

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 09/12/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Bedford (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 270 N Bedford Rd 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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>45038</p> <p>Based on observation, interview, and record review the facility failed to ensure accurate advance directive (legal documents that allow a person to identify decisions about end-of-life care ahead of time) information was in place for one resident (#1) of one resident reviewed for advance directives from a total sample of 22 residents.</p> <p>Findings Included:</p> <p>Resident #1 (R1)</p> <p>Review of the medical record revealed R1 was admitted to the facility 04/01/2017 with diagnoses that included Huntington's Disease (an inherited condition in which nerve cells in the brain break down over time), ulcerative colitis, left and right thigh muscle contractures, anxiety, adult failure to thrive, contracture of right hand, dysphagia (difficulty swallowing), cognitive communication deficient, aphonia (loss of ability to speak), Tourette's Disorder (a neurological disorder that causes people to have tics, which are sudden, repetitive, and involuntary movements or sounds), dementia, epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), moderate intellectual disabilities, anemia (low red blood cells), pressure ulcers of upper back, pressure ulcer of left hip, pressure ulcer of other sites. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/29/2024, revealed R1 had a Brief Interview of Mental Status (BIMS) was not completed because he is rarely/never understood.</p> <p>During observation and attempted interview on 09/10/2024 at 09:56 a.m. R1 was observed lying down in bed and appeared well groomed. R1 did not respond to verbal stimuli.</p> <p>Review of R1 medical record demonstrated that he had a court appointed Guardian. Reivew of R1 Resident Code Status, dated 01/15/2024 demonstrated a signature by R1's Guardian and was date 01/15/2024. The same documents demonstrated attestation of witness that was signed by one witness but had not demonstrated the date of the signature. The attestation of witness, second witness section, was not signed or dated.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/11/2024 at 10:57 a.m. Social Worker (SW) C explained that she coordinates a residents Advance Directive on admission and whenever a new Advance Directive is requested. SW C explained that she would verify if the resident was their own person, had Durable Power of Attorney, or a Guardian was in place for the resident. SW C explained that it was her responsibility that the Resident Code Status document was completed in its entirety. SW C explained that the Resident Code Status document was to have two witnesses present and date of those signatures. SW C verified that R1's Resident Code Status document dated 01/15/2024 had one witness signature but did not have the date present of that signature. SW C also confirmed that no signature was present on the same above document. SW C could not explain why the Resident Code Status document did not have dates of signature and lacked a second witness signature.</p> <p>Review of facility policy entitled Advance Directives-Michigan, origination date 07/11/2023 and last revision date 07/06/2023, demonstrated Procedures: Generally D which stated, . a Code Status Form will be completed by the resident and a DNR order will be signed by the resident, 2 witnesses and the physician .</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064</p> <p>Based on interview and record review the facility failed to ensure a Preadmission/Annual Resident Review (PAS/ARR) was completed after the 30-day exemption period and failed to notify the State mental health authority for one (Resident #97) of two reviewed.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #97 (R97) was admitted to the facility on [DATE] with diagnoses that included major depressive disorder, anxiety, bipolar disorder, post-traumatic stress disorder, and schizophrenia. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/10/24 revealed R97 scored 15 out of 15 (cognitive intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>Review of the DCH 3877 PASARR Level I screening revealed R97 was marked as hospital exemption discharge. Review of the Mental Illness/Intellectual Disability/Related Condition Exemption Criteria Certification Level II Screening revealed R97 was marked as a hospital exempted discharge and was likely to require less than 30 days of nursing services. The forms were signed on 6/4/24.</p> <p>In an interview on 09/11/24 at 2:44 PM, Social Worker (SW) O reported an updated PASARR should have been completed and referred to the state mental health authority after the 30-day exemption lapsed. SW O did not have documentation that this was completed.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</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 provide palatable food products for seven of seven reviewed (R4, R29, R72, R84, R85, R99, and R169) effecting 107 residents, resulting in the increased likelihood for decreased resident food acceptance and nutritional decline.</p> <p>Findings include:</p> <p>On 09/11/24 at 12:29 P.M., Lunch meal food trays were observed leaving the food production kitchen, within a stainless steel non-insulated transport cart.</p> <p>On 09/11/24 at 12:30 P.M., Lunch meal food trays were observed arriving to the 100 Hall, within a stainless steel non-insulated transport cart.</p> <p>On 09/11/24 at 12:35 P.M., Food products were monitored utilizing a ThermoWorks Super-Fast Thermopen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident #29's lunch meal food tray:</p> <p>Chicken Teriyaki - 120.8 degrees Fahrenheit*</p> <p>Fluffy Steamed Rice - 122.0 degrees Fahrenheit*</p> <p>Asian Blend Vegetables - 131.5 degrees Fahrenheit*</p> <p>Dinner Roll substituted for (Spring Roll) due to Mechanical Soft Dietary Status - 113.0 degrees Fahrenheit*</p> <p>Beverage (2% Milk) - 47.6 degrees Fahrenheit*</p> <p>(*) The 2017 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less.</p> <p>On 09/12/24 at 08:23 A.M., An interview was conducted with Resident #44 regarding facility food products. Resident #44 stated: The food is always lukewarm to cold. Resident #44 also stated: The eggs were cold today for breakfast and the hash browns were not browned. Resident #44 additionally stated: The coffee is usually only lukewarm.</p> <p>On 09/12/24 at 12:47 P.M., Lunch meal food trays were observed leaving the food production kitchen, within a stainless steel non-insulated transport cart.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/12/24 at 12:48 P.M., Lunch meal food trays were observed arriving to the 200 Hall, within a stainless steel non-insulated transport cart.</p> <p>On 09/12/24 at 01:10 P.M., Food product temperatures were monitored utilizing a ThermoWorks Super-Fast Thermopen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident #85's lunch meal food tray:</p> <p>Lasagna Italian Style - 132.7*</p> <p>Italian [NAME] Beans - N/A</p> <p>Garlic Bread - N/A</p> <p>Bread Pudding - Room Temperature</p> <p>Beverage (Ice Water) - 34.2 degrees Fahrenheit</p> <p>On 09/12/24 at 01:15 P.M., Record review of Resident #85's meal ticket information revealed the following: (1) no bread, and (2) no green vegetables per dietary guidance.</p> <p>(* The 2017 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less.</p> <p>On 09/13/24 at 11:00 A.M., Record review of the Policy/Procedure entitled: Food Handling and Production dated 11/12/2021 revealed under Policy: It is the policy of this facility to comply with strict time and temperature requirements and use proper food handling techniques to prevent foodborne illness. Record review of the Policy/Procedure entitled: Food Handling and Production dated 11/12/2021 further revealed under Procedure: (1) The kitchen and equipment will be maintained in a clean, neat, and orderly manner to minimize bacteria formation and food contamination. (11) Prepared food will be transported to service and dining areas in covered containers and kept covered until served.</p> <p>On 09/13/24 at 11:15 A.M., Record review of the Policy/Procedure entitled: Tray Accuracy and Test Trays dated 11/03/2021 revealed under Policy: It is the policy of this facility to set up trays accurately to provide guests/residents with meal trays correctly reflecting Therapeutic Diets, Proper Texture Diets, and Food Preferences listed on the tray ticket. Record review of the Policy/Procedure entitled: Tray Accuracy and Test Trays dated 11/03/2021 further revealed under Procedure: (1) The Dietary Manager, Dietician or [NAME] will be responsible for ensuring all foods needed for tray assembly are present for service. (5) The Dietary Manager, Dietician, or Designee will complete a Test Tray Worksheet (See Attached) to monitor the food temperature as received by the guest/resident at least weekly. (6) The Dietary Manager or Dietician is responsible for identifying problem areas, training needs, documenting, follow-up, and reporting findings to the Quality Assurance Performance Improvement Committee.</p> <p>32064</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #169 (R169)</p> <p>Review of the medical record revealed R169 was admitted to the facility on [DATE]. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/10/24 revealed R169 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 09/10/24 at 10:27 AM, R169 was observed sitting in their chair in their room. R169 reported they ate in their room and the food was served stone cold.</p> <p>Resident #72 (R72)</p> <p>Review of the medical record revealed R72 was admitted to the facility on [DATE]. The MDS with an ARD of 8/2/24 revealed R72 scored 14 out of 15 (cognitively intact) on the BIMS.</p> <p>On 09/10/24 at 12:51 PM, R72 was observed sitting in a wheelchair in their room. R72 reported the food was yuck, all I can say is yuck. R72 reported they ate in their room and most of the meals were served cold.</p> <p>Resident #85 (R85)</p> <p>Review of the medical record revealed R85 was admitted to the facility on [DATE]. The MDS with an ARD of 8/9/24 revealed R85 scored 13 out of 15 (cognitively intact) on the BIMS.</p> <p>On 09/10/24 at 10:54 AM, R85 was observed sitting in a wheelchair in their room. R85 reported they ate in their room and the food was cold every time.</p> <p>38383</p> <p>Resident # 84 (R84):</p> <p>On 09/10/24 at 11:40 AM, R84 was observed seated in a wheelchair, in her room. She reported the facility's food was either cold or hard as a rock. If she requested an alternate, half the time they did not have what she ordered, although it was on the menu.</p> <p>Resident #99 (R99):</p> <p>On 09/10/24 at 11:55 AM, R99 was observed seated on his bed. He reported the food was usually cold, including his breakfast that morning. R99 stated the food was sometimes served warm but not hot.</p> <p>45038</p> <p>Resident #4 (R4)</p> <p>Review of the medical record revealed R4 was admitted to the facility 11/15/2018. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/02/24, revealed R4 had a Brief Interview of Mental Status (BIMS) of 15 (cognitively intact) out of 15.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interview and observation on 09/10/2024 at 10:55 a.m. R4 was observed lying down in bed. R4 explained that the food at the facility is not very good. R4 explained that frequently she does not like the food and that she gets an alternative for meals. R4 explained that she is getting tired of requesting peanut butter and jelly as a replacement because the food is so bad.</p> <p>Resident #29 (R29)</p> <p>Review of the medical record revealed R29 was admitted to the facility 03/18/2024. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/24/2024, revealed R29 had a Brief Interview of Mental Status (BIMS) of 14 (cognitively intact) out of 15.</p> <p>During interview and observation on 09/10/2024 at 11:44 a.m. R29 was observed sitting on the side of his bed. R29 explained that the facility meals are never hot.</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>45038</p> <p>Based on observation, interview, and record review the facility failed to ensure proper communication/documentation of Hospice services provided to one resident (#45) of one resident reviewed for Hospice services, resulting in a lack of coordination of comprehensive services and care provided.</p> <p>Findings Included:</p> <p>Resident #45 (R45)</p> <p>Review of the medical record revealed R45 was admitted to the facility 10/10/2018 with diagnoses that included protein-calorie malnutrition, palliative care (a specialized medical care that helps people with serious illness manage symptoms and stress while improving quality of life), disorder of the bladder, anxiety, disorder of bone density and structure, neuromuscular dysfunction of the bladder, depression, muscle wasting and atrophy, polyneuropathy (disease that affects multiple peripheral nerves throughout the body, causing weakness, numbness, and burning pain), anemia (low red blood cells), multiple sclerosis, hyperlipidemia (high fat content in blood), over active bladder. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/25/2024, revealed R45 had a Brief Interview of Mental Status (BIMS) of 7 (severe cognitive impairment) out of 15. Section O-Special Treatments, Procedures, and Programs, (of the same MDS) revealed R45 was receiving Hospice services.</p> <p>During observation and interview of 09/11/2024 at 08:56 a.m. was observed lying down in bed. R45 denied that she had been receiving Hospice services.</p> <p>Review of R45 medical record demonstrated a physician order which stated ok for (name of hospice agency) hospice to eval and treat, which was dated 05/01/2024. Review of R45's plan of care demonstrated that coordination of care with (name of hospice agency) and contact number, with a last revision date of 07/02/2024. The plan of care did not demonstrate which services or disciplines of hospice were to be provided. The plan of care did not demonstrate the frequency of hospice services that were to be provided. Review of R45 Kardex (facility computerized document providing information to direct care staff regarding the resident's care) demonstrated Communication with (name of hospice agency) as needed/requested. R45's Kardex did not include the frequency or disciplines of hospice services to be provided.</p> <p>In an interview on 09/12/2024 at 10:21 a.m. Licensed Practical Nurse (LPN) J explained that staff was aware which residents received hospice services by review of the resident's physician orders. LPN J explained that R45 was receiving hospice services. LPN J explained that she was not sure of what services were provided to R45 or the frequency of those visits. LPN J referred to R45's Hospice Notebook, which is kept at the nursing station, but no calendar of hospice discipline visits was present.</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>In an interview on 09/12/2024 at 10:26 a.m. Nurse Manager (NM) K explained that hospice services were coordinated through the use of a resident's plan of care, their hospice notebook, care conference attendance, and the hospice calendar. NM K demonstrated progress notes that had been completed by R45's hospice disciplines. NM K could not present a hospice calendar which should have listed the disciplines and when those disciplines were to provide services. NM K could not explain why a calendar was not in R45's hospice notebook or why services were not listed in R45's plan of care.</p> <p>Review of R45's most recent Care Conference Minutes form, dated 07/02/2024, did not demonstrate attendance of R45's hospice agency.</p> <p>In an interview on 09/12/2024 at 10:35 a.m. Director of Nursing (DON) B explained that it is the expectation that a resident's plan of care would include that the resident was receiving hospice services. DON B could not explain if hospice disciplines, and the frequency of visits are to be included in the plan of care. DON B explained that a hospice calendar should be in the resident's hospice notebook. DON B explained that it was the expectation that a representative of hospice services would be at all resident's care conferences and that their presence would be recorded in the Care Conference Minutes form. DON B confirmed that R45's Care Conference Minutes form, dated 07/02/2024, did not demonstrate a representative of hospice was present for the care conference. DON B could not demonstrate which hospice disciplines or the frequency of those services were to be provided to R45.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</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 the physical plant effecting 107 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and decreased air quality.</p> <p>Findings include:</p> <p>On 09/12/24 at 09:20 A.M., A common area environmental tour was conducted with Director of Maintenance T and Director of Housekeeping and Laundry Services S. The following items were noted:</p> <p>Beauty Shop: The desk fan was observed soiled with accumulated dust/dirt deposits. Director of Housekeeping and Laundry Services S indicated she would have staff thoroughly clean and sanitize the desk fan as soon as possible.</p> <p>100 Hall</p> <p>Shower Room: Two return-air-ventilation grills were observed heavily soiled with accumulated dust and dirt deposits.</p> <p>Ambulance Entrance/Exit Door: The door sweep was observed worn and torn, exposing an open space between the door slab and threshold plate. The damaged door sweep measured approximately 12-inches-long, creating daylight between the door slab and metal threshold plate. Director of Maintenance T indicated he would have staff replace the worn door sweep as soon as possible.</p> <p>200 Hall</p> <p>Restroom [ROOM NUMBER]: The commode base standpipe supply line was observed leaking water, adjacent to the collar nut.</p> <p>Main Dining Room: Four 24-inch-wide by 24-inch-long acoustical ceiling tiles were observed stained from a previous moisture leak.</p> <p>Center Nursing Station: The oscillating floor fan was observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>300 Hall</p> <p>Janitor Closet: The mop sink basin was observed heavily soiled with accumulated and encrusted soil residue. The return-air-exhaust ventilation grill was also observed heavily soiled with accumulated dust and dirt deposits.</p> <p>Tub Room: The hot water supply handle was observed leaking water at the hand sink faucet assembly. Director of Maintenance T indicated he would have staff make necessary repairs as soon as possible.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Shower Room: The return-air-exhaust ventilation grill was observed soiled with accumulated and encrusted dust/dirt deposits.</p> <p>On 09/12/24 at 10:20 A.M., An environmental tour of sampled resident rooms was conducted with Director of Maintenance T and Director of Housekeeping and Laundry Services S. The following items were noted:</p> <p>105: The restroom paper towel dispenser was observed loose-to-mount.</p> <p>111: The Bed B oscillating floor fan was observed soiled with accumulated dust and dirt deposits.</p> <p>112: The Bed A drywall surface was observed (etched, scored, particulate), adjacent to the headboard. The damaged drywall surface measured approximately 8-inches-wide by 24-inches-long.</p> <p>113: The Bed B overbed light assembly was observed non-functional. The Bed B bedding (flat and fitted sheets) was also observed soiled with accumulated bodily waste and debris. The Bed B oscillating floor fan was further observed soiled with accumulated dust and dirt deposits. The restroom wall/floor vinyl coving strip was additionally observed loose-to-mount. The damaged vinyl coving strip measured approximately 2-3 feet-long.</p> <p>200: The restroom entrance door interior surface was observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high.</p> <p>201: The restroom entrance door interior surface was observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high.</p> <p>204: The restroom entrance door interior surfaces were observed (etched, scored, particulate). The damaged door surfaces measured approximately 3-feet-wide by 4-feet-high.</p> <p>206: The restroom entrance door interior surfaces were observed (etched, scored, particulate). The damaged door surfaces measured approximately 3-feet-wide by 4-feet-high.</p> <p>301: The restroom wall/floor vinyl coving base was observed loose-to-mount. The damaged vinyl coving base measured approximately 6-feet-long.</p> <p>305: The Bed A and Bed B oscillating floor fans were observed soiled with accumulated dust and dirt deposits. The restroom hand sink basin was also observed draining very slow. The restroom entrance door interior surface was further observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high.</p> <p>307: The Bed A and Bed B oscillating floor fans were observed soiled with accumulated dust and dirt deposits. The restroom hand sink basin was also observed draining very slow. The restroom entrance door interior surface was further observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high.</p> <p>(continued on next page)</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 09/12/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Bedford (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 270 N Bedford Rd 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>308: The Bed A desk fan was observed soiled with accumulated dust and dirt deposits. The restroom entrance door interior surfaces were observed (etched, scored, particulate). The damaged door surfaces measured approximately 3-feet-wide by 4-feet-high. The restroom drywall surface was additionally observed (etched, scored, particulate). The damaged drywall surface measured approximately 12-inches-wide by 6-feet-long. The corner drywall surface, adjacent to the restroom entrance door, was further observed (etched, scored, particulate). The damaged corner drywall surface measured approximately 12-inches-high by 8-inches-long.</p> <p>311: The restroom drywall surface was observed (etched, scored, particulate). The damaged drywall surface measured approximately 12-inches-wide by 24-inches-long. The wall/floor vinyl coving base was also observed loose-to-mount. The damaged vinyl coving base measured approximately 3-feet-long.</p> <p>312: The restroom entrance door interior surface was observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high. The restroom entrance metal door frame was also observed (etched, scored, particulate). The damaged door frame measured approximately 3-inches-wide by 15-inches-high.</p> <p>317: The restroom entrance door interior surface was observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high. The restroom entrance metal door frame was also observed (etched, scored, particulate). The damaged door frame surface measured approximately 3-inches-wide by 15-inches-high.</p> <p>321: The restroom entrance door interior surface was observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high. The restroom entrance metal door frame was also observed (etched, scored, particulate). The damaged door frame surface measured approximately 3-inches-wide by 15-inches-high. The restroom drywall surface was further observed (etched, scored, particulate). The damaged drywall surface measured approximately 4-inches-wide by 24-inches-long.</p> <p>324: The Bed B overbed light assembly pull string extension was observed missing. The restroom wall/floor vinyl coving was also observed loose-to-mount. The damaged vinyl coving measured approximately 11 feet-long. The restroom entrance door interior surface was further observed (etched, scored, particulate). The damaged door surface measured approximately 3-feet-wide by 4-feet-high. The restroom entrance metal door frame was additionally observed (etched, scored, particulate). The damaged metal door frame measured approximately 3-inches-wide by 15-inches-high.</p> <p>09/12/24 02:05 PM An interview was conducted with Director of Housekeeping and Laundry Services S regarding the facility maintenance work order system. Director of Housekeeping and Laundry Services S stated: We have the TELS program.</p> <p>On 09/13/24 at 10:00 A.M., Record review of the Policy/Procedure entitled: Housekeeping Services dated 02/22/2023 revealed under Policy: To promote a sanitary environment. (I.) Frictional Cleaning: (A) Thorough scrubbing will be used for all environmental surfaces that are being cleaned in guest/resident care areas. (II.) Routine Cleaning of Horizontal Surfaces: (A) In guest/resident care areas, cleaning of non-carpeted floors and other horizontal surfaces will be done daily and more frequently if spillage or visible soiling occurs.</p> <p>(continued on next page)</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 09/12/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Bedford (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 270 N Bedford Rd 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.			
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/13/24 at 10:15 A.M., Record review of the Policy/Procedure entitled: Maintenance Department dated 08/17/2021 revealed under Policy: To assure proper maintenance of the physical plant.</p> <p>On 09/13/24 at 10:30 A.M., Record review of the Direct Supply TELS Work Orders for the last 60 days revealed no specific entries related to the aforementioned maintenance concerns.</p>		