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	10/30/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on observation, interview and record review the facility failed to ensure required transfer and discharge documentation was completed for one (Resident #20) of two residents reviewed for discharge. Resulting in the potential for ineffective or mismanaged continued care, as care plan goals were omitted from the transfer paperwork. Findings include: Resident #20 (R20) Review of the medical record reflected R20 was an initial admission to the facility on [DATE] with a readmission on 01/24/24. Diagnoses of Parkinsons Disease, Diabetes Mellitus, Dementia, Cardiac Arrhythmias, Anxiety, Chronic Pain and weakness. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/12/2024, revealed R20 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R20 requires minimal assistance with personal care. During an interview on 10/27/24 at 12:27 PM, R20 stated the last time she was in the hospital, she was admitted with a urinary tract infection (UTI), and the other time she fell and was hospitalized . Record review revealed R20 was hospitalized for UTI and Hypoxic (low oxygen in her system). Facility staff documented she was more lethargic and less talkative than usual. Writer could not find a hospital discharge/transfer notice for this hospitalization in her medical record. Record review also revealed R20 was sent out to the hospital after she was found diaphoretic (excessive sweating) and unresponsive. R20 was admitted and treated for metabolic encephalopathy (lack of oxygen or glucose sugar in her blood) related to UTI. Writer could not find a hospital discharge/transfer notice for this hospitalization in her medical record. (continued on next page)

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

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	10/30/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/29/24 at 02:35 PM via email, writer requested the bed hold/transfer/discharge for hospitalization for both March/April 2024 hospitalization . On 10/29/24 at 03:00 PM, writer received via email a bed hold/transfer/discharge with R20 demographic information, with no date or signature on the form. This form was not part of the medical record prior to asking for it. During an interview and observation on 10/29/24 at 03:31 PM, R20, she stated she had never seen that form before. R20 also stated she was not given any forms when she went in to the hospital in March 2024 and April 2024.

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	10/30/2024

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on observation, interview and record review the facility failed to provide a written copy to one (Residents #20) of two residents of the reason for transfer/discharge to the hospital in a language that was understandable, resulting in potential for lack of understanding and knowledge. Findings Include: Resident #20 (R20) Review of the medical record reflected R20 was an initial admission to the facility on [DATE] with a readmission on 01/24/24. Diagnoses of Parkinsons Disease, Diabetes Mellitus, Dementia, Cardiac Arrhythmias, Anxiety, Chronic Pain and weakness. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/12/2024, revealed R20 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R20 requires minimal assistance with personal care. During an interview on 10/27/24 at 12:27 PM, R20 stated the last time she was in the hospital, she was admitted with a urinary tract infection (UTI), and the other time she fell and was hospitalized . Record review revealed R20 was hospitalized for UTI and Hypoxic (low oxygen in her system). Facility staff documented she was more lethargic and less talkative than usual. Writer could not find a hospital discharge/transfer notice for this hospitalization in her medical record. Record review also revealed R20 was sent out to the hospital after she was found diaphoretic (excessive sweating) and unresponsive. R20 was admitted and treated for metabolic encephalopathy (lack of oxygen or glucose sugar in her blood) related to UTI. Writer could not find a hospital discharge/transfer notice for this hospitalization in her medical record. During an interview on 10/29/24 at 02:35 PM via email, writer requested the bed hold/transfer/discharge for hospitalization for both March/April 2024 hospitalization . On 10/29/24 at 03:00 PM, writer received via email a bed hold/transfer/discharge with R20 demographic information, with no date or signature on the form. This form was not part of the medical record prior to asking for it. During an interview and observation on 10/29/24 at 03:31 PM, R20, she stated she had never seen that form before. R20 also stated she was not given any forms when she went in to the hospital in March 2024 and April 2024.

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	10/30/2024

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on observation, interview and record review the facility failed to provide a written copy to one (Resident #20) of two residents reviewed for bed hold notification in a language that was understandable, resulting in potential for lack of understanding and knowledge for and what the bed hold policy entailed. Findings include: Resident #20 (R20) Review of the medical record reflected R20 was an initial admission to the facility on [DATE] with a readmission on 01/24/24. Diagnoses of Parkinsons Disease, Diabetes Mellitus, Dementia, Cardiac Arrhythmias, Anxiety, Chronic Pain and weakness. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/12/2024, revealed R20 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R20 requires minimal assistance with personal care. During an interview on 10/27/24 at 12:27 PM, R20 stated the last time she was in the hospital, she was admitted with a urinary tract infection (UTI), and the other time she fell and was hospitalized . Record review revealed R20 was hospitalized for UTI and Hypoxic (low oxygen in her system). Facility staff documented she was more lethargic and less talkative than usual. Writer could not find a hospital discharge/transfer notice for this hospitalization in her medical record. Record review also revealed R20 was sent out to the hospital after she was found diaphoretic (excessive sweating) and unresponsive. R20 was admitted and treated for metabolic encephalopathy (lack of oxygen or glucose sugar in her blood) related to UTI. Writer could not find a hospital discharge/transfer notice for this hospitalization in her medical record. During an interview on 10/29/24 at 02:35 PM via email, writer requested the bed hold/transfer/discharge for hospitalization for both March/April 2024 hospitalization . On 10/29/24 at 03:00 PM, writer received via email a bed hold/transfer/discharge with R20 demographic information, with no date or signature on the form. This form was not part of the medical record prior to asking for it. During an interview and observation on 10/29/24 at 03:31 PM, R20, she stated she had never seen that form before. R20 also stated she was not given any forms when she went in to the hospital in March 2024 and April 2024.

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	10/30/2024

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103 Based on interview and record review, the facility failed to ensure the Preadmission Screening (PAS)/ Annual Resident Review (ARR) form for Mental Illness (MI)/ Intellectual Disability (ID)/ Related Conditions Identification (DCH-3877) document was timely completed and sent to the local state agency for an evaluation for a Level II determination for one residents (R18) of one residents reviewed for PASARRs. Findings include: Findings include: On 10/28/24 at 10:30 AM R18 was observed sitting in a wheelchair in the hallway; greeting staff and residents by name as they came by. Review of the Electronic Medical Record (EMR) revealed R18 had an original admitted [DATE]. R18 had the following diagnoses: Quadriplegia (a paralysis that affects all limbs), Schizoaffective Disorder; Bipolar Type (a psychotic condition which causes fluctuation of mood), Major Depressive Disorder, Anxiety Disorder, and Dementia (a chronic condition that causes a decline in mental abilities). The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/5/24 revealed R18 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). EMR review further revealed that R18 had a care plan addressing episodes of disturbing behavior - sexually explicit and angry comments and reactions. On 10/25/24 a Behavior Management Review was completed with documentation that R18's behavioral/mood symptoms were worsening. On 10/28/24 04:34 PM during interview with the Social Worker (SW) D and Assistant Director of Nursing (ADON) C the Level I PASARR completed in 2023 was discussed which documented the mental illness and dementia diagnosis. Based on the diagnoses the Level II PASRR was excluded. When asked if there had been a reevaluation the ADON C explained R18 did not have a guardian which was being worked on and would be needed. On 10/29/24 1:10 PM the Nursing Home Administrator (NHA) A said that the Behavioral Health team had scheduled an appointment for 10/30/24 to perform a reassessment of R18's dementia diagnosis. On 10/30/24 08:19 AM Social Worker (SW) D was interviewed and said Prior to today it is true he didn't get a reassessment of his dementia. He has a BIMS of 15. We know that. He has consistent behaviors. Social Worker (SW) D also added, Maybe we've just been going along with motions of what was determined last year and now he isn't there anymore. We need to look at where he is today. According to an online article posted by the Department of Human Services titled Level II Mental Health Preadmission and Resident Review Basics states in part that significant changes trigger a resident review such as . a decrease or clearing of dementia or delirium which may allow the person to benefit from mental health services.

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	10/30/2024

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27446 Based on interview and record review the facility failed to ensure baseline care plans were developed within 48 hours of admission for one of 13 residents (Resident #41) resulting in the potential for unmet care needs. Findings included: Per the facility R41 was admitted to the facility on [DATE]. Diagnoses included dyskinesia (disorder of the esophagus) and dysphasia (difficulty in swallowing). Record review of R41's nutrition care plan revealed that it wasn't until 10/1/2024, six days after R41 was admitted , that a plan of care was put into place. R41's nutritional care plan revealed, presents with potential for nutritional risk related to acute metabolic encephalopathy (brain disease), UTI (urinary tract infection) chronic dysphasia. DX: MDD (diagnosis major depression disorder), anxiety, seizures, CKD (kidney disease) HLD increase lipids), chronic gastritis, vit D deficiency, hypothyroidism, sarcopenia (loss of muscle/strength). Mechanically altered diet affecting her oral intake. Date Initiated: 10/01/2024. R41's care plan was very specific to her nutritional care needs. Record review of R41's Physician orders revealed R41 was ordered to take: ARIPiprazole Oral Tablet 10 MG (Aripiprazole) Give 1 tablet by mouth one time a day for Depression, dated 9/24/2024. Celexa 1 mg one time a day for depression, ordered on 9/24/2024. RisperiDONE Oral Tablet 1 MG (Risperidone) Give 1 tablet by mouth one time a day for Bipolar affective disorder, dated 9/25/2024. QUEtiapine Fumarate Oral Tablet 100 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime for Bipolar affective disorder, dated 9/24/2024. Review of R41's care plans revealed that a plan of care was not developed and implemented until 10/7/2024 regarding R41's psychotropic, antianxiety, nor antidepressant medications that were ordered for R41 to take on a daily basis. The care plan that was developed on 10/72024 revealed R41 received psychotropic (or psychotropic like medication) and was at risk for adverse side effects antianxiety, antidepressant, antipsychotic Date Initiated: 10/07/2024. (continued on next page)

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	10/30/2024

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R41's Medication Administration Record (MAR) for the month of September 2024 revealed R41 did received the ordered doses of Celexa, Aripiprazole, Seroquel, Risperidone, and Klonopin, starting on 9/24/2024, and therefore would have had a need for a plan of care starting 9/24/2024. In an interview on 10/29/2024 at 9:20 AM, Director of Nursing (DON) B stated that within 24 hours of a resident being newly admitted baseline care plans were to be developed and the resident or the resident representative were to receive a copy. Requested DON B to provide documentation or a copy that R41 had baseline care plans developed and implemented within 48 hours of admission on 9/24/2024, and that R41's guardian received a copy. In another interview on 10/29/2024 at 11:56 AM, DON B stated that she was not able to find any documentation or copies that baseline care plans were developed or provided to R41's guardian.

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	10/30/2024

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on interview and record review, the facility failed to revise timely, individualized care plans for one (Resident #25) of 13 residents reviewed for care planning, resulting in the potential for inadequate/inappropriate care and this resident not maintaining or achieving their highest practical physical well-being. Resident #25 (R25) Review of the medical record reflected R25 was an initial admission to the facility on [DATE] with a readmission on 01/08/24. Diagnoses of Diabetes Mellitus with foot ulcer, restless leg syndrome, non-pressure related ulcers of the right foot with necrosis, Peripheral Vascular Disease and Chronic Kidney Disease. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/30/2024, revealed R25 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R25 requires stand by assistance to independent with personal care. During an interview on 10/27/24 at 01:27 PM, R25 stated the facility nurses were not doing the wound vac dressing right. R25 also stated the nurses reported R25 didn't want the wound vac anymore, so the specialty clinic is now sending him to the wound clinic. Record review revealed R25 was receiving care for his diabetic ulcers through the wound clinic, vascular surgeon and Primary Care Provider (PCP). Specialty clinic placed an order for the wound vac to be placed on R25's foot on 06/21/24. Record review did not reveal that this order was implemented. During an interview on 10/29/24 at 09:20 AM, R25 stated that he had the wound vac on this last time for about 2 weeks. R25 stated he had never refused to have the wound vac on or have the dressing changes completed. During an interview and observation on 10/29/24 at 09:43 AM, Registered Nurse (RN) Q performing wound care to R25's right foot. RN Q gowned for enhanced precautions, had the dressing supplies gathered. RN Q cleaned scissor's prior to removing the soiled dressing, softened dressing stuck on the open areas. RN Q stated the wound care provided would be documented under treatment administration record (TAR) section of the orders. Writer asked where the wound vac dressing changes would be documented. RN Q stated when an order was put in the electronic medical record (EMR), it would generate a task to be completed, and new orders show up on medication administer record (MAR) or TAR. Writer could not find the record of performing wound vac dressing changes. RN Q explained the current dressing change process, cleaned with wound cleaner, a dressing that absorbs exudate placed on wound bed, covered with thick absorbent dressing and wrapped with rolled gauze. RN Q used clean technique, hand hygiene completed after removal of soiled dressing, prior to applying the new dressing and finishing the dressing change. Removed PPE appropriately and disposed of trash from the room. (continued on next page)

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	10/30/2024

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	During an interview on 10/29/24 at 10:13 AM, RN Q stated R25 was on the wound vac for a short time as she was looking for dates. R25 was on wound vac on 11/20/23-12/08/23, 02/19/24 for 1 day. RN Q stated there was a recent wound vac order from vascular on 09/13/24 to 09/23/24. RN Q was unable to find orders for the wound vac. RN Q went to the DON's office for assistance locating the wound vac orders. PCP saw R25 on 09/23/24 and discontinued the wound vac. DON B also stated R25 was non-compliant with the use of the wound vac to his right foot. Writer asked to see the interventions that were used to work with R25 on his dressings of the right foot. DON B stated they just talked to him. Writer asked if R25 had any updated interventions on the care plan. DON B stated no. During an interview on 10/29/24 at 11:57 AM, R25 stated he had not refused treatment, R25 stated he had been outside and his dressing on the right foot get wet, R25 also stated he may have gotten his dressing wet a time or two but not because he was dragging his foot in the snow or rainwater. R25 stated he was in his wheelchair when he went outside and used the footrest on the wheelchair. R25 stated he doesn't go outside with his walker, as he cannot walk well, working with physical therapy. R25 stated he has had to walk into the bathroom because he didn't have a choice, had to go to the bathroom. During an interview on 10/30/24 at 08:00 AM, Nurse Practitioner (NP) S stated has been concerned about this resident, as she had ordered the wound vac and the facility staff have reasons to not put it on him. NP S stated that she had run into these problems for over a year and his wounds are not healing. NP S stated she felt in the middle because R25 deserves the care he needed, but there was always a reason that the treatment she ordered was not followed, due to the facility coming up with reasons or excuses. NP S stated her orders were not followed or implemented. NP S also stated that R25 can make his own medical decisions on his care, and he had voiced a desire to get better so he can go back to his home. NP S also stated that she was trying to advocate for him but running into barriers. NP S stated there were interventions that could be put in place to assist him, such as a bag over right foot when he goes outside in the rain or snow. NP S stated she was not giving up on him, and she would continue to advocate for him. During an interview on 10/30/24 at 09:58 AM, RN Q stated she did tell the vascular office about his non-compliance. RN Q stated the wound vac was placed on his right foot, but he cannot walk on it. RN Q stated R25 would drag it outside and they would have to change it daily. Writer asked RN Q what interventions they had used to address this concern. RN Q stated she did not document what she educates him on as it was daily, so it wasn't documented with interventions. During an interview on 10/30/24 at 10:11 AM, DON B stated they had educated him on autonomy and do not always document it. DON B stated R25 usually had the socks on over the dressing and didn't allow anything else. Writer asked if they had tried any new or updated interventions to work with R25 on the wound care concerns. DON B stated they had talked to him but didn't write it down. Record review of R25's care plan revealed R25 had not had any new or updated interventions regarding his impaired skin integrity to his right foot since the date of 03/30/23 and was revised during the annual survey dated on 10/29/24.

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	10/30/2024

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306 This Citation Pertains to Intake #M00145852 Based on observation, interview and record review the facility failed to provide consistent and accurate activity calendars and failed to provide meaningful, diverse and engaging activity programs for one resident (#30) of three residents reviewed and 6 of 8 residents from confidential group meeting. Resident #30 Review of the clinical record including the Minimum Data Set (MDS) dated [DATE] Resident # 30 (R30) was admitted to the facility on [DATE] with diagnoses that included, major depression, hemipelaigia and hemiparesis. Review of the MDS reflected R30 scored 15 out of 15 (cognitively intact) on the Brief Interview Mental Status (BIMS), further review of the MDS reveled R30 had clear speech and adequate hearing. On 10/27/24 at 11:23 AM, during a bedside interview R30 was observed in bed and reported he was bored as the facility offers little to no activities, R30 reported there had been no Activity Director or Activity Aid in a month and they were employed at the facility for only a short time. R30 reported with the exclusion of bingo there was nothing to do at the facility. R30 elaborated that the activity calendar that is posted in resident rooms was different than the large activity calendar posted in the hallway, which increased confusion as to what if anything was happening on any given day. R30 then stated it was not that big of an issue because most activities on both calendars get canceled anyway. Review of the large activity calendar posted on the main hallway reflected Bingo was to occur on 10/27/24 at 12:00 pm, lunch occurred at 12:00 pm and Bingo was observed at 2:00 pm. On 10/28/24 at approximately 09:30 AM during an interview with Nursing Home Administrator (NHA) A she reported the facility currently had no activity staff and the Certified Nursing Assistants were filling in. Review of grievances reflected R30 filed a grievance on 7/3/24 that he was not notified of the facility cookout and wasn't given the opportunity to participate. (There was no resolution documented on form). R30 filed a grievance on 7/13/24 R30 complained scheduled activities over the weekend music and exercise did not happen. R30 filed a grievance on 7/16/24 which reveled an outdoor activity in the afternoon (due R30's medical condition and pain issues being up in a wheelchair needs to be done in short intervals, therefore R30 stayed in bed in the morning and opted to get up in the afternoon to attend the activity and get some fresh air.) When R30 went to attempt the afternoon outdoor activity, R30 was informed it was held in the morning due to weather. R30 filed a grievance on 7/23, that they were not asked to go on outing - on the findings portion of the form it reflected R30 was not asked to go due to lack of space . R30 filed a grievance on 9/3 that the activity calendar are not followed and not adjusted to reflect any changes that were made. (continued on next page)

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	10/30/2024

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/28/24 at 1:00 pm during the confidential group meeting , 6 of 8 group participants reported being bored with the lack of activities and frustrated with the large wall calendar posted in the hall and the activity calendar handed out to them being different and altered with no notification of changes made. On 10/29/24 at 02:52 PM during an interview with Certified Nursing Assistant (CNA) M she reported being employed at the facility for approximately 2 months and that she works periodically in activities. CNA M stated she was assigned to activities on Sunday (10/27) and again today. CNA M stated there was one CNA assigned to activities daily as there wasn't any activity staff. CNA M acknowledged the activity calendar changes without notice , CNA M elaborated and gave an example such as Men's Program or Cardio Crushers , CNA M stated she didn't know what to do for a lot the activities listed on the calendar so she would substitute things with coloring or ask someone else what to do. CNA M stated she had no training in activities but did not fully understand any of the calendars and was doing the best she could. Further review of the Activity calendar reflected Coffee and Chronicles was to start on 10/29 at 9:00 am, however CNA M's shift does not start until 10:00 am, CNA M reported Coffee and Chronicles didn't start until after 10:00 am when queried how residents were informed of the change in start time, CNA M stated she did not know. Of note, Cardio Crushers was scheduled for 10/29 at 10:00 am , which was when CNA M started her shift and did Coffee and Chronicles, which consisted of going room to room passing out coffee and a chronicle. On 10/29/24 at 03:35 PM, during an interview with NHA A she reported working at the facility for two months and the activity director at that time started a week prior and that the activity assistant was new as well, NHA A reported neither were no longer employed at the facility and reiterated that CNA's were trying to fill the void, NHA A offered no explanation for why the large activity calendar posted in the hall listed different activities and times as the activity calendars that were provided and posted in resident rooms or why either calendar had not been followed.

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	10/30/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103 Based on observation, interview and record review the facility failed to have an emergency tracheostomy readily available for 1 (R9) of 1 resident reviewed for tracheostomy care, resulting in the potential for a delay in needed action in the event of an emergency tracheostomy dislodgement. Findings include: On 10/27/24 at 10:42 AM R9 was observed resting in bed with a relaxed facial expression and breathing quietly through a tracheostomy which appeared intact and clean. Review of the electronic medical record (EMR) revealed R9 had an original admitted [DATE] and a last admitted [DATE]. R9 had the following pertinent diagnoses: Chronic Respiratory Failure with Hypercapnia (breathing difficulty due to a high level of carbon dioxide) and Tracheostomy status (dated 2023). (A tracheostomy is a surgically created opening in the neck for access to the windpipe) On 10/28/24 at 9:25 AM during observation of tracheostomy care and after completion of care, Licensed Practical Nurse (LPN) J searched for the emergency tracheostomy. LPN J searched through the equipment on R9's table at the end of the bed and through drawers below. After 3 minutes of searching the package containing a sterile outer and inner cannula was found. The package did not contain an obturator (a curved rod that helps guide the tracheostomy into the airway). On 10/28/24 at 9:45 AM during interview with LPN J and Director of Nursing (DON) B and Clinical Consultant K the question about the availability of an emergency tracheostomy was answered by the Clinical Consultant K: The emergency tracheostomy will be on the wall within quick reach. On 10/28/24 at approximately 10:15 AM LPN J displayed an orange sign to go up on the wall in R9's room on which the emergency tracheostomy would be taped. Review of the facility policy with a revision date of 1/2/24 and titled Tracheostomy Care states in part, General considerations include: . Maintain a suction machine, a supply of suction catheters, correctly sized cannulas, and an ambu bag easily accessible for immediate emergency care.

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	10/30/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on interview, observation and record review, facility failed to ensure one (resident#20) of one resident was assessed to safely self-administer medications. Resident #20 (R20) Review of the medical record reflected R20 was an initial admission to the facility on [DATE] with a readmission on 01/24/24. Diagnoses of Parkinsons Disease, Diabetes Mellitus, Dementia, Cardiac Arrhythmias, Anxiety, Chronic Pain and weakness. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/12/2024, revealed R20 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R20 requires minimal assistance with personal care. During an interview and observation on 10/28/24 at 09:00am, R20 had her morning medication brought into her room by Licensed Practical Nurse (LPN) N, who handed R20 a med cup with 14 pills in it. R20 asked LPN N for some applesauce to swallow the one of the large pills. LPN N left the room to get some applesauce, and left the medications with R20, out of visual sight when she went out in the hallway to get the applesauce. During an interview and observation on 10/28/24 at 1:10PM, R20 had a tube of normal saline, 10ml left with R20 at bedside. R20 was to take this prescription medication herself. R20 stated she swish and spits out the normal saline tooth issues. Writer asked R20 how many times a day she used normal saline as an oral rinse. R20 stated she uses them 3 to 4 times a day. Record review revealed R20 had an assessment completed stating she could not self-administer medications on 12/16/21. This document was signed and dated by R20 requesting that she have her medications administered to her, not self-administered.

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	10/30/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306 Based on observation, interview, and record review the facility failed to provide hot liquids at a palatable temperature to 5 of 8 residents in a group interview and one of two residents (R30) surveyed. This deficient practice has the potential to result in decreased hydration consumption and potential for decreased satisfaction of living. On 10/28/24 at 1:00 pm during the confidential group meeting , 5 of 8 group participants reported being frustrated with the temperatures of beverages, stating coffee and tea are always cold and water for hot cocoa was always too cold resulting in the cocoa packet not getting dissolved and left clumpy. Resident #30 Review of the clinical record including the Minimum Data Set (MDS) dated [DATE] Resident # 30 (R30) was admitted to the facility on [DATE] with diagnoses that included, major depression, hemipelaigia and hemiparesis. Review of the MDS reflected R30 scored 15 out of 15 (cognitively intact) on the Brief Interview Mental Status (BIMS), further review of the MDS reveled R30 had clear speech and adequate hearing. On 10/28/24 09:36 AM, during an interview with R30 it was reported coffee was not good because it was always cold therefore even though coffee was the preferred beverage it was no longer requested to be served due to the temperature. R30 further reported their spouse brings coffee in from local restaurants which has steam coming off it and was delicious. R30 voiced irritation that this could not be provided by the facility. R30 stated it was brought to managements attention and a grievance form filed but no changes were made. When queried if there had been an assessment for hot liquid or the need for an adaptive cup for hot liquid R30 stated no. Nursing progress notes dated 10/23/24 revealed . requested hot cocoa during Coffee and Chronicles pass. Beverage was temped just prior to delivering to [name redacted]. Temp was confirmed to be 145 degrees. He stated, it could be hotter. He has been informed of the safe and required temp range, and that 145 degrees does fall within that range. Review of R30's grievance filed on 10/14/24 for coffee temperature being too cold, the facility response was dated 10/15 and was coffee temp range was to be 120 - 140. 38905 During a tour of the kitchen, at 1:02 PM on 10/29/24, an interview with Dietary Manager E found that the kitchen keeps a temperature log for maintaining hot liquid temperatures between 120F and 140F. When asked where the policy or concern for hot liquid temperatures arose, Dietary Manager E was unsure and stated he had only been here a month. Dietary Aide I, stated that he remembers an issue with a resident getting burned awhile back and thought the policy started around that time. (continued on next page)

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	10/30/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview with the Nursing Home Administrator and the Director of Nursing regarding the facilities Hot Liquid Policy, at 1:10 PM on 10/29/24, found that they were both newer to the facility and would need to look up the policy to be sure. A record review of documentation provided by the facility, found an incident form, dated 11/9/23, where a resident was assessed for burns due to hot liquids. A further review of the incident form found that a plan of correction for Element 2 (Identification of residents who may be affected) found that All residents who are identified at risk will be audited for completion of a hot liquid evaluation . A review of the facilities policy entitled Safety of Hot Liquids, revised October 2014, states Residents who prefer hot beverages with meals (i.e., coffee, tea, soups, etc.) will not be restricted from these options. Instead, staff will conduct regular Hot Liquids Safety Evaluations as indicated and document the risk factors for scalding and bums in the care plan. Once risk factors for injury from hot liquids are identified, appropriate interventions will be implemented to minimize the risk from burns. Such interventions may include: a. Maintaining a hot liquids serving temperature of not more than 180 degrees Fahrenheit; b. Serving hot beverages in a cup with a lid; c. Encouraging residents to sit at a table while drinking or eating hot liquids; d. Providing protective lap covering or clothing to protect skin from accidental spills; and e. Staff supervision or assistance with hot beverages.

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	10/30/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38905 Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food in the kitchen. Findings include: During an initial tour of the kitchen, at 9:12 AM on 10/27/24, observation of the two door Delfield refrigeration unit found the following items: a container of hot dogs dated 10/24 to 11/7, an open container of sliced smoked ham with no date, a saran wrapped chunk of ham with no date, an open container of strawberry sauce dated 10/13 to 10/19, a ziplock bag of bratwurst dated 10/18 to 11/18, and a bag of shredded lettuce dated 10/26 to 11/1 with a manufacture best by date of 10/28/24. An interview with [NAME] F, at 9:15 AM on 10/27/24, asking how many days are usually given to items like brats and hot dogs, [NAME] F stated it should be seven days, I would throw them away. According to the 2017 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . According to the 2017 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) . During an initial tour of the kitchen, at 9:29 AM on 10/27/24, it was observed that a bottle of lemon juice, dated open on 9/10/24, was found sitting on a dry storage shelf above the microwave. Further observation of the lemon juice found that it was milky white in coloration and the manufactures directions state Refrigerate After Opening. (continued on next page)

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	10/30/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	According to the 2017 FDA Food Code section 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57C (135F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54C (130F) or above; or (2) At 5C (41F) or less. During the initial tour of the kitchen, at 9:34 AM on 10/27/24, observation of the mechanical scoops clean utensil bin on the cook line, found a small puddle of water inside the container from scoops being put away wet. Further observation found one scoop with stuck on food debris and an accumulation of crumb debris inside the container of scoops. During an initial tour of the kitchen, at 9:36 AM on 10/27/24, observation of the clean pots and pans storage rack found three six inch deep quarter pans stacked wet. Further observation found two of the wet quarter pans had stuck on white food debris on the inside of the containers. During a tour of the dining room, at 9:49 AM on 10/27/24, it was observed that the dispensing spout on the ice machine was found with excess accumulation of white and black dried crusted debris. According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. During a tour of the dish machine area, at 9:38 AM on 10/27/24, observed Dietary Aide G washing dishes at the dish machine by himself. It was observed that Dietary Aide G went from racking dirty dishes and putting away clean dishes multiple times without using the hand sink or changing gloves in between changing tasks. An interview with Dietary Aide G found that he doesn't normally wash the dishes. Further observation found that Dietary Aide G started to make some coffee in-between doing the dishes. No hand sink observations from Dietary Aide G were made while going from dirty to clean to food preparation. According to the 2017 FDA Food Code section 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301. 12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:(A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled EQUIPMENT or UTENSILS; (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (H) Before donning gloves to initiate a task that involves working with FOOD; and (I) After engaging in other activities that contaminate the hands. (continued on next page)

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	10/30/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation of the dish machine area, at 9:52 AM on 10/27/24, an increased accumulation of debris was found under the dish machine leading into the back corner of the unit. Further observation found that the back underside wall was deteriorating around the perimeter of the stainless-steel shield. Observation of pitting and open holes near the floor was observed where the stainless steel meets the wall and the floor. During an observation under the cook line and cold hold equipment, at 9:59 AM on 10/27/24, it was observed that an accumulation of debris, crumbs, a bread roll, cardboard, and dirt was present. According to the 2017 FDA Food Code section 6-501.11 Repairing. PHYSICAL FACILITIES shall be maintained in good repair. According to the 2017 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean . During a tour of the ice machine, at 9:50 AM on 10/27/24, it was observed that the air gap for the ice machine was sunk into the waste drain and not allowing for a physical air gap of the unit. The set up should be installed in a manner that there is a physical gap that exists between the drain for the ice machine and the drain leading to the sewer. According to the 2017 FDA Food Code section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed . During a tour of the kitchen mop sink closet, at 9:54 AM on 10/27/24, it was observed that the mop sink faucet was left in the on position with a Y valve on the spout of the faucet. The faucet was found connected to a chemical pre-dispense system so that staff could push a button and dispense chemicals. This set up puts undue back pressure on the faucets internal vacuum breaker, of which it is not rated to handle. It was also observed that the hot water valve was missing its handle, so that it could not be turned off at this time. A wasting tee or sidekick device should be installed to alleviate any back pressure on the vacuum breaker and maintain its working integrity. According to the 2017 FDA Food According to the 2017 FDA Food Code section 5-205.15 System Maintained in Good Repair. A PLUMBING SYSTEM shall be: (A) Repaired according to LAW; and (B) Maintained in good repair.

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	10/30/2024

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on observation, interview and record review, the facility failed to ensure proper communication/documentation of Hospice services provided to one (Resident #45) of one residents reviewed for Hospice services, resulting in a lack of coordination of comprehensive services and care provided Resident #45 (R45) Review of the medical record reflected R45 was an initial admission to the facility on [DATE] with a readmission on 08/06/24 and then signed up for hospice services on 08/26/24. Diagnoses of Chronic Kidney Disease, Bacteremia, Osteomyelitis, Methicillin Susceptible Staphylococcus, Diabetes Mellitus, Pressure Ulcer of Sacral Region. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/16/2024, revealed R45 had a Brief Interview of Mental Status (BIMS) of 14 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R45 requires maximum assistance to dependent with personal care. During an interview and observation on 10/28/24 at 09:42 AM, R45 stated he lived at home with his wife, until he could no longer use his legs. R45 also stated that while in the hospital for a heart attack, they didn't address his pressure ulcers. R45 stated usually the hospice Certified Nursing Assistant (CNA) gave him a weekly bed bath. R45 also stated last week he skipped the bath due to him not feeling well. R45 stated he can feed himself with set up, but some days he feels like eating less. R45 shared the activities was difficult to attend, as he used a mechanical lift to get in the recliner. R45 stated he needed help with repositioning, staff didnt do it often, they rely on him to do it. Record review revealed a Hospice binder behind the nurses' station with R45 name in it. It contained the admission consent, consent for the election benefit, certification period for 08/26/24 through 11/23/24. Record review did not reveal a calendar with the disciplines dates and times to see R45. CNA care plan was not in the binder or the medical record. CNA visit notes were not in the binder or the medical record. During an interview on 10/30/24 at 08:22 AM, CNA O stated R45 was due for a shower today and the hospice CNAs are lined up on the same day as the facility. Writer asked if she was familiar with the hospice care plan and which CNAs were to do which task, she stated she did not. During an interview on 10/30/24 at 08:33 AM, Registered Nurse (RN) P stated she talked to the hospice CNA and nurse when they come in. Writer asked about the schedule of their visits, she stated there is a binder at the nurse's station that should have that in it. (continued on next page)

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	10/30/2024

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/30/24 at 08:39 AM, Social Worker (SW) D stated coordination of care is a group effort, and they partner well with hospice representative that came in and talk to the family/resident. SW D stated that after that she did not know who made the changes in the plan of care. SW D also stated she didn't have much to do with the clinical piece after that. SW D also stated that sometimes the nurse would come to her if something needed to be communicated. SW D also stated it depended on what they needed from her if she documented it, but did not touch the care plan. SW D also stated she worked with DON B and ADON C who was very good with documenting, and they would tell her what to document. During an interview on 10/30/24 at 08:45 AM, ADON C stated it depended on the hospice company, if they needed orders then the nurse would come to them. They faxed the reports/visit notes to medical records, and she would put them in the medical record. Inter Disciplinary Team (IDT) gathered to discuss the changes and involved family. Writer asked about the CNA care plan. ADON C stated medical records would set it up if she was there. ADON C stated she just knows the day CNA comes in. Scheduler would ask hospice aides to come in on Monday and Wednesday, then facility CNAs provided an extra shower day either Friday or Saturday. Writer asked where this schedule could be found, ADON C stated she believes it was in the chart that medical records uploaded. Record review revealed the facility CNA care plan did not coordinate care with intervention designating what the facility CNAs were to do compared to what the Hospice CNAs would do. Record review of the hospice binder behind the nurse's station do not have any schedules for the days or dates that hospice staff would be making visits to R45. No Hospice Care plan in the binder, no communication between hospice staff and the facility staff. During an interview on 10/30/24 at 10:16 AM, DON B stated the coordination of care should be in the binder. Writer informed DON B that it was not there, again no schedule for all disciplines, no CNA care plan, no visit notes that show what care was provided on their visit and who they reported off to. DON B again stated they had documents under the misc. tab, writer asked her to look for these documents as they were not part of the medical record. DON stated she would be calling hospice right now to get the notes faxed.

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	10/30/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 38905 Based on observation, interview, and record review, the facility failed to have an active and ongoing plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing and failed to protect clean and sanitary supplies from possible wastewater contamination. This deficient practice has the potential for the growth and transmission of Legionella in the circulating water of the building and the spread of Legionella infections, and potential contamination of clean supplies, affecting all residents. Findings include: During a tour of the facility, at 10:10 AM on 10/27/24, an observation of the small shower room found a shower fixture on the wall with no direct spigot or faucet found to dispense the water. Upon momentarily turning on the handle, water could be heard coming out of a fixture in the wall. During an interview with Maintenance Director (MD) H,at 11:08 AM on 10/27/24, it was found that he flushes all empty rooms on a weekly basis. During a tour of the nourishment room behind the nurse's station, at 11:10 AM on 10/27/24, it was observed that two water lines were coming out of the wall. Neither water line was connected to a fixture in order to be easily flushed. During an interview with MD H, at 11:30 AM on 10/29/24, it was found that the small shower room wall fixture used to be for the tub that was installed in the room. MD H was able to pull off a boarded up section of wall to find the old tub spigot. When asked about the water running in this area, MD H stated that its not a fixture he has been flushing. During a tour of the basement medical supply room, at 11:45 PM on 10/29/24, it was observed that that a shower was present in the storage closet. When asked if he was aware whether the shower was hooked up to water, MD H was unsure. During a tour of the central supply room, at 11:55 AM on 10/29/24, it was observed that a large double compartment utility sink was present on the back right wall. Observation of the sink found it dry with dust and debris in the basin. When asked if the sink gets used. MD H stated that its not used or one that is flushed. Further review of the sink found a momentary flow of brown and discolored water that came out of both hot and cold-water lines. Next to the two compartment sink was an eye wash station observed, when asked if this station gets flushed, MD H stated he doesn't get to it often because it doesn't have a drain. Observation found that the eye wash station doesn't have a wastewater line and just drops water onto the floor of the central supply and doesn't gravitate towards the floor drain roughly eight feet away. During an interview with MD H regarding the facilities water management plan, at 12:25 PM on 10/29/24, found that MD H has monthly meetings between the maintenance group, but not too much in house. When asked if there was currently any sampling the facility did, MD H stated no. (continued on next page)

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	10/30/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facilities Water Management Program, approved 12/12/23, found that The water management team will consist of at least the following personnel: a. The infection preventions; B. The administrator; c. The medical director (or designee); d. The director of maintenance; and e. The director of environmental services. A Further review of the plan found that The water management program includes the following elements: a. An interdisciplinary water management team; . d. The identification of situations that can lead to Legionella growth, such as: 7. Water stagnation; and 8. Inadequate disinfection. e. Specific measures used to control the introduction and/or spread of legionella (e.g., temperature, disinfectants); f. The control limits or parameters that are acceptable and that are monitored; g. A diagram of where control measures are applied; h. A system to monitor control limits and the effectiveness of control measures; 1. A plan for when control limits are not met and/or control measures are not effective; and J. Documentation of the program . Through interview and record review of the Water Management Plan, No listed active and ongoing control measures and control limits were found to be documented and in place at this time. Observation of the basement central supply room, at 11:58 AM on 10/29/24, found that a large wastewater line extends from the right side of the ceiling to the left side, and down the left side storage rack (against the wall). Items under the wastewater line were found to be clean and sanitary nursing items used for resident care.