

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2026
NAME OF PROVIDER OR SUPPLIER  Pinnacle Care of Battle Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  675 Wagner Drive 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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure 3 nurses of 5 reviewed had the required Cardiopulmonary Resuscitation (CPR) certifications in a current facility census of 62 residents. Findings include: On [DATE] at 12:21 PM, during an interview with Human Resources Director D, it was reported that the facility keeps CPR documentation in a separate binder, outside of each employee's human resources folder. A review of the facilities binder (containing staff CPR certifications) revealed that RN M had completed his CPR certification through LearnTastic, LPN G had completed here CPR certification through National CPR foundation, and no CPR certification was found for RN K. Human Resources Director D reported that the facility had recently done an audit of CPR certifications, and she was aware of 2 staff members that needed theirs updated, she was unsure if RN K was one of them or not. No additional documentation for RN K was received prior to survey exit. On [DATE] at 8:44 AM, during a telephone interview with RN M, he confirmed that his current CPR certification was completed online without any in-person, hands on training. RN M reported that if a code occurred during his shift he would be expected to assist. On [DATE] at 11:25 AM, during a telephone Interview with LPN G, she confirmed that her current CPR certification was completed online without any in-person, hands on training. LPN G reported that if a code occurred during her shift she would be expected to assist. On [DATE] at 4:32 PM, during an interview with Director of Nursing (DON), it was reported that she that at her previous building, staff were required to complete CPR certification in-person and not online. According to their website (<a href="https://learntastic.com/">https://learntastic.com/</a>), LearnTastic is completely online, self-paced, offers instant certification and unlimited exam retakes. According to their website (<a href="https://nationalcprfoundation.com/">https://nationalcprfoundation.com/</a>) National CPR Foundation offers online certification courses. A review of the facilities policy titled Emergency Procedure-Cardiopulmonary Resuscitation documented in part If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a staff member who is certified in CPR/BLS (Basic Life Support) shall initiate CPR. Preparation for Cardiopulmonary Resuscitation: Obtain and/or maintain American Red Cross or American Heart Association certification in Basic Life Support/Cardiopulmonary Resuscitation for key clinical staff members who will direct resuscitative efforts. Regulation requires that staff must maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards. A review of the facilities Job Description for Nurses, documented in part Required Qualifications. Current CPR certification</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 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>Based on interview and record review, the facility failed to ensure the Activities Director had the appropriate qualifications. Findings include: On 3/5/2026 at 10:43 AM, during an interview with Activities Director (AD) J, it was reported that she had been in the AD role since December of 2025. AD J reported that she was not certified but was currently in class. On 3/5/2026 at 3:34 PM, during a follow-up interview with AD J, it was reported that the previous administrator had offered her the job as Activities Director and AD J felt she met the job description qualifications because she was eligible for certification. When asked who performed the following AD duties: scheduling of activities, implementing and/or delegating the implementation of the programs, monitoring the response and/or reviewing/evaluating the response to the programs to determine if the activities meet the assessed needs of the resident and making revisions as necessary, AD J reported that she was currently responsible for those tasks. A review of the facilities Job Description for Activities Director revealed, Required Qualifications: The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: Is licensed or registered, if applicable by the state in which practicing and Is: Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or Is a qualified occupational therapist or occupational therapy assistant; or Has completed a training course approved by the State. On 3/5/2026 at 3:44PM, during an interview with NHA, the activities director job description was reviewed, NHA reported that based on the job description and her understanding of the regulation, AD J was not currently qualified for the position.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on interview and record review, the facility failed to ensure that 5 randomly selected licensed nurses had the knowledge, competencies and skill sets to provide care. Findings include: Five random employee files were reviewed for nurse competencies. A review of these files revealed RN K, RN L, LPN O, LPN P, and RN Q, did not have any education, training or competencies in their employee files. On 3/4/2026 at 4:05 PM, during an interview with Human Resources Director (HRD) D, it was reported that any annual competencies or education would be kept in each employee file. HRD D verified that for the 5 nurses that were reviewed none of them had any formal competencies completed during the new hire process or yearly. HRD D reported that the Director of Nursing and the nursing team were currently working on a process for that. She reported that there wasn't any required online or hands on training in place at the time. On 3/6/2026 at 8:44 AM, during an interview with RN I, it was reported that he has worked in the building for 22 years. RN I reported that in the past the facility had provided monthly educational in-services but that had not been available for about 2 years and he did not recall any formal yearly competency evaluations. On 3/6/2026 at 12:31 PM, during an interview with RN L, it was reported that his new hire orientation included meeting with HR, reviewing policies/handbook and his floor orientation consisted of approximately 1.5 days of job shadowing with the unit manager. No hands on training, formal education or skill competency/checklist was completed that he could recall. On 3/6/2026 at 12:06 PM, during an interview with DON, it was reported that she is currently working on implementing a new hire and annual skills checklist and competency for both nurses and certified nursing assistants (CNA). DON reported that to her knowledge there has been nothing in place for annual competencies. DON reported that the new hire orientation prior to 2 weeks ago only consisted of verbal information provided by HR and an informal orientation with staff on the floor. A review of the facilities policy titled Orientation documented in part, It is the policy of this facility to develop, implement, and maintain an effective orientation process for all new staff, individuals providing services under a contractual arrangement, and volunteers, consistent with expected roles. The facility has designated the Staff Development Coordinator, or designee, as the contact person for the facility's orientation program. This person works closely with each department head for scheduling orientation sessions and developing orientation plans. Orientation plans are maintained by the Staff Development Coordinator. Departmental orientation plans reflect the skills and competencies that each new employee will require to fulfill his or her job responsibilities. Departmental orientation will continue until the employee has demonstrated competency in all the skills necessary for performing his/her job and to meet resident needs. A preceptor will be assigned to each new employee. This person is assigned oversight responsibility of the new employee, and will facilitate completion of each employee's competency evaluation form. Each new employee is responsible for keeping track of his/her competency evaluation form throughout the orientation process. The preceptor, or designee, shall verify competency in each skill or content area at the time competency is demonstrated. The completed form is forwarded to the Staff Development Coordinator, or designee to verify competency in all areas. Once reviewed by the Staff Development Coordinator, or designee, the form is forwarded to the Human Resources Director to place in the employee's personnel file.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility failed to ensure they had qualified Dietary Staff in a current facility census of 62 residents. Findings include: On 3/4/2026 at 1:39 PM, during an interview with Dietary Manager (DM) E, it was reported that she had been in the position for approximately four weeks and her staff consisted of 4 cooks and 6-7 aides. When asked if she was certified DM E reported she had a Food Safety Manager Certification. When asked if the facility currently had a Registered Dietitian (RD), she reported that she did not know. She reported that if she had questions related to the facility menu she would seek answers from their food vendor. DM E reported that nursing staff was responsible for notifying the kitchen when/if residents need high calorie supplements related to weight loss or if they required a specific therapeutic diet. She was not aware of any role that she was responsible for related to weight loss. On 3/6/2026 at 9:25 AM, during an interview with (former) RD N, it was reported that she is no longer employed by the facility and hasn't been since approximately October/November 2025 but reported having been in the building one day in December 2025. RD N reported that during her employment she worked 20 hours per week and was responsible for monitoring resident weights, therapeutic diets, menu adjustments, education, making sure the menu was adequate to meet nutritional needs of the residents, and generating a weight change report for the facilities QAPI (Quality Assurance and Performance Improvement) meetings. On 3/6/2026 at 10:01 AM, during a follow-up interview with DM E, when asked who was responsible for assessing the nutritional needs of the residents, it was reported that she believed the Registered Dietitian was responsible for that. When asked who was responsible for developing and evaluating regular and therapeutic diets, including texture of foods and liquids, to meet the specialized needs of residents, she reported that she believed the nurses were responsible for that. When asked who would be responsible for developing and implementing person centered education programs involving food and nutrition services for all facility staff, she reported that she assumed it would be her and reported that it had been discussed at resident council in the past. She reported that she was in charge of overseeing the budget and purchasing of food and supplies, and food preparation, service and storage, along with the owner and their food vendor. DM E reported that the facility owner had recently enrolled her in class to obtain her Dietary Manager Certification. A review of the resume for DM E revealed no prior dietary experience in the long-term care setting and no certification or degree related to dietary management. Most recent experience was in the bakery at a grocery store chain and a hotel. A review of the facilities Dietary Manager Job Description revealed, Required Qualifications; Minimum requirements include one of the following: Certification as a dietary manager, Certification as a food service manager, Has similar national certification for food service management and safety from a national certifying body, Has an associate's degree or higher degree in food service management or in hospitality, if the course of study includes food service or restaurant management, from an accredited institution of higher learning, Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving. Must also meet State requirements for food service managers or dietary managers. Two years' experience in foodservice management. Prior experience in healthcare foodservice preferred. On 3/6/2026 at 10:01 AM, during an interview with Nursing Home Administrator (NHA), when asked if the current DM was qualified, reported that to her knowledge she was taking classes to become certified and added that when she has hired for that role in the past has required long-term care experience. When asked about the status of a Registered Dietitian, NHA reported that she had been told the facility had one on staff but that they hadn't been seen recently and that they are actively trying to find a full-time RD. The facility failed to employ a registered dietitian to manage (continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>nutritional needs for the residents and monitor weight loss/gain, failed to have a certified dietary manager with any long-term care experience and did not employ any Certified Dietary Managers.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on interview and record review, the facility failed to develop and maintain a Quality Assistance and Process Improvement (QAPI) program which identified and prioritized quality deficiencies, systematically analyzed the underlying causes of systemic quality deficiencies, and implemented effective corrective action or performance improvement activities to remedy those deficiencies. This deficient practice has the potential to affect the safety and quality of life of all 63 residents at the facility. Findings Included: Review of facility policy entitled Quality Assurance and Performance Improvement (QAPI), provided during survey, had a blank Date Implemented:, a blank Date Reviewed/Revised: and a blank Reviewed/Revised by: . Review of the QAPI documents provided revealed a copyright of 2025 and heading from another company. During an interview on 04/10/2026 at 09:57 a.m. Nursing Home Administrator A was asked if document provided entitled Quality Assurance and Performance Improvement (QAPI) had been approved or implement by the QAPI team. NHA A explained that the policy had not been implemented by the facility. NHA A confirmed that the provided Quality Assurance and Performance Improvement (QAPI), provided during survey, had a blank Date Implemented:, a blank Date Reviewed/Revised: and a blank Reviewed/Revised by: . NHA A was unable to provide why the policy had not been approved by the facility. NHA A explained that the facility had several Performance Improvement Plans that had been approved by the QAPI team. NHA A explained that a few of those Performance Improvement Plans included but not limited to: Annual competencies, annual 12 hours of continuing education hours for certified nursing aides, and Dietitian requirements. NHA A confirmed that the facilities date of compliance, following the abbreviated survey of 03/06/2026, was 03/27/2026. NHA A explained that the Performance Improvement Plans of annual competencies, annual 12 hours of continuing education hours for certified nursing aides, and Dietitian requirements had been reported and approved to the QAPI committee on 03/26/2026. NHA A explained that neither she nor the QAPI committee knew that the facility would not be in substantial compliance for annual competencies, annual 12 hours of continuing education hours for certified nursing aides, and Dietitian requirements by the alleged compliance date provided by the facility.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on observation and interview, the facility failed to maintain the required in-service training for nurse aides. Findings include: Five random employee files were reviewed for Certified Nursing Assistants (CNA) required annual training. A review of the files revealed CNA's R, S, T, U, and A, did not have any annual or new hire education, training or competencies in their employee files. On 3/5/2026 at 1:59 PM, during an interview with Human Resources Director (HRD) D, it was reported that any annual competencies or education would be kept in each employee file. HRD D verified that for the 5 CNA's that were reviewed none of them had any formal competencies or in-services completed during the new hire process or yearly. HRD D reported that the Director of Nursing and the nursing team were currently working on a process for that. She reported that there wasn't any required online or hands on training in place at the time. On 3/6/2026 at 11:38 AM, during an interview with CNA A, it was reported that she had not had any formal competency evaluation or skills check but reported having that at other buildings she had worked at. On 3/6/2026 at 12:06 PM, during an interview with DON, it was reported that she is currently working on implementing a new hire and annual skills checklist and competency for both nurses and certified nursing assistants (CNA). DON reported that to her knowledge there has been nothing in place for annual competencies. DON reported that the new hire orientation prior to 2 weeks ago only consisted of verbal information provided by HR and an informal orientation with staff on the floor.</p>		