STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235294	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	400 Jeffrey Cedar Springs, MI 49319

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop a comprehensive person-centered care plan in 1 of 17 residents (Resident #36) reviewed for comprehensive care plans, resulting in the potential for unmet medical and nursing needs.Findings include:Resident #36 Review of an admission Record revealed Resident #36 was a male, originally admitted to the facility on [DATE], with pertinent diagnoses which included stroke, diabetes with diabetic neuropathy (nerve damage causing numbness, tingling, burning and weakness), dementia, depression, anxiety, high blood pressure, and atrial fibrillation (an irregular heart rhythm that results in poor blood flow and can lead to blood clots). Review of a Quarterly Minimum Data Set (MDS) assessment for Resident #36, with a reference date of 12/30/25, revealed a Brief Interview for Mental Status (BIMS) score of 7, out of a total possible score of 15, which indicated he had severe cognitive impairment. Review of an Order Summary Report for Resident #36 revealed the active physician order .Eliquis Oral Tablet 5 MG (Apixaban) Give 1 tablet by mouth two times a day for clot prevention . with a start date of 8/25/25. Review of an Order Summary Report for Resident #36 revealed the active physician order .Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 30 unit subcutaneously two times a day for (Type 2 Diabetes) . with a start date of 2/9/26. Review of an Order Summary Report for Resident #36 revealed the active physician order .NovoLOG Injection Solution 100 UNIT/ML (Insulin Aspart) Inject 15 unit subcutaneously with meals for (Type 2 Diabetes) . with a start date of 2/10/26. Review of a Physician Assistant Progress Note for Resident #36, dated 1/5/26, revealed .Blood sugars are reviewed and notable for persistent fluctuation, and recent hypoglycemic (low blood sugar) episodes. Parameters were added to long-acting insulin. Parameters are already in place to short acting insulin. Continue to monitor . Review of a Nursing Progress Note for Resident #36, dated 1/16/26 at 8:23 PM, revealed .Resident blood sugar was 568, notified on call provider .verbal orders to give Novolog 10 units once and to retake blood sugar, was 503, per provider monitor no further extra units given . Review of a Nursing: Hypoglycemic Conscious Event note for Resident #36, dated 1/28/26 at 8:02 AM, revealed .Initial Blood Sugar Result: 58 .Give Simple Carbohydrate .Orange juice .Recheck Blood Sugar after 15 minutes: 226 . Review of a Nursing: Hypoglycemic Conscious Event note for Resident #36, dated 2/7/26 at 7:58 AM, revealed .Initial Blood Sugar Result: 66 .Resident was (heading into) the dining room for breakfast .Recheck Blood Sugar after 15 minutes: 183 . Review of a Nursing: Hypoglycemic Conscious Event note for Resident #36, dated 2/8/26 at 7:09 AM, revealed .Begin Protocol for BS (blood sugar) 70 or less: Physical Symptoms of Conscious Resident Observed: Confusion .Initial Blood Sugar Result: 48 .Give Simple Carbohydrate .orange juice, fig snack bar .Recheck Blood Sugar after 15 minutes: 68 .If BS remains less than 100 Give Simple Carbohydrate again: orange juice, cookie .Continue these steps until BS is over 100: 105 .PA (Physician Assistant) notified . Review of a Nursing: Hypoglycemic Conscious Event note for Resident #36, dated 2/9/26 at 6:36 AM, revealed .Begin Protocol for BS 70 or less: Physical Symptoms of Conscious Resident Observed: (Blood Sugar) 56, confusion .med pass (nutritional supplement) administered .Recheck Blood Sugar after 15 minutes: (Blood Sugar) 70 . Review of a Physician Assistant Progress Note for (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #36, dated 2/9/26, revealed .Blood sugars are reviewed and notable for significant fluctuation, recent hyperglycemia (high blood sugar), and multiple hypoglycemic (low blood sugar) episodes. He would benefit from a split in his long-acting insulin to 30 units twice daily, and reduction in short acting insulin to 15 units with meals. Continue to monitor blood sugars and trends . Review of a current Care Plan for Resident #36 revealed no specific focus related to Resident #36's diagnosis of diabetes, and no interventions to monitor for evidence of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). Review of a current Care Plan for Resident #36 revealed no specific focus related to Resident #36's cardiac diagnoses, including atrial fibrillation, and no interventions related to monitoring for bruising or bleeding. In an interview on 2/12/26 at 10:44 AM, Registered Nurse (RN) Q reported comprehensive care plans are generally developed and modified by the Unit Managers. RN Q reported as a floor nurse, she has the ability to modify/update the care plan, but her role is typically limited to minor revisions/modifications. In an interview on 2/12/26 at 1:58 PM, MDS Coordinator BB reported he develops care plans based on items triggered during the Care Area Assessment (CAA) process. MDS Coordinator BB reported there is no CAA or trigger for development of a care plan related to diabetes/insulin use or anticoagulant use. MDS Coordinator BB reported the Unit Managers are responsible to address comorbidities (medical conditions) within the comprehensive care plan. In an interview on 2/12/26 at 2:07 PM, Unit Manager DD reported comprehensive care plans are developed after admission and include focus areas specific to a variety of conditions. Unit Manager DD reported a specific focus area is added for residents with a diagnosis of diabetes, and a cardiac care plan would be added for residents with cardiac issues such as atrial fibrillation. Unit Manager DD reported the use of anticoagulants and any interventions to monitor for adverse side effects (like bleeding) would be within the cardiac care plan. Unit Manager DD reported a focus area for diabetes would include interventions to address hyperglycemia and hypoglycemia. Unit Manager DD reported Resident #36 should have a care plan focus related to his diagnosis of diabetes and stated .especially since he is such a brittle diabetic . Unit Manager DD reported Resident #36 should have a cardiac care plan in place to address his diagnosis of atrial fibrillation and use of anticoagulants. Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, October 2025, Chapter 4: Care Area Assessment (CAA) Process and Care Planning, revealed .As required at 42 CFR 483.21(b), the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care .

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the appropriate therapeutic diet food textures were provided consistently for 3 (Residents #13, 71, and a confidential informant) of 3 residents reviewed for therapeutic diet food textures resulting in dissatisfaction with food provided, decreased oral intake, and weight loss.Findings include:Resident #13: Review of Resident #13's face sheet, undated, noted an admission date of 1/16/2026 and a pertinent diagnosis of oropharyngeal phase dysphagia (a swallowing disorder occurring in the mouth and throat). Review of Resident #13's brief interview for mental status, dated 1/23/26, was scored 9 which reflected moderately impaired cognition. During an interview on 02/10/2026 at 10:42 AM, Resident #13 reported she was on a mechanically altered minced and moist diet (Minced and Moist is a level 5 mechanically altered diet from the International Dysphagia (difficulty swallowing) Diet Standardisation (sic) Initiative (DDSI) characterized by lumps of food no bigger than 4 millimeters in size and minimal chewing required) to help prevent choking or aspirating (when something other than air gets into the airway). Resident #13 reported she has been on the minced and moist diet since she was admitted and the food tasted bad to her because the texture is almost always pureed. During an observation and interview on 02/10/2026 at 12:43 PM, Certified Nurse Aide (CNA) U was assisting Resident #13 with her meal in her room and identified the three foods on the plate as pureed green beans (green color appearance), pureed meat (white color appearance), and pureed bread (brown color appearance). The pureed items covered the entire surface of the plate as the white puree was runny/thin and had pooled/spread out. Resident #13's meal ticket on the tray stated, Texture: 5-Minced and moist. Resident #13 reported the food she had been served had almost always been that consistency, pureed with no lumps, and confirmed it wasn't minced or diced up food. Resident #13 reported this was part of why she didn't like the food and felt it had limited her intake. During an interview on 02/12/2026 at 10:04 AM, Speech Therapist (ST) HH confirmed Resident #13 was on a level 5 minced and moist diet, the facility's menus came from the facility's corporate team, and the therapy department was a separate company. ST HH reported the food items and their texture provided for level 5 minced and moist diets didn't always line up with the IDDSI's texture criteria and the kitchen at times would provide pureed items when a minced option was possible. ST HH confirmed minced and moist level 5 should have food pieces that were no larger than 4 millimeters and should be able to have the food squish up through the prongs of a fork when pressed. ST HH confirmed green beans could have had their texture altered to be in line with minced and moist and they didn't need to be further altered to a pureed consistency when discussing Resident #13's lunch from 2/10/26. During an observation and interview on 02/11/2026 at 12:32 PM, Registered Nurse (RN) Q delivered Resident #13's lunch to her room. The lunch served included pureed carrots which had liquid running out from the puree and onto the plate. Resident #13 reported she had worked with the speech therapist that morning. (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interviews on 02/11/2026 at 12:40 PM, in the kitchen on the steam table there were two different pans of prepared carrots available for the 2/11/26 lunch service. These were pureed carrots and cooked sliced carrots (which appeared to be crinkle cut and were not minced or diced). [NAME] L reported they only prepared pureed carrots and regular texture cooked carrots. Corporate Registered Dietitian (CRD) AA opened a binder to reveal the menu and three different recipes for carrots. The menu noted Minced & Moist carrots under the minced and moist diet. The three recipes for carrots indicated that one was for the general/regular texture diet, one was for the minced and moist level 5 diet, and one was for the level 4 pureed diet. The minced and moist carrot recipe was compared to the pureed carrot recipe and the recipes were different. One difference was the pureed carrots used a thickener and the minced and moist did not. CRD AA reported the minced and moist carrots should have been different than the pureed carrots. CRD AA confirmed only regular cooked carrots and pureed carrots were made and served for lunch on 2/11/26. CRD AA confirmed a third carrot texture should have been made and provided to those on the minced and moist diet. Review of the facility's minced and moist and pureed carrot recipes, dated 10/3/25, stated, Carrots Pureed.food processor and process until smooth in texture.Add a food thickener. and Carrots Minced & Moist.Crinkle Cut Slcd (sliced) Carrots.Cook vegetables.Pulse or grind until all food pieces are tender and <4mm (less than 4 millimeters). During an interview on 02/12/2026 at 7:50 AM, Registered Dietitian (RD) MM confirmed Resident #13 had poor oral intake, experienced weight loss since admission, and was being seen by the speech therapist for dysphagia (difficulty swallowing). RD MM reported the menus were made at the corporate level and they follow the IDDSI (International Dysphagia Diet Standardization Initiative) for food textures. RD MM confirmed the minced and moist diet was different than the pureed diet. RD MM confirmed there were 5 residents in the building on a minced and moist diet. RD MM reported Resident #13 had lost 11 pounds which triggered for a significant weight loss of 5 percent over 30 days on 2/6/25. Review of Resident #13's physician orders included a diet order, dated 1/21/26, General diet, 5-Minced and moist texture, Mildly thick/nectar consistency.Liberalized diet for low intakes. Review of Resident #13's Nutritional Assessment, dated 1/21/26, stated, Admission.Type of Diet.5-Minced and moist texture, nectar thick liquids.At Nutritional Risk due to.Intakes are 31% of daily meals.Spoke with resident (Resident #13).resident states food is tasting bad. Review of Resident #13's weight change progress note, dated 2/2/26, stated, .WEIGHT WARNING:.-5.0% change [Comparison Weight 1/23/2026, 222.3 Lbs (pounds), -5.6%, -12.5 Lbs] Resident is triggering for a significant weight loss of 13 lbs. Weight loss likely r/t (related to) low intakes, which is not beneficial. Diet: General diet 5-Minced and moist texture, nectar consistency. Intakes are 45% of daily meals.which is meeting 61% of estimated energy needs. Review of Resident #13's speech therapy note, dated 2/10/26, stated, .The International Dysphagia Diet Standardisation (sic) Initiative.Oral Intake.Current Foods / Solids = Minced + Moist Foods MM5 (level 5 diet).Functional Status as a Result of Skilled Interventions.Oral Intake.Current Solids = Mechanical soft/ground texturess (sic). Review of the facility's Food Quality and Palatability policy, dated 7/23/21, stated, .Food and liquids are prepared and served in a manner, form, and texture to meet resident's needs . Menu items are prepared according to the menu .standardized recipes .Food and liquids/beverages are prepared in a (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	manner, form and texture that meets each resident's needs . R71 According to R71's MDS dated [DATE], the resident scored 15/15 on her BIMS indicating she was cognitively intact with diagnoses that included Bipolar disorder and drug induced subacute dyskinesia (involuntary, repetitive movements (e.g., facial twitching, tongue protrusion, lip-smacking) developing within days to weeks of starting medications that block dopamine receptors, such as antipsychotics). Section K-Swallowing/Nutritional Status indicated R71 received a mechanically altered diet. Section N-Medications indicated R71 received antipsychotic (on a routine basis), antidepressant, and anticonvulsant medications. During an observation and interview on 2/10/2026 at 12:50 PM, R71, sitting at bedside eating lunch, stated, Staff cut up my food, but they did not cut up my peanut butter sandwich today for lunch. I have tardive dyskinesia (TD) and my tongue moves around my mouth in a way it pushes my food into a ball, and I need my food cut up so I don't choke. Observed R71's peanut butter sandwich to be whole and not cut up into bite-sized pieces. Observed R71 telling staff her sandwich was not cut up. Noted staff did not cut up R71's sandwich and continued to pass lunch trays to other residents in the same hall. Review of R71's Order Summary dated 12/10/25, revealed, General diet 6-Soft and bite sized texture, Thin consistency, Bread ok cut into quarter size pieces. According to https://www.iddsi.org, The Level 6 diet, also known as the Soft and Bite-Sized diet, is designed for individuals who have difficulty swallowing but can chew small pieces of food safely. Foods must be soft, tender, and moist. All pieces should be bite-sized, no larger than 1.5 cm x 1.5 cm, about a 1/2 inch, to minimize choking risk. Review of R71's Care Plan Nutritional Status initiated 8/2025 with a review date of 2/4/26 indicated R71 required supervision while eating, preferred to eat in her room and was on a level 6 diet. It was noted that during the observation of R71 on 2/10/26 there was no observation of staff supervising the resident eating the uncut sandwich in her room. During an interview and record review on 2/12/26 at 12:10 PM, RD MM reviewed R71's diet orders that stated the resident's sandwich was to be cut into quarter-size pieces. RD MM stated, It would be dietary's responsibility to make sure food orders were correct. RD MM with further review of R71's medical chart reported she was not sure why R71 needed her sandwich cut into quarter-sized pieces. During an interview and record review on 2/12/26 at 12:45 PM, Unit Manager (UM) S stated while reviewing R71's medical chart, (R71) had tardive dyskinesia (TD) which causes her tongue to roll and move about in her mouth. Her diet order states to cut food into quarter-size pieces. R71 is on a Level 6 diet; cutting into quarter-size pieces is due to the TD so she does not choke. Review of R71's Progress Note dated 2/4/26 at 8:55 AM, revealed, .nutritional status was evaluated.diet if General diet, 6-soft and bite sized.I have difficulty chewing/swallowing.Modified diet texture in place to accommodate.Current diet: General diet, 6-soft and bite-sized texture. Review of R71's Nutritional assessment dated [DATE] indicated R71 was to receive a Level 6 diet. (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a Resident Council meeting on 2/12/26 at 10:06 AM a confidential informant (CI) stated they personally receive a soft-textured diet due to missing teeth and at times receives the wrong textured food. The CI will notify staff of the wrong-textured food and by the next meal the correct textured food will be on their tray. The CI stated, Thank goodness the texture is on the ticket.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure that 1.) a physician order was in place for dialysis treatments (procedure that removes excess water, solutes, and toxins from the blood in people whose kidneys cannot perform these functions) and 2.) post (after) dialysis assessment and monitoring was documented for 1 (Resident #11) of 1 resident reviewed for dialysis care, resulting in an incomplete reflection of the resident's care.Findings include:Resident #11Review of an admission Record revealed Resident #11 was a male, with pertinent diagnoses which included: chronic kidney disease, stage 4 (severe) (a disease in which the kidneys don't filter excess waste and fluid from the blood effectively), and acute kidney failure (a condition in which the kidneys lose the ability to filter waste from the blood). On 2/11/2026 at 8:09 AM, this surveyor attempted to visit Resident #11 and was informed by nursing staff that the resident was at dialysis.On 2/12/26 at 9:48 AM, a review of Resident #11's Order Summary revealed no physician's order for dialysis care and treatment.In an interview on 2/12/26 at 10:36 AM, Director of Nursing (DON) B reviewed Resident #11's physician's orders and reported there was no order in place for dialysis care and treatment. DON B reported there should be an order from the physician in place for the resident's dialysis treatment. DON B reported the MAR (medication administration record) should also reflect an order to monitor Resident #11's dialysis site post dialysis, but that there was no such order.In an interview on 2/12/2026 at 10:38 AM, Regional Director of Clinical Operations (RDCO) P confirmed the facility should have orders in place and for monitoring the access site for signs/symptoms of infection or complications.In an interview on 2/12/26 at 11:16 AM, Licensed Practical Nurse (LPN) CC reported when Resident #11 returned from dialysis, she would check the access site dressing to make sure the dressing was intact and there were no signs of bleeding or signs of infection. LPN CC reported there was nowhere to document these observations.In an interview on 2/12/26 at 12:51 PM, LPN J reported when a resident returned from dialysis, he would check the access site and if there was an issue, he would put in a progress note, but that otherwise, there was not a place to document that a post dialysis assessment was completed.In an interview on 2/12/26 at 1:48 PM, RDCO P reported nurses would put in progress notes for exception charting documenting a change in condition for concerns related to a resident post dialysis but that the facility did not have regular documentation for post dialysis assessments.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 ensure the proper use of personal protective equipment (PPE) for a resident on enhanced barrier precautions (EBP) during high-contact resident care activity for 1 (Resident #8) of 4 residents reviewed for EBP, and 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 the spread of infection and an increased risk of respiratory infection among all residents in the facility.Findings include:Resident #8 Review of an admission Record revealed Resident #8 was a female, with pertinent diagnoses which included: dependence on renal (kidney) dialysis (procedure that removes excess water, solutes, and toxins from the blood in people whose kidneys cannot perform these functions). Review of a Physician's Order for Resident #8 revealed, Enhanced Barrier Precautions while performing high-contact care activities.Start Date 01/28/2026 Review of a current Care Plan for Resident #8 revealed, I require enhanced barrier precautions d/t (due to) increased risk of MDRO (multi-drug resistant organism) acquisition due to port cath (a small medical device placed under the skin to provide long-term easy access to a central vein) site with a date initiated of 1/2/25 and care planned interventions which included ENHANCED BARRIER PRECAUTIONS: [NAME] (sic) / Gloves should be worn during high-contact resident care activities (Dressing, Bathing, Transferring, Hygiene, Linen changes, Toileting/Brief changes, device or wound care) with a date initiated of 1/2/25. During an observation on 2/10/26 at 12:29 PM, Certified Nurse Aide (CNA) Y was seen scratching/rubbing Resident #8's back on bare skin and then assisted to reposition her up in her bed. CNA Y was not wearing gloves or a gown. In an interview on 2/10/26 at 12:31 PM, CNA Y reported Resident #8 was on enhanced barrier precautions and he should have worn gloves and a gown while performing care. In an interview on 2/11/26 at 8:22 AM, Infection Control Preventionist (ICP) F reported Resident #8 was on enhanced barrier precautions because she had a central line (port cath). ICP F reported PPE should be worn during high-contact patient care activity. ICP F reported the CNA should have worn PPE during rubbing/scratching Resident #8's back and repositioning her in bed. On 2/10/2026 at 12:29 PM, an interview with Maintenance Director (MD) NN found that he took over the position about a year ago and the Water Management Plan has been a work in progress. When asked if there were control measures and control limits that he had put in place to reduce risk of the facility developing Legionella or OPPP, MD NN stated that he maintains the ice machines and cleans the fountain in the summertime. When ask if the facility flushes minimal use or unused domestic water fixtures, MD NN stated that he flushes taps every couple of days and has some fixtures he flushes he knows are not used much. When asked if there was any sampling of disinfection levels in the water supply, MD NN stated there was not currently sampling for disinfection performed. On 2/10/2026 at 12:51 PM, observation of the [NAME] Hall soiled utility room found a hopper with an attached hose sprayer, and an over hopper sink. When asked if the hopper is used by staff, MD NN stated he flushes the hopper (flushes like a toilet or commode) but have not flushed the sprayer or the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	over hopper sink (ran water for minutes to remove stagnation). At this time, brown and discolored water came out of the cold and hot water lines on the over hopper sink as well as the hose sprayer. After finding the discolored water, MD NN stated he would start flushing the full fixture and look at getting the hopper removed if staff do not use it. On 2/10/2026 at 1:10 PM, observation of the south shower room found two capped off water lines protruding from the wall. Observation of the lines found they extended into the ceiling and were at least 6 to 8 feet from the main water line. When the lines were pointed out, MD NN stated he would start flushing or look in to getting them removed. A record review of the facility provided document entitled Water Management Program policy, not dated, found that Control measures will be applied to address potential hazards at each control point. A variety of measures may be used, including physical controls, temperature management, disinfectant level control, visual inspections, or environmental testing for pathogens. The measures shall be specified in the water management program action plan. Further review of the policy found that, Testing protocols and control limits will be established for each control measure. a. Individuals responsible for testing or visual inspections will document findings. b. When control limits are not maintained, corrective actions will be taken and documented accordingly. Further record review of the facilities Water Management Plan binder found a document entitled, Operation, Maintenance, and Control Limits, not dated. The document states that, Flushing is listed under the heading, Control Measures. Listed under the heading Routine Maintenance, Monitoring, and Cleaning, it states that Monthly, hand sinks, showers, and whirlpool baths, should have a disinfectant residual test performed.