STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235023	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Battle Creek	200 E Roosevelt Battle Creek, MI 49037

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake number 2610947.Based on observation, interview, and record review the facility failed to ensure for two out of four residents (Residents #1 and 3) care plans were revised as care needs changed. Resident #1 (R1):Per the facility face sheet R1 was admitted to the facility on [DATE]. Diagnoses included a stage III pressure ulcer of the sacrum (butt bone).Review of a Skin Condition Evaluation form dated 6/9/2025, revealed R1 had a wound to the right inner thigh documented to be unstageable, a pressure wound to the gluteal fold (the crease in the buttocks) that was documented at a stage II, another wound on the right gluteal fold that was a stage II, a pressure ulcer to the left great toe, and a pressure ulcer to the left heel. Review of a Skin Condition Evaluation dated 6/16/2025, revealed R1 had a sacral pressure ulcer that measured 12 X 9 X 0.3 cm (centimeters) and was a stage III. The assessment did not mention the two gluteal fold stage II pressure ulcers (in this area two gluteal ulcers may merge into one large wound in the sacral area).Review of a Skin Condition Evaluation dated 6/30/2025, revealed R1's sacral pressure wound was a stage III that now measured 15.0 X 14.0 X 0.3 cm. Review of a Skin Condition Evaluation dated 7/7/2025, revealed R1's sacral pressure wound was a stage III that now measured 19.5 X 9.0 X 1.0 cm. Review of a Skin Condition Evaluation dated 7/14/2025, revealed R1's sacral pressure wound was a stage III that now measured 22.5 X 9.5 X 1.0 cm.Review of a Skin Condition Evaluation dated 7/7/2025, revealed R1's sacral pressure wound had a dept of 2.5 cm.Review of a care plan that was active revealed R1 had impaired skin integrity that included the sacral wound stage III pressure ulcer, however the care plan also had the two gluteal stage II pressure ulcers documented under the Focus also. This care plan had the date that it was initiated on as 6/10/2025, and a revision date of 7/1/2025. All of the interventions list on the care plan were dated 6/10/2025, and despite with worsening of R1's sacral pressure ulcer no new interventions were added to R1's plan of care to promote healing. All of the interventions were the same interventions that were put into place on R1's admission. Resident #3 (R3):Per the facility face sheet R3 was admitted on [DATE].Review of an admission assessment dated [DATE] revealed R3 did not have any pressure ulcers at the time of admission.Review of R3's progress notes dated 8/26/2025 revealed R3 had a fall which resulted in an abrasion to his back at the mid thoracic area (chest area but in the back). Another progress note dated 9/1/2025 revealed R3's abrasion had tuned into a stage III pressure ulcer.Review of R3's care plans revealed a care plan was in place with a Focus of (R3) is at Risk for skin breakdown due to impaired mobility and scattered bruising mid thoracic spine PI (pressure injury). and was dated 8/12/2025. The care plan was updated but not until 9/11/2025. However, none of the interventions were updated that revealed R3 had actual skin breakdown, and a stage III pressure ulcer and had. All the interventions were dated 8/12/2025.In an interview on 9/18/2025 at 3:01 PM, Licensed Practical Nurse (LPN) C stated R3's care plan for his wounds should have been updated with new interventions based on the changes with the abrasion.In an observation on 9/18/2025 at 2:55 PM, of R3's stage 3 on his spine revealed a stage 3, clean, no drainage, and no odor.In an interview on 9/22/2025 at 10:55 AM, Director of Nursing (DON) B stated that every morning when the team meets care plan review is discussed if needed, and any updates to the care plans are done right then, by the LPN C or the Minimum Data Set or MDS nurse, and stated that was her expectation. DON B said she did not know why R1 and R3's care plans were not updated.