

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Battle Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 706 North Avenue Battle Creek, MI 49017	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050</p> <p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment effecting 68 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage.</p> <p>Findings include:</p> <p>On 04/16/24 at 09:30 A.M., An initial tour of the food service was conducted with Dietary Manager Q. The following items were noted:</p> <p>The Pitco fryer interior and adjacent flooring/wall surfaces were observed soiled with accumulated and encrusted grease/dirt deposits. Dietary Manager Q indicated he would have staff thoroughly clean and sanitize the fryer interior and adjacent flooring/wall surfaces as soon as possible.</p> <p>The Panasonic microwave oven interior was observed (etched, scored, particulate). The damaged interior surface measured approximately 5-inches-wide by 5-inches-long. The interior door panel face was also observed (etched, scored, particulate), exposing the metal subsurface. The damaged interior door panel face measured approximately 1-inch-wide by 4-inches-long. Dietary Manager Q indicated he would remove and replace the faulty microwave oven as soon as possible.</p> <p>The Globe stand mixer was observed with accumulated and encrusted food residue.</p> <p>The KitchenAid stand mixer was observed with accumulated and encrusted food residue.</p> <p>The Walk-In Freezer refrigeration unit Freon supply line was observed with accumulated ice [NAME].</p> <p>The 2017 FDA Model Food Code section 4-601.11 states: (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.</p> <p>The mop sink basin faucet assembly was observed leaking water. Dietary Manager Q indicated maintenance has been working on the issue for the last few days.</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The 2017 FDA Model Food Code section 5-205.15 states: A PLUMBING SYSTEM shall be: (A) Repaired according to LAW; and (B) Maintained in good repair.</p> <p>On 04/18/24 at 08:30 A.M., Record review of the Policy/Procedure entitled: Mixer dated (no date) revealed under Procedures: (1) Disassemble removable parts. (2) Wash all non-electrical parts in the three-compartment sink. (3) Wash non-removable parts of the mixer with a solution of pot & pan detergent. (4) Wash handle and underneath where paddle attaches. (5) Rinse with fresh water and wipe dry. (6) Using a different wiping cloth, apply sanitizing solution to the mixer. (7) Allow to air dry. (8) Reassemble.</p> <p>On 04/18/24 at 09:00 A.M., Record review of the Policy/Procedure entitled: Fryer dated (no date) revealed under Procedures: (1) Allow fryer to cool to safe handling temperatures. (2) Drain used cooking oil and dispose of per approved procedure. (3) Remove baskets and clean in three-compartment sink. (4) Close drain valve and flush fryer with warm water using a brush to loosen soils. (5) Drain fryer. (6) Close drain valve and refill fryer above the grease line. Do not fill more than 2/3 full with warm water. (7) Add 1 packet of fryer cleaner. (8) Carefully brush interior surfaces thoroughly. Do not place hands in cleaning solution. (9) Drain fryer. (10) Rinse fryer with clean water. (11) Rinse again with clean water. (12) Close drain. (13) Be sure fryer is completely dry before refilling with cooking oil.</p> <p>On 04/18/24 at 09:15 A.M., Record review of the Cooks Cleaning List dated (no date) revealed the cleaning frequency for the following tasks: (1) Clean Cooks Line & Microwave Daily. (2) Change Fryer Oil Weekly.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27306</p> <p>Based on observation, interview and record review, the facility failed to ensure proper communication/documentation of Hospice services provided to one Resident (# 48) of one resident reviewed for Hospice services, resulting in the lack of coordination of comprehensive services and care provided.</p> <p>Review of the clinical record including the Minimum Data Set (MDS) dated [DATE] reflected Resident 48 (R48) was a [AGE] year old female admitted to the facility on [DATE] with diagnosis that included dementia. R48 scored 4 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS), further review of the clinical record reflected R48 was receiving hospice care as of 9/12/23.</p> <p>On 04/17/24 at 12:46 PM, Licensed Practical Nurse (LPN) P reported the Nursing staff were not informed about hospice schedules and do not have any type of schedule or calendar to refer to. We just know it will be twice a week. LPN P further stated when the hospice nurse comes weekly they then inform the facility staff what days the hospice Certified Nursing Assistant (CNA) will be coming that week. When queried what days the hospice Social Worker, Chaplain volunteer comes, LPN P stated they never get informed about those visits. A binder was observed at the nurses station and labeled Hospice when queried if the calendar/schedule and other hospice documentation was kept in that binder, LPN P reported R48 did not have a hospice binder and she was not sure why the binder was still at the nurses station as all documentation was electronic and the binders were obsolete.</p> <p>On 4/18/24 at 7:45 am, review of R48's clinical record under documents reflected one entry from hospice nurse on 4/5/2024. At 7:58 am during an interview with Director of Nursing B she reported hospice documents were faxed to the facility and uploaded into the clinical record, along with a separate binder at each nurses station for each individual hospice resident and that binder included their calendar.</p> <p>On 04/18/24 8:15 am, an interview with DON B and LPN P at R48's Nurses station, LPN P again reported there was no such hospice binder for R48, there was no calendar or schedule for hospice and all documentation was in the electronic medical record. LPN P stated the hospice schedule varies and the facility staff were unaware until the hospice nurse showed up and then would give the schedule for the cna that week and reiterated there was never any information provided about the hospice Social Worker, Chaplain, or volunteer.</p> <p>On 04/18/24 08:47 AM DON B and Social Worker (SW) L, SW L presented the binder and stated she had kept it in her office. DON B nor SW L offered no explanation for nursing staff not being aware such information was available and why the binder was not readily accessible to the nursing staff on all shifts including weekends where the SW office would be locked. SW L reported hospice Nurse and CNA visit twice weekly, neither could account for why there was only one Hospice entry in the clinical record as of the morning of 4/18, if visits were twice weekly.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further record review reflected 5 visits from the Hospice Nurse in January 2024 (1/2, 1/9, 1/11, 1/15, 1/22) 1 CNA hospice visit (1/2) and 2 Chaplin (1/15 and 1/26/24). February hospice visits in the electronic medical records revealed five visits from the Hospice Nurse (2/6, 2/10, 2/13, 2/20 and 2/26) of note the 2/10 and 2/13 documents were not uploaded into R48's medical record until 3/22/24. February records reflected four visits from the hospice CNA (2/6, 2/12 2/16 and 2/26) for February 2024. Of note, the 2/6 and 2/12 visits were not uploaded into R48's medical record until 3/17/2024. March 2024's hospice documentation reflected a Chaplain visit on 3/18, two visits from the hospice nurse (3/18 and 3/26) and two hospice CNA visits (3/18 and 3/27).</p> <p>ON 04/18/24 02:45 PM, during an interview with DON B she could not account for why there would be missing hospice visits documentation or why there was at times a 5 week delay in getting hospice documentation into R48's medical record. When queried what the expectation was for hospice documents to be uploaded into the medical record, DON B stated she was not sure as the facility Social Worker was in charge of hospice services.</p>		