STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		A (X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED				
		134140	B. WING _			5/8/20	25
NAME OF PROV	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 PREFIX TAG	COR	PIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
E0000	Initial Comments		E0000				
SS=	Preparedness Su Michigan Departr Regulatory Affair Certification. At tl Battle Creek was substantial comp for participation in	8th, 2025, an Emergency urvey was conducted by the ment of Licensing and s, Bureau of Survey and he survey Pinnacle Care of found to be not in liance with the requirements in Medicare/Medicaid at 42 ergency Preparedness.					
E0039 SS= F	§418.113(d)(2), § (2), §482.15(d)(2), §483.475(d)(2), §485.542(d)(2), §485.727(d)(2), §485.727(d)(2), §494.62(d)(2), §494.62(d	irements §416.54(d)(2), §441.184(d)(2), §460.84(d)), §483.73(d)(2), §485.68(d) 2), §485.625(d)(2), §485.625(d)(2), §485.920(d)(2), §491.12(d)). *[For ASCs at §416.54, 68, REHs at §485.542, OPO, under §485.727, CMHCs at /FQHCs at §491.12, and at §494.62]: (2) Testing. The iduct exercises to test the annually. The [facility] must wing: (i) Participate in a fullat is community-based (A) When a community-s not accessible, conduct a ctional exercise every 2 e [facility] experiences an man-made emergency that in of the emergency plan, empt from engaging in its inmunity-based or individual, ctional exercise following actual event. (ii) Conduct an se at least every 2 years, in the full-scale or functional aragraph (d)(2)(i) of this eted, that may include, but is	E0039	the Empolicies particip facility by Prepare 2. The a Mainter team or 3. The will utility system annuall be brought Perform review. Commit modific 4. The and mand for commit modific and mand mand mand mand mand mand mand	In the requirements. Maintenance Director and/or desize the preventative maintenance to ensure exercises are scheduly. Results of the annual exercise to the Quality Assurance nance Improvement meetings for The ttee will determine whether ations to the plan are necessary. Administrator is responsible to at intain compliance. Completion displiance will be 06.20.25.	ency on ignee ed will	6/20/2025

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.

Electronically Signed

06/06/2025

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		134140	B. WING _			5/8/20)25	
	VIDER OR SUPPLIE		STREET ADDRESS, CITY			, STATE, ZIP CODE		
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 4901	7		
(X4) ID PREFIX TAG	(EACH DEFICIENT FULL REGULATION	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	/IDER'S PLAN OF CORRECTIC RECTIVE ACTION SHOULD BE FERENCED TO THE APPROP DEFICIENCY)	CROSS-	(X5) COMPLETION DATE	
	scale exercise the individual, facility or (B) A mock disexercise or work facilitator and incusing a narrated emergency scenstatements, direct questions designemergency plantersponse to and all drills, tabletopevents, and revise plantersponse to and all drills, tabletopevents, and revise plantersponse to and events, and revise plantersponse to and events, and revise plantersponse to and events plantersponse to an emergency plantersponse must do in a full-scale except and exercise every 2 experiences and emergency plantersponse every 2 experiences and emergency plantersponse facility-based furthe onset of the Conduct an addivers, opposite the conset of the conduct and exercitational exercitatill, or (C) A table facility and in the community-base functional exercitatill; or (C) A table facility and individual exercitatill; or (C) A table facility and individual exercitatill; or (C) A table facility and individual exercitatill.	following: (A) A second full- that is community-based or r-based functional exercise; saster drill; or (C) A tabletop shop that is led by a cludes a group discussion , clinically-relevant ario, and a set of problem cted messages, or prepared the dot challenge an (iii) Analyze the [facility's] maintain documentation of exercises, and emergency set the [facility's] emergency *[For Hospices at Testing for hospices that the patient's home. The induct exercises to test the at least annually. The the following: (i) Participate ercise that is community ears; or (A) When a d exercise is not accessible, idual facility based functional years; or (B) If the hospice atural or man-made requires activation of the the hospital is exempt from ext required full scale d exercise or individual inctional exercise every 2 the year the full-scale or se under paragraph (d)(2)(i) conducted, that may of limited to the following: (A) ale exercise that is d or a facility based se; or (B) A mock disaster letop exercise or workshop acilitator and includes a						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		(X3) DATE SURVEY COMPLETED		
		134140	B. WING _			5/8/20)25
NAME OF PRO	OVIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, STA	TE, ZIP CC	DDE
PINNACLE O	CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIENT FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROPF DEFICIENCY)	CROSS-	(X5) COMPLETION DATE
	relevant emerge problem statemed prepared questive emergency plan provide inpatien must conduct exemergency plan must do the followannual full-scale based; or (A) Wexercise is not a annual individual exercise; or (B) natural or man-requires activative hospice is exemext required fulfacility-based furthe onset of the Conduct an add may include, but following: (A) A stated by a facilitated discussion using relevant emerge problem statemed prepared questive emergency plan response to and all drills, tabletog events and revisiblem, as needed §441.184(d), Hoat §485.625(d):] Hospital, CAH] rest the emerge [PRTF, Hospital	n using a narrated, clinically- ncy scenario, and a set of ents, directed messages, or ons designed to challenge an . (3) Testing for hospices that t care directly. The hospice vercises to test the twice per year. The hospice vercises to test the twice per year. The hospice vercises to test the twice per year. The hospice vercise that is community- nen a community-based ccessible, conduct an I facility-based functional If the hospice experiences a nade emergency that con of the emergency plan, rempt from engaging in its I-scale community based or notional exercise following emergency event. (ii) titional annual exercise that t is not limited to the second full-scale exercise ty-based or a facility based se; or (B) A mock disaster vertiletop exercise or workshop or that includes a group ya narrated, clinically- ncy scenario, and a set of ents, directed messages, or ons designed to challenge an telitop. I (iii) Analyze the hospice's maintain documentation of the exercises, and emergency the the hospice's emergency the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			5/8/20)25
NAME OF PRO	VIDER OR SUPPLIE	I. ER			STREET ADDRESS, CITY, STA	E, ZIP CC	DDE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	NTEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	PIDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE CONTROL OF THE APPROPRION DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	community-base conduct an annu functional exerci: Hospital, CAH] e or man-made en activation of the is exempt from e full-scale community facility-based fur the onset of the Conduct an [add and that may incommunity facility-based fur mock disaster dror workshop that includes a group narrated, clinical scenario, and a sidirected messag designed to chal (iii) Analyze the [maintain docume exercises, and e the [facility's] em [For PACE at §4 PACE organizati to test the emerging following: (i) Part scale exercise the (A) When a comaccessible, conditacility-based fur PACE experience made emergency from engaging in community base	y-based; or (A) When a d exercise is not accessible, all individual, facility-based se; or (B) If the [PRTF, experiences an actual natural nergency that requires emergency plan, the [facility] engaging in its next required unity based or individual, actional exercise following emergency event. (ii) itional] annual exercise or elude, but is not limited to the second full-scale exercise y-based or individual, a actional exercise; or (B) A iill; or (C) A tabletop exercise is led by a facilitator and discussion, using a ly-relevant emergency set of problem statements, es, or prepared questions lenge an emergency plan. (facility's] response to and entation of all drills, tabletop ergency events and revise ergency plan as needed. * 60.84(d):] (2) Testing. The formust conduct exercises gency plan at least annually. Initiatis community-based; or munity-based; or munity-based exercise is not luct an annual individual, actional exercise; or (B) If the sea an actual natural or many that requires activation of olan, the PACE is exempt its next required full-scale dor individual, facility-based se following the onset of the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	ISTRUCTION	(X3) DATE SURVEY COMPLETED		
		134140	B. WING _			5/8/20	25
	VIDER OR SUPPLIE				STREET ADDRESS, CITY, STATE	, ZIP CO	DE
					BATTLE CREEK, MI 49017		
(X4) ID PREFIX TAG	(EACH DEFICIEN	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 CF FERENCED TO THE APPROPRIA DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	exercise every 2 full-scale or functional exercise; or (B) / tabletop exercise facilitator and incusing a narrated emergency scen statements, direct questions design emergency plan. response to and all drills, tabletop events and revisiplan, as needed. §483.73(d):] (2) conduct exercise at least twice per unannounced stemergency procedic full plants of the emergency pexempt from engine emergency procedic facility experience made emergency procedic facility experience made emergency pexempt from engine emergency	aff drills using the edures. The [LTC facility, the following: (i) Participate scale exercise that is					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		134140	B. WING			5/8/20	25	
NAME OF PRO	VIDER OR SUPPLIE	I. ER			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 REGULA	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	PITION (BETTE NEW TO THE RECTION (BETTE NEW TO THE APPROPRIATION OF THE	OSS-	(X5) COMPLETION DATE	
	drill; or (C) A tab that is led by a fa discussion, using relevant emerge problem stateme prepared questic emergency plan. facility] facility's r documentation of exercises, and effect that is community needed. *[For IC Testing. The ICF to test the emergy ear. The ICF/IIL Participate in an that is community community-base conduct an annufunctional exercise experiences and emergency that it emergency that it emergency plan, engaging in its nommunity-base functional exercise functional exercise emergency even annual exercise limited to the folloscale exercise the individual, facility or (B) A mock disexercise or work facilitator and incusing a narrated emergency scenstatements, direct questions designer emergency plan. response to and	se; or (B) A mock disaster letop exercise or workshop acilitator includes a group of a narrated, clinicallyncy scenario, and a set of ents, directed messages, or ons designed to challenge an (iii) Analyze the [LTC response to and maintain of all drills, tabletop mergency events, and revise facility's emergency plan, as F/IIDs at §483.475(d)]: (2) f/IID must conduct exercises gency plan at least twice per D must do the following: (i) annual full-scale exercise y-based; or (A) When a dexercise is not accessible, all individual, facility-based se; or. (B) If the ICF/IID actual natural or man-made requires activation of the the ICF/IID is exempt from ext required full-scale dor individual, facility-based se following the onset of the t. (ii) Conduct an additional that may include, but is not owing: (A) A second full-lat is community-based or an rebased functional exercise; saster drill; or (C) A tabletop shop that is led by a cludes a group discussion, clinically-relevant ario, and a set of problem ceted messages, or prepared led to challenge an (iii) Analyze the ICF/IID's maintain documentation of exercises, and emergency						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION		(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			_ 5/8/20)25	
NAME OF PRO	VIDER OR SUPPLIE	ER			STREET ADDRESS, CITY, S	TATE, ZIP CC	DDE	
PINNACLE C	CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490 ²	17		
(X4) ID PREFIX TAG	(EACH DEFICIENT FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	JUDER'S PLAN OF CORRECTI RECTIVE ACTION SHOULD B FERENCED TO THE APPROI DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE	
	plan, as needed (2) Testing. The exercises to test annually. The HI Participate in a f community-base community-base conduct an annu functional exercithe HHA experie man-made emeractivation of the exempt from engitul-scale community-based furthe onset of the Conduct an add years, opposite functional exercion is include, but is not a second full-sc community-based based functional disaster drill; or workshop that is includes a group narrated, clinica scenario, and a directed messaged designed to cha (iii) Analyze the maintain docum exercises, and ethe HHA's emen. OPOs at §486.3 must conduct exemergency plan following: (i) Cortabletop exercises	se the ICF/IID's emergency. *[For HHAs at §484.102] (d) HHA must conduct the emergency plan at least HA must do the following: (i) ull-scale exercise that is ed; or (A) When a ded exercise is not accessible, ual individual, facility-based se every 2 years; or. (B) If ences an actual natural or regency that requires emergency plan, the HHA is gaging in its next required unity-based or individual, notional exercise following emergency event. (ii) titional exercise every 2 the year the full-scale or se under paragraph (d)(2)(i) conducted, that may to limited to the following: (A) ale exercise that is ded or an individual, facility- exercise; or (B) A mock (C) A tabletop exercise or led by a facilitator and of discussion, using a lly-relevant emergency set of problem statements, less, or prepared questions llenge an emergency plan. HHA's response to and entation of all drills, tabletop emergency events, and revise gency plan, as needed. *[For 60] (d)(2) Testing. The OPO lercises to test the . The OPO must do the induct a paper-based, e or workshop at least etop exercise is led by a						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CON G		(X3) DATE SURVEY COMPLETED		
		134140	B. WING _	3		_ 5/8/20	5/8/2025	
NAME OF PRO	OVIDER OR SUPPLI	 ≣R			STREET ADDRESS, CITY, S	STATE, ZIP CC	DDE	
PINNACLE (CARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490)17		
(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	VIDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD I FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
	using a narrated emergency scer statements, dire questions design emergency plan actual natural or requires activation the OPO is exer required testing of the emergency of the emergency of the emergency ever and OPO's emergency ever and OPO's emergency plan following: (i) Cortabletop exercistabletop e	MENT is not met as eview and interview, the facility exercises to test the emergency ally and analyze the response to imentation of all drills, tabletop ergency events. This deficient ect all occupants in the event of						

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 134140	Α	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 5/8/2025	
NAME OF PROV	CREEK				STREET ADDRESS, CITY, STATE, 675 WAGNER DR BATTLE CREEK, MI 49017		DE (X5)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ı	ID PREFIX TAG	COR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	review revealed th exercise either a se tabletop or individ qualify as a test of past year. No docu exit. This finding was c	approximately 1:00 PM, record e facility did not conduct an econd full-scale exercise, ual facility based that would the emergency plan within the uments were provided by survey confirmed by interview with nee Director at the time of						

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:			STRUCTION		DATE SURVEY MPLETED	
		134140	B. WING _			5/8/20	25	
	/IDER OR SUPPLIE			STREET ADDRESS, CITY 675 WAGNER DR			, STATE, ZIP CODE	
					BATTLE CREEK, MI 49017			
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		OSS-	(X5) COMPLETION DATE	
K0000	INITIAL COMME	ENTS	K0000					
SS=	Recertification S Michigan Depart Regulatory Affair Certification. At t Battle Creek was compliance with participation in M 482.90(a), Life S applicable provis the National Fire 101, Life Safety of NFPA 99, Hea The facility is a c basement buildir construction, bui additions added 1985, of Type I (Type I (332) con fully sprinklered detection in the c the corridors. The facility has 8 of the survey the							
K0100 SS= E	Requirements - (section any LSC General Require addressed by the deficient. This in applicable Life S standard citation Form CMS-2567	ments - Other General Other List in the REMARKS Section 18.1 and 19.1 ments that are not e provided K-tags, but are formation, along with the afety Code or NFPA , should be included on MENT is not met as	K0100	will rem the Act 2. The K100 a Mainten team on 3. The will con commu	Maintenance Director and/or destroye the constructed wall between the constructed wall between the constructed wall between the construction of th	on signee	6/20/2025	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			5/8/20	025
NAME OF PRO	VIDER OR SUPPLIE	I ER			STREET ADDRESS, CITY,	, STATE, ZIP CO	DE
PINNACLE C	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 49	9017	
(X4) ID PREFIX TAG	(EACH DEFICIENT FULL REGULATION	TEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	PIDER'S PLAN OF CORRECTIVE ACTION SHOULD FERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
	failed to failed to so Fire Services, as redeficient practice event of a fire emergency of the Safety Rules, R 29. Rule 4. (1) A hear representative, sha and specifications for all projects that construction, remomodification, recomposition of the Safety Rules, R 29. Findings Include: On 05/08/25 at aphoservation reveal built between Action of the north part of the north part of the Dietary Office south wall to the north part of the newly construction of the newly construction of the newly construction of the survey of the newly construction of the survey of the surv	Health Care Facilities Fire 0.1804 Plans and specifications. th care facility, or designated all submit plans to the bureau of fire services t involve odeling, renovation, or an addition. proximately 8:31 AM, ed a newly constructed wall wities Office and Dietary ed in the Activities office was a an the south part of the room to be room. Wall constructed in was a straight wall from the corth wall. The reconstruction of cted walls left a void spot at the oximately 3 feet wide with sion coverage in this void area. Health of the constructed wall was structed wall was provided by		comple the aud Assura meeting will be respon- process 4. The and ma	ction is ted without prior approva lits will be brought to the nce Performance Improve g monthly for review. The sible for any changes to t s. Administrator is responsi lintain compliance. Comp spliance will be 06.20.25.	Quality ement committee the auditing ble to attain bletion date	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A (X2) MULTI A. BUILDIN	PLE CON G	ISTRUCTION	(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			5/8/20	25
	/IDER OR SUPPLIE				STREET ADDRESS, CITY, STA	TE, ZIP CO	DE
					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	VIDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETION DATE	
K0331 SS= F	and Ceiling Finisl wall and ceiling fi interior surfaces of movable walls, para flame spread rather reduction in sprinkler system permitted. 10.2, flame spread ration and the system permitted of the system permitted. 10.2, flame spread ration and the system permitted of the system permitted of the system permitted of the system permitted of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19 could affect all occurrence of the system permitted to be reduced by 19.3.3.1 and 19.3.1 and 19	ENT is not met as Ion and interview, the facility erior wall and ceiling finishes d rating of Class A or B, unless uced by 10.2.8.1, as required 3.3.2. This deficient practice expants in the event of a fire approximately 8:06 AM, ed ceiling tile has a 1" gap of the exit sign and the ceiling y is located at the entrance of oke compartment doors just rator's office. Approximately 8:17 AM, ed ceiling tile has a 1" gap of the exit sign and the ceiling y is located at the entrance of oke compartment doors just	K0331	will repand exiand No 2. The K331 a Mainter team on 3. The will concommutiles. Rothe Quality meeting will be it auditing 4. The and ma	Maintenance Director and/or air the gaps between the ceilit signage at the entrance of Sth Hall. Administrator will review regund provide education to the nance in the requirements. Maintenance Director and/or duct weekly rounds of the nity to ensure no gaps in the esults of the audits will be brown assurance Performance Importantly for review. The Corresponsible for any changes to process. Administrator is responsible to intain compliance. Completion compliance will be 06.20.25	ng tiles South Hall llation designee ceiling ought to rovement mmittee to the to attain	6/20/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN				(X3) DATE SURVEY COMPLETED	
	134140		B. WING	B. WING		5/8/2025		
NAME OF PROVIDER OR SUPPLIER PINNACLE CARE OF BATTLE CREEK			•	STREET ADDRESS, CITY, ST. 675 WAGNER DR BATTLE CREEK, MI 49017				
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	ORY OR LSC IDENTIFYING	ID PREFIX TAG	COR	RECTIVE ACTION SHOULD BE	CROSS-	(X5) COMPLETION DATE	
K0341 SS= F	System - Installa installed with sys approved for the NFPA 70, Nation 72, National Fire effective warning building. In areas detection is instal control unit. In ne also installed at r power extenders transmitting equilibrium wiring or other tramonitored for inte 9.6, 9.6.1.8 This REQUIREM evidenced by: Based on observatifailed to ensure a faccordance with N deficient practice of event of a fire eme. Findings Include: 1. On 05/08/2025, observation reveals the North Smoke I administration hall the ceiling. 2. On 05/08/25 at a observation reveals located in the Nort plastic bag tapped.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a fire alarm system is installed in accordance with NFPA 70 and NFPA 72. This deficient practice could affect all occupants in the event of a fire emergency. Findings Include: 1. On 05/08/2025, at approximately 8:17 AM, observation revealed the smoke detector head at the North Smoke Doors exit into the administration hall was not properly mounted to		REFERENCED TO THE APPROPRIATE			6/20/2025	

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDIN	À. BUILDING			(X3) DATE SURVEY COMPLETED 5/8/2025	
	134140		B. WING _					
NAME OF PRO			STREET ADDRESS, CITY, STATE, ZIP (675 WAGNER DR BATTLE CREEK, MI 49017			CODE		
(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)		(X5) COMPLETION DATE	
K0353 SS= E	Sprinkler System Automatic sprink are inspected, te accordance with Inspection, Testin Water-based Fire Records of systeinspection and te secure location a sprinkler system system system system supply so REMARKS informon-required or system. 9.7.5, 9. This REQUIREM evidenced by: Based on observat interview, the facil system maintenant NFPA 25. This dei approximately 30 demergency. Findings Include: 1. On 05/07/2025, record review reverprovided the 2nd, 21 flow test. No test visurvey.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked				replace om. lation designee ance is . The ee will e system ce to cler Quality nt o attain n	6/20/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY MPLETED	
		134140	B. WING	5/8		5/8/20	5/8/2025	
NAME OF PRO	VIDER OR SUPPLI	 =p	Ļ		STREET ADDRESS, CITY, STA	ATE ZIP CC	IDE .	
PINNACLE CARE OF BATTLE CREEK					675 WAGNER DR BATTLE CREEK, MI 49017		.DL	
(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)			
		ld. ere confirmed by interview with nce Director at the time of						
K0363 SS= F	protecting corridrequired enclose exits, or hazardo of smoke and arbonded core wo of resisting fire f in fully sprinklere only required to Corridor doors a containing flammaterials have provided in the containing flammaterials have provided or containing if provided with a doors complying if provided with a doors complying if provided with a doors complying if provided with a door closed applied. There is closing of the dorelease when the are permitted. Nunlimited height meeting 19.3.6.3 frames shall be other materials in unless the smok sprinklered. Fixe are allowed per compartments the area or fire resis window assemb	corridor - Doors Doors for openings in other than ares of vertical openings, bus areas resist the passage re made of 1 3/4 inch solidod or other material capable or at least 20 minutes. Doors ed smoke compartments are resist the passage of smoke. Ind doors to rooms mable or combustible positive latching hardware. The prohibited by CMS re requirements do not apply resist that do not contain mbustible material. The prohibited protection of door and floor exceeding 1 inch. Powered a device capable of keeping when a force of 5 lbf is so no impediment to the pors. Hold open devices that the door is pushed or pulled for pulled for the permitted. Dutch doors are permitted. Dutch doors and floor exceeding 1 inch. Powered and protective plates of are permitted. Dutch doors are permitted. Door labeled and made of steel or nompliance with 8.3, the compartment is ad fire window assemblies 8.3. In sprinklered mere are no restrictions in the stance of glass or frames in lies. 19.3.6.3, 42 CFR Parts 182, 483, and 485 Show in	K0363	will repensure resider 2. The K363 a Mainte 3. The will corprotect gaps a Results Quality meetin will be auditing 4. The and ma	Maintenance Director and/or air the North Dining Room do a positive latch, along with the troom 125 door. Administrator will review regund provide education to the nance team on the requiremed Maintenance Director and/or aduct weekly rounds of doors ing corridor openings to ensure the audits will be brought assurance Performance Impg monthly for review. The Coresponsible for any changes grocess. Administrator is responsible aintain compliance. Completion compliance will be 06.20.25	ors to the gap in collation designee are no ive latch, to the provement mmittee to the to attain on	6/20/2025	

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MUI A. BUILD	TIPLE CON		(X3) DATE SURVEY COMPLETED		
		134140	B. WING	G		5/8/20	5/8/2025	
NAME OF PRO\	/IDER OR SUPPLIE	R			STREET ADDRESS, CITY, STA	ATE, ZIP CC	DE	
PINNACLE CA	ARE OF BATTLE	CREEK			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	VIDER'S PLAN OF CORRECTIO RECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPI DEFICIENCY)	CROSS-	(X5) COMPLETION DATE	
	REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:							
	failed to ensure do openings are capab smoke as required	ion and interview, the facility ors protecting corridor ole of resisting the passage of by NFPA 19.3.6.3. This could affect all occupants in the regency.						
	Findings Include:							
	1. On 05/08/25, at approximately 8:57 AM, observation revealed the North Dining Room door across from resident room 125 would not latch when tested. Latch was missing from the door not allowing the door to properly latch.							
	observation reveale	approximately 8:59 AM, ed the North Dining Room esident room 107 would not						
	3. On 05/08/25, at observation reveals gap between the do	approximately 9:19 AM, ed Resident Room 125 had a 2" oor and the floor.						
		re confirmed by interview with ace Director at the time of the						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		A (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		134140	B. WING			5/8/20	25
	VIDER OR SUPPLIE				STREET ADDRESS, CITY, STATE, 675 WAGNER DR BATTLE CREEK, MI 49017	ZIP COI	DE
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	ATEMENT OF DEFICIENCIES ACY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
K0374 SS= E	Barrie Subdivision Smoke Barrier Din smoke Barrier Din smoke barrier Donded wood-cot that resists fire for protective plates permitted. Doors fire window asses self-closing or au require latching, swing in the dire opening provided 32 inches for sw 19.3.7.6, 19.3.7. This REQUIREM evidenced by: Based on observatified to ensure share requirements of the could affect 30 occumergency. Findings Include: On 05/08/25, at apobservation reveal would not close to Door sweep on the catching on the flor release properly to without assistance mag release. This finding was controlled.	Based on observation and interview, the facility failed to ensure smoke barrier doors meet the requirements of the LSC. This deficient practice could affect 30 occupants in the event of a fire emergency. Findings Include: On 05/08/25, at approximately 8:41 AM, observation revealed smoke compartment door #9 would not close to a smoke tight fit when tested. Door sweep on the bottom of the door was catching on the floor preventing the door to release properly to close. Door would not close without assistance from staff to move from the mag release. This finding was confirmed by interview with Facility Maintenance Director at the time of		will repito ensurpassag 2. The A K374 a Mainter 3. The Conduc compar properly ensure roundin Mainter assessi will be A Perform for reviet for any 4. The A and ma	Maintenance Director and/or desair the smoke compartment door re it closes properly to prevent the of smoke. Administrator will review regulation of provide education to the nance team on the requirements. Maintenance Director/ designee to a weekly round of smoke the theory of the mance that the construction of the construction of the mance program to ensure they closely. The Maintenance Director will represent the mance program to ensure continuation of function. Results of the aborought to the Quality Assurance mance Improvement meeting more will be responsible to the auditing process administrator is responsible to at intain compliance. Completion or compliance will be 06.20.25.	#9 on will e audits onthly insible	6/20/2025
K0918	Electrical System	ns - Essential Electric Syste	K0918	K918			6/20/2025

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 _	5/8/2		5/8/20	25	
NAME OF PRO	VIDER OR SUPPLIE	R	•		STREET ADDRESS, CITY, STATE,	ZIP COI	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 CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE	
SS= F	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 NFPA 110. Geneweekly, exercise times a year in 2 exercised once e continuous hours conditions includ start and automa EES loads, and a personnel. Maint energy power so accordance with circuit breakers a program for pe components is emanufacturer recof maintenance and readily availading and circuits are reand separate from Minimizing the premergency power consideration for 6.5.4, 6.6.4 (NFF 111, 700.10 (NFT 111, 700.10 (N	ns - Essential Electric ance and Testing The er alternate power source equipment is capable of exity within 10 seconds. If the on is not met during the rocess shall be provided to this capability for the life il branches. Maintenance er generator and transfer formed in accordance with erator sets are inspected dunder load 30 minutes 12 0-40 day intervals, and every 36 months for 4 ex. Scheduled test under load due a complete simulated cold ditic 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 are inspected annually, and riodically exercising the established according to quirements. Written records and testing are maintained able. EES electrical panels marked, readily identifiable, m normal power circuits. cossibility of damage of the er source is a design new installations. 6.4.4, PA 99), NFPA 110, NFPA PA 70) IENT is not met as		will sch annual testing date. 2. The K918 a Mainten 3. The will ens system schedu based i Results to the C Perforw. modific 4. The and ma	Maintenance Director and/or des edule monthly generator load tes load bank, service, and fuel anal to be completed by the complian Administrator will review regulating provide education to the nance team on the requirements Maintenance Director and/or destruct the Preventative Maintenance has all required generator testing led to ensure regulatory compliation of the required testing will be broughtly Assurance nance Improvement meetings for The Committee will determine wations to the plan are necessary. Administrator is responsible to a faintain compliance. Completion displiance will be 06.20.25.	sting, lysis		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING (C				
		134140	B. WING	5/8/2			25	
NAME OF PRO	VIDER OR SUPPLIE	iR			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 REGULA	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	
		111 and NFPA 70. This could affect all occupants in the lure.						
	Findings Include:							
	record review reversible a current gast monthly load 2024. No current report by the exit of the size of 2. On 05/07/2025, record review reversible a current a	at approximately 2:24 PM, caled the facility failed to annual load bank test. No d bank test was provided by the						
	record review reversible a current a for the generator. I document was pro 4. On 05/07/2025, record review reversible a current a fuel in the generating the control of the	at approximately 2:24 PM, caled the facility failed to annual service documentation No current annual service vided by the exit of the survey. at approximately 2:24 PM, caled the facility failed to annual fuel analysis test for the or. No current fuel analysis was provided by the exit of the						
K0920 SS= E	Extens Electrical and Extension C patient care vicin components of n electrical equipm that have been a personnel and m	nent - Power Cords and Equipment - Power Cords ords Power strips in a nity are only used for novable patient-care-related nent (PCREE) assembles ussembled by qualified neet the conditions of strips in the patient care	K0920	will repl Mechar device. 2. The K920 a Mainter	Maintenance Director and/or des lace the extension cord in the So nical Room with an NFPA appro Administrator will review regulati nd provide education to the nance team on the requirements Maintenance Director and/or des	outh ved on	6/20/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		134140	B. WING _			5/8/20	025	
NAME OF PROV	/IDER OR SUPPLIE	R	!		STREET ADDRESS, CITY, S	STATE, ZIP CO	DE	
PINNACLE CA	ARE OF BATTLE	CREEK			675 WAGNER DR BATTLE CREEK, MI 490)17		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT		ID PREFIX TAG	COR	VIDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD FERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
	FULL REGULATORY OR LSC IDENTIFYING INFORMATION) vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure power strips are in compliance with NFPA 99 and NFPA 70. This deficient practice could affect 30 occupants in the event of a fire emergency. Findings Include: On 05/08/2025, at approximately 9:28 AM, observation revealed a green extension cord being used as permanent wiring. This extension cord is located in the South Mechanical Room. This extension cord is plugged into a wall outlet with the other end missing its female end, with wires spliced and wired into a call light box. This finding was confirmed by interview with Facility Maintenance Director at the time of observation.					zed is Results of ity ment sponsible for ess. le to attain		