STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235299	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Bedford	270 N Bedford Road Battle Creek, MI 49017

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to have an active and ongoing plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all the residents in the facility.Findings include:On 9/16/25 at 1:56 PM, Observation of the 300 hall Tub room found that discolored water came from the tub and sink of the room. An interview with Maintenance Director (MD) H found that staff do not regularly use this room, but he uses the tub to help clean maintenance items sometimes. The hot water ran at the tub for a few minutes and slowly started to clear up over time. When asked if he sees the water this color anywhere else in the facility, MD H stated no, and that even the spa tub the facility has clear water when filled up. When asked about flushing of stagnant lines in the facility, MD H stated that he has a monthly work order to flush the hot water tank, but not specific fixtures.On 9/16/25 at 3:01 PM, AN interview with MD H found that he takes free chlorine samples to ensure a level of disinfection in the facilities water supply. A review of samples taken shows a range of concentrations above .2 parts per million (ppm), which is stated as the facilities control limit. When asked how these tests are performed, MD H demonstrated a test using the facilities digital colorimeter. A review of the test performed found that phenyl red reagents were being used to help determine chlorine concentration, and these reagents are only for finding the pH of the water and not for determining the concentration of free chlorine. Upon following the manufactures directions for finding free chlorine, the free chlorine level from the hot water out of the men's locker room sink was found to be .04 ppm. A review of the facility provided documents for the Water Management Plan, found no updated risk assessment that showed a facility description of water flow and building design. A record review of the facility provided document entitled, Water Management Program, last revised 2/1/2024, found that, Developing and maintaining a water management program is a multi-step process that requires continuous review. Seven key activities are routinely performed in a Legionella water management program. B. Describe the building water systems using flow diagrams and a written description. Further review of the document found that, The general principles of an effective water management program include.Preventing water stagnation.Ensuring adequate disinfection.

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation and interview, the facility failed to minimize the risk of scalding and burns by allowing domestic hot water to exceed 120 F. This resulted in an increased risk of injury among residents in the facility. Findings Include:On 9/16/25 at 1:42 PM, with Maintenance Director (MD) H, Observation of the boiler room in the service hall found that the outgoing water temperature to resident care areas was showing 133F. An interview with MD H found that water temperatures for domestic use usually run around 110F as they are tempered with point of use mixing valves at each faucet. On 9/16/25 at 2:01 PM, Observation of the 300 Hall shower room found that both showers reached 130F and the sink was 112F when tested with a rapid read thermometer. When asked about how often water temperatures are taken, MD H stated that he does about 15 fixtures each week, which puts him at a frequency to test each fixture about once every two months. When asked if the showers themselves are part of the temperature checks, MD H stated that his focus has been on resident room fixtures, and the showers have not been part of the regular testing. On 9/16/25 at 2:42 PM, Observation of the 100 Hall shower room found that one of the two showers reached 130.8F when tested with a rapid read thermometer. An interview with MD H found that he would start adding the showers to temperature checks and make sure the mixing valves inside the shower fixtures were adjusted to lower the temperature.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to maintain a safe, functional, sanitary, and comfortable environment. This resulted in an increased potential for contamination and a possible decrease in the satisfaction of living. Findings Include:On 9/16/25 at 9:50 AM, Observation of the kitchen main exhaust ventilation for the cook line found four ventilation filters ajar from position as well as having gaps between some of the filters. Filters should be placed snug and tight together to effectively filter out grease. On 9/16/25 at 11:14 AM, Observation of the 100 Hall shower room found dried brown and black smudges on the privacy curtain for the commode. On 9/16/25 at 11:17 AM, Observation of the 100 Hall Mr. Slim rooftop unit found an accumulation of black spotted debris on the surface of the plastic guard and grates where air is expelled. On 9/16/25 at 11:23 AM, Observation of the 400 Hall linen closet found that blankets and pillows were stored on the bottom of the open wire rack shelving, with no bottom barrier to protect clean linens from contamination due to cleaning. On 9/16/25 at 11:26 AM, Observation of the 200 Hall Shower room found hair a debris on the flower of the shower area and drain of the shower. Further observation found a used washcloth in the sink. On 9/16/25 at 1:30 PM, Observation of the laundry room, with Maintenance Director (MD) H, found that two carts used to help move clean linen through the washing and drying process were found with an increased accumulation of paper and plastic trash along with dirt debris under their bottom support floor (used to help bring linen to the top of the cart). On 9/16/25 at 1:54 PM, Observation of the 300 Hall Mr. Slim rooftop unit found an accumulation of black spotted debris on the surface of the plastic guard and grates where air is expelled. On 9/16/25 at 2:03 PM, Observation of the 300 Hall shower room found a strong odor upon entry and a yellowish puddle near the front of the commode. Further observation of the room found that the underside of the shower bed was heavily discolored in a black accumulation. On 9/16/25 at 2:20 PM, Observation of resident room [ROOM NUMBER] found a broken tile on the windowsill that developed sharp edges. Further review of the window sill found an accumulation of dust and dead insects. On 9/16/25 at 2:28 PM, Observation of the main dining room sitting area found a brown love seat with heavy orange and pink staining underneath the cushion. Further observation found an accumulation of dirt debris in the side and back crevices of the couch. On 9/16/25 at 2:32 PM, Observation of the 200 Hall Mechanical room found a mop sink faucet with and warm handle to the cold-water supply indicating hot water is bleeding into the cold-water supply from this fixture. On 9/16/25 at 2:38 PM, Observation of the 100 Hall shower room found both shower curtains with discoloration on a large portion of the bottom sections of the curtains as well as an accumulation of black spotted debris. On 9/16/25 at 3:32 PM, An interview with Housekeeping Manger J, found that staff try to get to each privacy curtain once and month or as needed.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on 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 (#110) of one resident reviewed for advance directives from a total sample of 23 residents.Findings include:Review of the clinical record, including the Minimum Data Set, dated [DATE] revealed Resident #110 (R110) was admitted to the facility on [DATE] with diagnosis that included chronic kidney disease. R110 scored 13 out of 15 (cognitively intact) on the Brief Interview Mental Status (BIMS). Further review of R110's electronic medical record reflected R110 signed an advanced directive for Do Not resuscitate (DNR), meaning if the heart and breathing should stop, no attempts were to be made to resuscitate R110. R110 signed the Advance Directive form on June 11, 2025. R110's signature was no be witnessed by two persons. The form did have one witness signature and was dated June 11, 2025, the other witness signature was dated June 12, 2025. On 09/17/2025 4:04 PM during an interview with Licensed Practical Nurse [NAME] LPN G she offered no explanation for signing as a witness to a signature after the fact.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately code the Minimum Data Set (MDS) assessment for one (R30) of 23 reviewed.Findings include:Review of the medical record reflected R30 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included left hand contracture, bipolar type schizoaffective disorder, depressive type schizoaffective disorder and major depressive disorder. The Quarterly MDS, with an Assessment Reference Date (ARD) of 8/9/25, reflected R30 scored three out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and had upper extremity impairments on both sides. R30's medical record included a document, dated 11/27/24, which reflected an OBRA Level II evaluation was completed. The Annual MDS, with an ARD of 2/6/25, reflected a response of No for question, A1500. Preadmission Screening and Resident Review (PASRR) .Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?. During an interview on 09/18/25 at 2:16 PM, MDS Nurse H reported they coded the response to MDS question A1500 and reviewed the medical record for an OBRA letter to do so. MDS Nurse H reported R30's OBRA letter was dated 11/27/24, but it did not state that R30 had a serious mental illness. According to MDS Nurse H, schizophrenia did not qualify as a serious mental illness for the MDS, and they were looking for things such as epilepsy and developmental delay. R30's Comprehensive Level II Evaluation for 11/2024 was marked for mental illness and reflected Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses of, Schizoaffective disorder, unspecified-Primary and Unspecified neurocognitive disorder-Secondary. The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2024 reflected, .A1500: Preadmission Screening and Resident Review (PASRR) .Code 1, yes: if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD [intellectual disability/developmental disability] or related condition, and continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions .

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure coordination of care with Community Mental Health (CMH) for one (R30) of one reviewed.Findings include: Review of the medical record reflected R30 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included left hand contracture, bipolar type schizoaffective disorder, depressive type schizoaffective disorder and major depressive disorder. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/9/25, reflected R30 scored three out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and had upper extremity impairments on both sides. R30's medical record included a document, dated 11/27/24, which reflected an OBRA Level II Evaluation was completed. A Level II Evaluation was not noted in R30's medical record. During an interview with Social Worker (SW) C and SW D on 09/17/25 at 11:49 AM, it was reported that CMH provided the facility with copies of their Level II Evaluations, which were reviewed to determine if anything from CMH needed to be added to the Care Plan. The Level II was then given to the Medical Records department to scan into the medical record. When asked if they had received R30's Level II Evaluation (from 11/2024), they reported they would find out. On 09/18/25 at 1:28 PM, SW D reported CMH had emailed a copy of R30's Level II Evaluation (since the interview on 9/17/25), which he would scan into the medical record. SW D acknowledged he had not yet read/reviewed the Level II Evaluation. R30's Level II Evaluation for 11/2024 reflected 15 items listed under the section for PROPOSED PROGRAMS/OBJECTIVES FOR TREATMENT PLANNING, which included but were not limited to recommendations that R30 be assessed by the therapy department to determine if they could utilize a cup with a handle or another option for independent fluid consumption and that R30 undergo further evaluation for a neurocognitive disorder.

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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 observation, interview and record review, the facility failed to implement the Care Plan for one (R30) of 23 reviewed.Findings include:Review of the medical record reflected R30 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included left hand contracture, bipolar type schizoaffective disorder, depressive type schizoaffective disorder and major depressive disorder. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/9/25, reflected R30 scored three out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and had upper extremity impairments on both sides. R30's Care Plan reflected they were to wear palm protectors to both hands during the day, as they would allow. The palm protectors were Care Planned that they could be removed for hygiene, meals and at night. On 09/16/25 at 12:03 PM, R30 was observed in a broda chair, in the dining room. R30's left hand was noted to be flexed into a fist. Their right hand was flexed, but their index finger was observed to be extended. Palm protectors were not observed to be in place. On 09/18/25 at 1:31 PM, R30 was observed in bed, with their eyes closed. Palm protectors were not observed to be in place. In an interview on 09/18/25 at 1:50 PM, Certified Nurse Aide (CNA) F reported they did not routinely care for R30 and were not aware of any orthotic devices they were to wear. CNA F reported they reviewed R30's Kardex (CNA care guide) that morning and did not recall seeing palm protectors listed. Review of R30's Kardex reflected they were to wear bilateral palm protectors during the day, as they would allow.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an effective bowel management program for one (Resident #64) of one reviewed, resulting in the potential for constipation.Review of the clinical record revealed R64 was admitted into the facility on 7/1/25 with diagnoses that included: muscle weakness and difficulty walking. According to the Minimum Data Set (MDS) assessment dated [DATE], R64 scored 11/15 on the Brief Interview for Mental Status exam (which indicated moderately impaired cognition).On 9/16/25 at 12:41 PM R64 was observed lying on his side in bed. R64's lunch tray was observed on his tray table with only a few bites gone. R64 reported that he didn't want to eat more because the food made him constipated. He further reported that he had suffered from constipation for about a month. When asked if he was receiving medication to help, he reported not to his knowledge.A review of R64's task log (documentation of residents' bowel movements) for the past 30 days, revealed no bowel movement documented during the following date spans:8/22/25-8/25/25 (4 days)8/27/25-8/28/25 (2 days)9/7/25-9/8/25 (2 days)9/10/25-9/12/25 (3 days)A review of R64's physician orders revealed the following prn (as needed) orders for constipation:Miralax 17gm every 24 hours prn constipationMOM (Milk of Magnesia) 30mls prn constipation dailyA review of R64's Medication Administration Record for August and September revealed:Miralax given on 8/25 and 8/26 onlyMOM had not been administered in August or SeptemberA review of R64's progress notes and MAR revealed no additional documentation that resident was offered medication or other interventions for constipation.On 9/18/25 at 1:53 PM, during an interview with Director of Nursing (DON) B, she reported that her expectation for monitoring for constipation would be if no bowel movement for 3 days that they would offer an intervention and review/document the resident's normal bowel pattern. DON B reported that the facility does not have a structured bowel management program or any associated facility policy. DON B reviewed R64's electronic health record and reported the things she hoped would be there were not (documentation).