STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235237	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calhoun County Medical Care Facility	1150 E Michigan Avenue Battle Creek, MI 49014

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 4/22/26 at 9:42 AM, observation of the main ice scoop holder found the bottom with white and brown crusted debris. An interview with Dietary Manager (DM) J found that it should get cleaned weekly. When asked why the inside bottom was roughed up, DM J stated they replaced the scoop and the old one had some rough edges, we will replace it. On 4/22/26 at 9:43 AM, observation of the underside of the tabletop mixer found some white accumulation of debris in the crevices of the under arm of the unit. On 4/22/26 at starting at 10:20 AM, observation of the [NAME] Court kitchen found the air gap for the ice machine had fallen below the overflow rim of the drain and was no longer creating a physical gap between the plumbing. An interview with DM J found that maintenance would take care of those issues.On 4/22/26 at 10:40 AM, observation of the Blue Spruce kitchen found yellow accumulation on the underside spout of the water dispenser in the drink station area. DM J removed the dispenser and cleaned the debris. On 4/22/26 at 10:50 AM, observation of the Red Oak kitchen found accumulations of crumbs and debris inside of the clean utensil drawers. When asked how often these drawers get cleaned, DM J stated they should get cleaned weekly. Observation of the ice machine drain found the air gap had fallen into the drain no longer creating a physical gap between the plumbing.On 4/22/26 at 11:06 AM, observation of the [NAME] Ridge kitchen found accumulations of crumbs and debris inside of the clean utensil drawers, with the metal spoon drawer observed with yellow sticky staining on the bottom of the drawer.On 4/22/26 at 11:33 AM, observation of the Beechwood and Maple upstairs kitchens found accumulation of debris in the utensil drawers. Further observation of the undercounter cabinetry found holes behind and near plumbing access points where pests could enter. According to the 2022 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.According to the 2022 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.According to the 2022 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 (OPPP), resulting in the potential for increased risk of respiratory infection among all residents in the facility.Findings include: On 4/22/26 at 1:24 PM, an interview with Facilities Operations Manager (FOM) K, regarding the facilities Water Management Plan, found that housekeeping staff flush the domestic water lines in the soiled utility rooms that are not used regularly. When asked if there were other rooms, or fixtures, that needed to be regularly flushed, FOM K stated that they typically don't have empty resident rooms for long and there were no other fixtures that would need flushing. When asked if the facility was performing any testing for disinfection or legionella, FOM K stated that they were not performing any sampling of the water. On 4/22/26 at 1:24 PM, observation of the [NAME] Ridge spa room found the spa tub disconnected from the water supply and moved into the far side of the spa. It was also observed that the shower fixture was taken off, indicating it was not used regularly. An interview with Maintenance Lead L found that the water lines run through the ceiling in this area. A further interview with FOM K found that staff and residents do not use this spa for showering and bathing residents, and that they take residents of this hall to another spa. When asked if these fixtures are on a flushing schedule, FOM K stated no. On 4/22/26 at 2:20 PM, observation of the Red Oak spa tub room, found that the room had been used for storage of boxes and supplies. The commode and sink portion of the tub room was not accessible for use or easy flushing of the water fixtures. The spa tub had been disconnected from the water supply, when asked how long the tub had been disconnected, FOM K stated it's been a while. A record review of the facility provided document entitled Water Management Program - Legionella, last revised on 4/15/2026, found that, The purpose of this Water Management Plan is to provide guidance on recognition, evaluation, and control of Legionella, as well as, verify and validate that control measures are effective. A further review of the policy, found under the heading Prevention, states that the facility would Eliminate any dead legs from the systems. and Avoid Stagnation. Under the heading High Risk Conditions states, These will be systems where: Stagnant water is present, i.e. dead legs, unused sections of the building. A final review under the heading, Control Measures states that, Residual chlorine should be checked to ensure proper disinfection is available.