

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2026
NAME OF PROVIDER OR SUPPLIER  Majestic Care of Battle Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure staff utilized appropriate personal protective equipment (PPE) for two residents (R6 and R31) of two reviewed for Transmission-Based Precautions. Findings include: R6: Review of the medical record revealed R6 was admitted into the facility on 2/25/25 with diagnoses that included: vascular dementia, severe, with psychotic disturbance, major depressive disorder, and cerebral infarction (stroke). According to the Minimum Data Set (MDS) assessment dated [DATE], R6 scored 4/15 on the Brief Interview for Mental Status exam (which indicated severely impaired cognition).</p> <p>A review of R6's progress notes revealed, on 1/8/26 Resident tested positive for covid today.</p> <p>On 1/14/26 at approximately 12pm, a droplet precaution sign was observed on the exterior of R6's room door. Social services director (SSD) E was observed entering R6's room with only a surgical mask on and without performing any hand hygiene.</p> <p>In an interview on 1/16/26 at 2:37 pm, SSD E reported being aware of the droplet precautions in place for R6 and that she should have slowed down and read it (the precautions signage on the door).</p> <p>R31:</p> <p>Review of the medical record reflected R31 admitted to the facility on [DATE], with diagnoses that included chronic obstructive pulmonary disease (COPD). The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/17/25, reflected R31 scored 12 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>According to the medical record, R31 returned from the hospital on 1/13/26 and was positive for COVID-19.</p> <p>On 01/14/2026 at 1:15 PM, a droplet precaution sign was observed on the exterior of R31's room door, which reflected everyone must clean their hands before entering and when leaving the room and make sure their eyes, nose and mouth were fully covered before room entry. Housekeeper D was observed in R31's room, wearing a gown, gloves, surgical mask and face shield. When asked if they knew why the droplet precaution sign was on R31's room door, Housekeeper D reported R31 had COVID-19. When asked what type of mask they were supposed to wear in R31's room, Housekeeper D stated they believed they were to wear an N95 mask. Housekeeper D acknowledged they were not wearing an N95 mask and could not state why.</p> <p>In an interview on 01/16/2026 at 2:29 PM, Director of Nursing (DON) B reported the expectation was</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235023
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to wear a gown, gloves, N95 mask and face shield for contact with COVID-19 positive residents.</p>		