

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/14/2025
Form Approved OMB
No. 0938-0391

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Pinnacle Care of Battle Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 675 Wagner Dr 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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>This citation pertains to intake MI00147038.</p> <p>Based on observation, interview and record review, the facility failed to report an allegation of resident to resident physical abuse to the State Agency for two (Resident #4 and #5) of five reviewed.</p> <p>Findings include:</p> <p>Resident #4 (R4):</p> <p>Review of the medical record reflected R4 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included hemiplegia and hemiparesis following unspecified cerebrovascular disease and mild cognitive impairment of uncertain or unknown etiology. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/30/24, reflected R4 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 9/25/24 at 9:52 AM, R4 was seated in a wheelchair, in his room. R4 denied any verbal or physical incidents with other facility residents.</p> <p>A Progress Note for 9/12/24 at 7:25 PM reflected R4 was in his wheelchair and attempted to roll around another resident's wheelchair, when his wheelchair bumped into the other resident's chair. The other resident hit R4 once in the face and once in the neck. R4 had redness to his left upper facial area and the left side of his neck, according to the note.</p> <p>Resident #5 (R5):</p> <p>Review of the medical record reflected R5 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included paranoid schizophrenia, history of traumatic brain injury and dementia. The quarterly MDS, with an ARD of 9/5/24, reflected R5 scored nine out of 15 (moderate cognitive impairment) on the BIMS.</p> <p>On 9/25/24 at 11:56 AM, R5 was observed lying in bed. R5 denied having any altercations with other residents, including physical altercations.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 235536	Facility ID: 235536 If continuation sheet Page 1 of 4

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Progress Note for 9/12/24 at 7:34 PM reflected R5 was in his wheelchair, in the hallway, when another resident in a wheelchair bumped his wheelchair while trying to get around him. R5 began yelling at the other resident, then punched the other resident once in the head and once in the neck. When asked, R5 said he hit the other resident because the other resident kept bumping into his wheelchair.</p> <p>During an interview on 9/26/24 at 8:48 AM, Licensed Practical Nurse (LPN) C reported being the manager on call when the incident between R4 and R5 occurred. She reported R5 was talking to a Certified Nurse Aide (CNA), who was trying to calm him down, and R4 accidentally bumped into R5's wheelchair. R5 swung around the CNA and made contact with R4's head and face.</p> <p>During a phone interview on 9/26/24 at 12:57 PM, CNA I reported observing R4's wheelchair bumping into R5's wheelchair in the hallway. R5 yelled something at R4, then R5 punched R4 at least three times, on the left side, in his neck/collar bone area. CNA I reported R5 also made contact with R4's face because there was a scratch on R4's face.</p> <p>In an interview on 9/26/24 at 3:09 PM, when discussing resident to resident physical altercations with Nursing Home Administrator (NHA) A, he stated if one person was hitting another, the facility took that seriously and would report to the State Agency. Regarding the incident involving R4 and R5, NHA stated R4 bumped into R5's wheelchair, and their wheelchair wheels locked or became tangled. He stated R5 struck R4 and may have punched him. NHA A stated he did not report the incident to the State Agency.</p> <p>According to the facility's Abuse, Neglect and Exploitation policy, with a review/revision date of 11/24/23, . The facility will have written procedures that include .Reporting of all alleged violations to the Administrator, state agency .within specified timeframes .Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse .</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>Based on observation, interview and record review, the facility failed to ensure management and monitoring of diabetes for one (Resident #1) of four reviewed.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #1 (R1) admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included type 2 diabetes without complications (11/17/23) and type 2 diabetes mellitus with hyperglycemia (9/11/24).</p> <p>On 9/25/24 at 10:31 AM, R1 was lying in bed. R1 reported his Trulicity (dulaglutide/medication used to treat type 2 diabetes and help control blood sugar) was discontinued a couple months prior due to insurance no longer covering the cost of the medication. R1 reported the facility had not found an alternative medication that insurance would cover the cost for. R1 reported a recent hospitalization and being placed on short-acting and long-acting insulin.</p> <p>Review of R1's Physician's Orders reflected he had been prescribed Trulicity, to be administered weekly for type 2 diabetes, with a start date of 11/20/23 and an end date of 12/18/23. An order with a start date of 1/12/24 and an end date of 3/18/24 reflected Trulicity was to be administered weekly for type 2 diabetes. An order with a start date of 3/22/24 and an end date of 5/10/24 reflected Trulicity was to be administered weekly for type 2 diabetes.</p> <p>According to Mayo Clinic, .Dulaglutide injection is used to treat type 2 diabetes mellitus. Dulaglutide is used together with diet and exercise to help control your blood sugar .When you start using this medicine, it is very important that you check your blood sugar often, especially before and after meals and at bedtime. This will help lower the chance of having very low blood sugar . (https://www.mayoclinic.org/drugs-supplements/dulaglutide-subcutaneous-route/side-effects/drg-20122526?p=1)</p> <p>Physician Orders reflected Ozempic (Semaglutide/a medication for the treatment of type 2 diabetes) was to be administered weekly, for type 2 diabetes, and had a start and end date of 4/22/24. An order with a start date of 4/26/24 and an end date of 5/17/24 reflected Ozempic was to be administered weekly, for type 2 diabetes. An order with a start date of 5/24/24 and an end date of 5/31/24 reflected Ozempic was to be administered weekly for type 2 diabetes. An order with a start date of 6/7/24 and an end date of 6/10/24 reflected Ozempic was to be administered weekly, for type 2 diabetes.</p> <p>A Physician's Order with a start date of 6/11/24 and and end date of 7/11/24 reflected Ozempic was to be administered weekly for type 2 diabetes. The order reflected the medication had been discontinued due to not being covered by insurance. There was no documentation to reflect whether an alternate medication had been considered for the management of diabetes.</p> <p>According to Mayo Clinic, .Semaglutide injection is used to treat type 2 diabetes. It is used together with diet and exercise to help control your blood sugar .When you start using this medicine, it is very important that you check your blood sugar often, especially before and after meals and at bedtime. This will help lower the chance of having very low blood sugar . (https://www.mayoclinic.org/drugs-supplements/semaglutide-subcutaneous-route/description/drg-20406730)</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>R4's medical record was not reflective of routine monitoring of blood sugars. R1's hemoglobin A1C result was 6.0% on 1/9/24.</p> <p>According to Mayo Clinic, .The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes. If you're living with diabetes, the test is also used to monitor how well you're managing blood sugar levels .An A1C test result reflects your average blood sugar level for the past two to three months .The higher your A1C level is, the poorer your blood sugar control and the higher your risk of diabetes complications . (https://www.mayoclinic.org/tests-procedures/a1c-test/about/pac-20384643)</p> <p>Hospital discharge documents for an admitted [DATE] and a discharge date of [DATE], reflected diagnoses which included hyperglycemia (high blood sugar). According to the documents, R1's blood sugar was 512 milligrams per deciliter (mg/dL) in the Emergency Department, and his A1C was 9.9% on 9/6/24.</p> <p>A hospital After Visit Summary for 9/20/24 reflected R1's primary diagnosis was hyperglycemia.</p> <p>An attempt to contact Physician J via phone on 9/26/24 at 3:35 PM was not successful. A return call was not received prior to the exit of the survey on 9/26/24.</p> <p>In an interview on 9/26/24 at 3:48 PM, Director of Nursing (DON) B reported she did not see that R1's blood sugars had been monitored regularly, nor an A1C since January 2024.</p>		