of the section entitled "Filled out by facility representative" only had lines drawn through and was left void of information since the log started on 3/29/24 for "Initial Set-Up". During a tour of the facility, with NHA "A", at	F0925	Element #1 The facility admits there is a rodent problem. Facility admits some gaps in doors did exist at time of survey. 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 additional 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. Stripping was installed on the exit door near the laundry room during the time of the survey after it was pointed out by surveyor. There is no visible gap. Stripping has been placed around the mechanical room door on 1/15 as well. It is no	1/2/2025	

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

TITLE

(X6) DATE

Electronically Signed

01/31/2025

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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	<p>9:35 AM on 1/15/25, observation of the exit door, by resident room 144, found that the bottom opening edge was bent outward not allowing a tight fit against the frame. The door was found to have a ¼ to ½ inch gap between the opening edge of the door and the door frame. An interview with NHA "A" found that they have three new doors that should be in this week, and this is one of the doors that is getting replaced, and until then, they will have Maintenance "C" add weather stripping to better cover the gaps.</p> <p>At 9:45 AM on 1/15/25, observation of the exit door near laundry found that the bottom left of the door is bent outward leaving a gap in the bottom corner of the door. NHA "A" stated he could see the gap and that he would have Maintenance "C" come to this door next.</p> <p>At 9:47 AM on 1/15/25, observation of the exit door in the mechanical room found a gap in the bottom of the door with visible light coming through.</p> <p>At 9:53 AM on 1/15/25, observation of the exit door off the kitchen, found that the bottom of the door did not make a tight seal.</p> <p>During a tour of the North Hall, with NHA "A", starting at 10:12 AM on 1/15/25, observation of resident room 104, found two empty glue traps in the far corners of the room. Using a flashlight, the right corner of the room was found to have evidence of mouse droppings along with an accumulation of crumbs, dirt and debris.</p> <p>During an observation of the North exit door, at 10:17 AM on 1/15/25, an interview with NHA "A" found that of the three doors getting fully replaced, this is one of them, along with the dining room door and the South exit door. Observation of the North exit door found light</p>		<p>longer "showing daylight" at the bottom of this door.</p> <p>The seal around the kitchen door was replaced during day of survey. This door does now have a tight seal with no visible light.</p> <p>On 1/15/25 a seal was placed on the north exit door. Stripping was placed on the bottom of the door. This door no longer allows light or airflow and is properly sealed.</p> <p>The cove base in room 109 was replaced on 1/16. The cove is now even and no gaps or holes exist. The room was cleaned thoroughly. No future mice droppings have been observed.</p> <p>Room 110 was thoroughly cleaned. Housekeeping staff were given education on 1/16 on proper way to clean corners of rooms. They were also instructed to report any sign of mice, to the housekeeping or maintenance supervisor.</p> <p>On 1/30/25 staff were reeducated on the importance of notifying housekeeping and/or maintenance supervisor about finding mice (alive or dead) and mouse droppings or signs of nest. The housekeeping and maintenance staff and supervisors were reeducated on the importance of logging mice activity into the pest log.</p> <p>On 1/30 Griffin pest control came into facility for monthly visit. They made no new recommendations. All doors have been properly sealed as of 1/30/2025.</p> <p>Element #4 Most items completed on 01/15/25. The remainder of the items were completed by</p>		

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	<p>and air coming from the bottom opening edge of the door. NHA "A" said he would let Maintenance "C" know.</p> <p>During a tour of resident room 109, at 10:23 AM on 1/15/25, it was observed that an empty glue trap was in the back right corner of the room. Upon shining a light on the area, it was observed to have numerous mouse droppings and small spots of yellow staining. Further observation of this area found un-even coving allowing gaps in the floor juncture roughly ¼ to ½ in size for pests to freely enter.</p> <p>During a tour of resident room 110, at 10:28 AM on 1/15/24, observation of the far-right corner found mouse droppings and an accumulation of dirt and debris.</p> <p>An interview with Maintenance "C", at 10:35 AM on 1/15/25, found that he had last taken care of a mouse in a trap a week ago Wednesday. When asked if he had ever recorded those occurrences in the pest log, Maintenance "C" stated no.</p> <p>An interview with Housekeeping Manager "D", at 10:58 AM on 1/15/25, found that her staff have been focusing on cleaning the edges of rooms and that rooms on the North Hall had a deep clean a couple weeks ago. When asked about seeing mice, Housekeeping Manager "D" stated that when it happens staff report it to myself or maintenance.</p> <p>A record review of an Invoice from the PCV, dated service 12/20/25, found that the PCV states, "I found in rooms I inspected, there are gaps behind the cabinets in the rooms, gaps in the pipe chases, and activity coming from the heat registers, I showed (maintenance) these areas, I recommend sealing them off". Further review of the Invoice found under "Conditions and</p>		<p>1/30/25. Housekeeping supervisor and maintenance director responsible for day to day compliance with NHA responsible for the ultimate meeting of standard and compliance. QAPI program will review monthly.</p> <p>Compliance date 1/30/2025</p>		

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	Observations" it was reported to the facility on "03/29/2024" that Interior doors have bad seals and that "all doors need need seals".					