

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2026
NAME OF PROVIDER OR SUPPLIER  The Laurels of Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE  270 N Bedford Road 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intact 2685213Based on observation, interview, and record review, the facility failed to provide showers/baths for two Residents (#1, #5) of three Residents reviewed.Findings Included:Resident #1 (R1):Review of the medical record demonstrated that R1 was admitted to the facility on [DATE] with diagnoses that included aortic valve stenosis, dry eye syndrome of bilateral lacrimal glands (lack of tears), hyperlipidemia (high fat content in blood), rectal prolapse (a condition where the rectum protrudes from the anus), osteoarthritis (degenerative joint disease) right ankle and foot, repeated falls, osteoporosis (weak and brittle bones), right foot drop, depression, peripheral venous insufficiency, hypothyroidism (low thyroid hormone), borderline personality disorder, anxiety, and dementia. Review of R1's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/20/2025, revealed R1 had a Brief Interview for Mental Status (BIMS) of 11 (moderate cognitive impairment) out of 15. Review of Section GG- Functional Abilities of the MDS, with the same ARD, revealed R1 required partial/moderate assistance with shower/bathing of self. On 01/27/2026 at 09:53 a.m. R1's family member C explained that R1 was not receiving her showers/baths twice per week.On 01/28/2026 at 09:44 a.m. during observation and interview R1 was observed lying down in bed and appeared well groomed. R1 explained that she does not always receive a bath/shower twice a week. R1 could not verbalize what days or times she was to receive a bath/shower each week.Review of document entitled North Hall Showers revealed 318-2 (R1's room location) was to receive a shower/bath every Monday and Thursday during the day shift.Review of R1's point of care task (PCT-documentation that demonstrates completed task performed for residents by direct care staff) for shower/bathing revealed that the task was scheduled on Mondays and Thursdays during the day shift. Review of R1's PCT documentation for shower/bathing for November 2025 revealed R1 only received one shower/bathing during the week of November 16th, which was completed on 11/19/2025. Review of R1's PCT documentation for shower/bathing for December 2025 revealed R1only received one shower/bathing during the week of December 14th, December 21st, and December 28th. Review of R1's PCT documentation for shower/bathing for January 2026 revealed R1 only received one shower/bathing during the week of January 4th and January 11th. Resident #5 (R5)Review of the medical record demonstrated that R5 was admitted to the facility on [DATE] with diagnoses that included paralysis of right side following cerebrovascular disease (stroke), bilateral osteoarthritis (degenerative joint disease) of knee, depression, abnormal posture, right hand contracture, hypertension, hyperlipidemia (high fat content in blood), cocaine abuse, nicotine dependence, and chronic kidney disease. Review of R5's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/05/2026, revealed R5 had a Brief Interview for Mental Status (BIMS) of 15 (cognitively intact) out of 15. Review of Section GG- Functional Abilities of the MDS, with the same ARD, revealed R1 required substantial/maximal assistance with shower/bathing of self. On 01/27/2026 at 11:43 a.m. during observation and interview R5 was observed lying down in bed and appeared to be well groomed. R5</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2026
NAME OF PROVIDER OR SUPPLIER  The Laurels of Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE  270 N Bedford Road 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>explained that he does not always receive a bath/shower twice per week. Review of document entitled Skilled Hall Showers revealed 118-2 (R5's room location) was to receive a shower/bath every Monday and Thursday during the evening Review of R5's point of care task (PCT-documentation that demonstrates completed task performed for residents by direct care staff) for shower/bathing revealed that the task was scheduled on Mondays and Thursdays during the evening shift. Review of R5's PCT documentation for shower/bathing for November 2025 revealed R5 did not receive shower/bathing during the week of November 16th (refused once but no other documentation present for 2nd shower). Review of R5's PCT documentation for shower/bathing for December 2025 revealed R5 had not received shower/bathing during the week of December 1st and December 21st. Review of R5's PCT documentation for shower/bathing for January 2026 revealed R5 only received one shower/bathing during the week of January 11th and R5 had not received any shower/bathing during the week of January 18th. In an interview on 01/28/2026 at 10:07 a.m. Director of Nursing (DON) B explained that it is her expectation that residents are to receive shower/bathing according to their plan of care. DON B explained that shower schedules are maintained at each nurse's station which informs staff when shower/bathing is to be completed. DON B explained that documentation of shower/bathing is completed in point of care task (PCT-documentation that demonstrates completed task performed for residents by direct care staff). DON B was asked to review R1's PCT shower/bathing documentation and R5's PCT shower/bathing documentation. DON B confirmed that R1 and R5 had not received showers as identified on their PCT documentation. DON B could not explain shower/bathing had not been completed twice a week for R1 and R5.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2026
NAME OF PROVIDER OR SUPPLIER  The Laurels of Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE  270 N Bedford Road 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake: 2685213Based on observation and interview, the facility failed to maintain infection control practices for two resident shower rooms out of three resident shower room observations. Findings Included:On 01/27/2026 at 09:35 a.m. during observation of shower room (across form room [ROOM NUMBER]) the following was observed: soiled linen was on the floor, next to a cabinet, 3 empty bottles of shampoo on the assist bar of the shower and not labeled for any resident, an unused brief on the back of the sink, a black comb with hair present and not labeled with any resident name on top of the paper dispenser. On 01/27/2026 at 11:55 a.m. during observation of shower room (across from coffee shop) the following was observed: a hand size pile of dark colored hair on the shower floor near the drain, corner tile was missing on the corner of the shower, and tile missing near the toilet paper dispenser. On 01/28/2026 at 12:42 p.m. during observation with Director of Nursing (DON) B of shower room (across from room [ROOM NUMBER]) the following was observed: soiled resident clothing on the floor, soiled towels on the floor, soiled towel on shower stretcher, unused brief on the back of the sink, and a black comb with hair present and not labeled with any resident name on top of the paper dispenser. During this observation DON B explained that resident clothing and soiled linen should not be placed on the floor. DON B also explained that resident personal items should be labeled accordingly. DON B explained that this observation did not meet infection control standards of practices. On 01/28/2026 at 12:52 p.m. during observation with Director of Nursing (DON) B of shower room (across from the coffee shop) the following was observed: one used bottle of shampoo without residents name on assist bar, bottle of body cleanser without residents name, toilet bowel plunger beside the toilet not covered and resting on the floor, corner tile was missing on the corner of the shower, and tile missing near the toilet paper dispenser. During this observation DON B explained that the missing tile prevented the shower and near the toilet to have a cleanable surface. DON B also explained that toilet plunger should have been placed in a bag and should not have been just setting on the floor.</p>		