STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235302	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Coldwater	90 N Michigan Avenue Coldwater, MI 49036

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow up on resident grievances for one (resident 1) of one reviewed.Findings include:On 4/10/26 at 12:13 PM, during an observation and interview, R1 was observed lying in bed, on her back. R1 reported that a friend of hers was able to review her electronic medical record and discovered there was an order for restorative therapy and it was believed to have been set to start January 1, 2026. R1 further stated that she had received this service 5 times total since January 1st and had been told by staff that they didn't have anyone to run the program. R1 reported that she filed a grievance related to not receiving the ordered restorative therapy and to date had not received any follow up by facility staff. R1 provided a photo of the grievance that was submitted. Review of the photo of R1's Grievance form revealed the following: the form was signed and dated by the resident on 3/25/2026, What is your concern about? Restorative therapy-Per my chart on December 31st, 2025, I was to start therapy on January 1st, 2026. This still hasn't happened. This is important to my physical health., Who else knows about your issues? I have shared in recent care meeting, with nurses, CNA's (certified nursing assistants) and (name redacted) PA, plus (name redacted) in physical therapy., How can we address your issues? My suggestion is-Bring in 1 or 2 CNA's to do the therapy and once they complete therapy for the day, then they could float and help where needed. There is always need for an extra hand. The facility was unable to locate/provide a copy of R1's grievance prior to survey exit.Review of the clinical record revealed R1 was admitted into the facility on 8/28/2025 with diagnoses that included: chronic inflammatory demyelinating polyneuritis (a rare, long-term autoimmune disease where the immune system attacks the protective covering of peripheral nerves which causes progressive muscle weakness, numbness/tingling in hands and feet) and bradycardia (slow heart rate). According to the Minimum Data Set (MDS) assessment dated [DATE], R1 scored 14/15 on the Brief Interview for Mental Status exam (which indicated intact cognition). Review of section GG-Functional Abilities revealed R1 required substantial/maximal assistance for lying to sitting on side of bed and was dependent for lower body dressing.Review of R1's Restorative Initial Evaluation dated 12/24/2025, revealed Upon assessment the guest/resident is noted to have functional deficits in: independent ROM (range of motion) in bilat (bilateral) ankles and repositioning from supine to upright seating positioning at the edge of bed.The following restorative program(s) would prevent a decline or possibly improve the guest's abilities to: increase ROM in bilat ankles; reposition in bed.A review of R1's physician orders revealed an active order for restorative program, May participate in nursing restorative programs. Resident to participate in passive ROM of bilateral ankles and/or progress to positional changes of supine to sitting on edge of bed for 15 minutes per 24 hours with staff and/or supervision of visiting guests, document daily. A review of R1's Task log for Nursing Rehab: Passive ROM: 10 repetitions per ankle revealed that during the 30 day look back period (3/12/2026-4/10/2026) this service was documented as being provided a total of 6 times, a response of Not Applicable was documented 49 times, and a response of Resident Refused was documented 8 times.A review of R1's Task log for Nursing Rehab: Bed Mobility: supine to sitting with assistance for 15 minutes on edge of bed revealed (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that during the 30 day look back period (3/12/2026-4/10/2026) this service was documented as being provided a total of 3 times, a response of Not Applicable was documented 53 times, and a response of Resident Refused was documented 9 times.On 4/10/2026 at 3:09 PM, during an interview with Environmental Manager I, it was reported that she is responsible for overseeing the facilities grievances/concerns. When asked if they keep a log of grievances filed, she reported that she did not but could check with the administrator to see if he did (no monthly grievance log was provided prior to survey exit). When asked specifically about R1's grievance that was filed on 3/25/26, she confirmed that it was not included in the paper copies of grievances (for the last 3 months) which were provided for review. Environmental Manager I reported that she would check in another location and provide the requested grievance if located, no facility copy of R1's grievance was provided prior to survey exit. Environmental Manager further reported that their goal is to get a resolution to concerns as soon as possible and that she believed the policy stated within 5-7 days. On 4/10/2026 at 4:20 PM, during an interview with Nursing Home Administrator (NHA) A, it was reported that grievances are logged into [NAME] (program used to track concerns) electronically once they have been resolved. A review of the facilities policy titled Facility Compliance Program, documented in part Upon discovering an issue, problem, or event where non-compliance is reasonably suspected, the individual must report such concern to the Facility Compliance Officer (FCO). Failure to report may result in progressive disciplinary action or termination.The concerns will be communicated as soon as discovered to the FCO for investigation. Concerns will be triaged according to the Priority Table below.ACTION Within 5 working days of receipt of the complaint when there is a potential for a negative outcome. Some examples for this category may include but may not be limited to: .Services not provided by a vendor-i.e. therapy, physician services etc.The Facility Compliance Officer will track all concerns reported through the Compliance Program.The FCO will create a summary each month using the data from [NAME] .print to include in QAPI (Quality Assurance and Performance Improvement) meetings.It should be noted that R1 is alert and oriented with a BIMS of 14/15, is bedbound and provided a photographed copy of the grievance she filed with facility staff and her concern related to not receiving restorative therapy was substantiated.

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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** This citation pertains to intake 2961814. Based on observation, interview, and record review, the facility failed to develop and implement comprehensive care plans for two (R3 & R5) of three reviewed. Findings include:Resident #3 (R3) Review of the medical record reflected that R3 was admitted to the facility on [DATE]. Diagnoses of cellulitis in both lower legs, chronic obstructive pulmonary disease, heart failure, dementia, difficulty walking and anxiety. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/27/2026 revealed R3 had a Brief Interview of Mental Status (BIMS) of 7 (severely impaired) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R3 was assist with set up with eating, partial to moderate assistance toileting, showering, dressing lower body. During an observation and interview on 04/10/2026 at 2:15 PM, R3 stated she kept her cigarettes and lighter with her. R3 stated she keeps them in her purse or carries them with her. When R3 was asked if the staff ever put them in the medication cart or locked up in the medication room, or the lockers they provide out in the smoking area, R3 stated no. During an interview on 04/10/2026 at 2:25 PM, Licensed Practical Nurse (LPN) C was asked if she had any of the resident's smoking devices in the medication administration cart, she stated no she did not. LPN C stated the residents are supposed to use the lockers out in the smoking area but they don't use them. LPN C stated they do not keep extra smoking devices in the medication room. Record review revealed R3 was listed on the smoking list but did not have a smoking evaluation completed on admission. R3 did not have smoking listed on her care plan. During an interview on 04/10/26 at 3:50 PM, DON B stated he didn't know who developed the smoking care plan for residents. DON B also stated he was unaware of residents having their smoking devices on them. DON B added it wasn't brought to his attention. When asked who did the smoking assessment, DON B stated it varied because some residents come from the hospital and say they are not going to smoke and then they change their mind, they would do one then. DON B was asked if R3 was on the smoking list, DON B stated yes, her name was on the list. Review of the complaint received by the State Agency revealed Multiple residents have lighters and cigarettes in their rooms. I am concerned about fires and smoking in rooms. Lots of residents are using oxygen. Review of the list of smokers provided by the facility revealed 16 independent smokers and one dependent smoker. The independent smoker list included R3 and R5. Review of the medical record revealed R5 was admitted to the facility on [DATE] with a diagnosis of paraplegia. The Minimum Data Set (MDS) with and Assessment Reference (ARD) of 1/22/26 revealed R5 scored 15 out 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Nursing Summary dated 4/6/26 revealed Chooses to smoke while in facility and follows smoking rules and procedures appropriately. Review of R5's Smoking Evaluation dated 4/7/26 revealed yes was marked for Follows smoking/vaping guidelines per policy (smokes/vapes in designated area, returns smoking/vaping paraphernalia to appropriate person/location, etc.). The Smoking Evaluation revealed R5 was a safe smoker-Resident may opt to smoke independently. On 4/10/26 at 11:33 AM, R5 was observed in his wheelchair in his room. R5 reported he was a smoker and kept his cigarettes and lighter in his room inside the fanny pack which was in his lap. R5 reported he was able to go outside and independently smoke at any time he wanted to and did not lock up or return his smoking paraphernalia to staff. On 4/10/26 at 12:21 PM, R5 was observed self-propelling their wheelchair down the hall and outside to the smoking area with his fanny pack. On 4/10/26 at 12:25 PM, R5 was observed smoking outside in the designated smoking area with three other residents. Review of R5's smoking care plan revealed interventions that included staff members will maintain all smoking paraphernalia for all unsafe and safe smokers; e.g., cigarettes, cigars, pipes, lighters, lighter fluid, tobacco, spit container, or any other matter or substance that contains a tobacco product. Review of the facility's Smoking Policy scanned into R5's medical record and signed by R5 on 7/12/25 revealed Guests are not permitted to have cigarettes, tobacco products, marijuana, or other smoking products OR lighters in their room or on their person at any time other than designated smoking times. All smoking paraphernalia will be turned into the nurse or supervising staff when the resident is done smoking. In an interview on 4/10/26 at 12:21 PM, Licensed Practical Nurse (LPN) C reported the facility's policy was that residents were to have their smoking paraphernalia outside in the designated lock boxes. LPN C reported most of the residents were independent with smoking and were responsible for placing their own cigarettes in the lock boxes outside. When asked if there were any residents who did not use the lockboxes, LPN C stated, Yes, all of them don't use the lockbox because they don't want to. LPN C reported all the residents kept their smoking paraphernalia in their rooms. In an interview on 4/10/26 at 12:30 PM, Director of Nursing (DON) B reported residents who smoked had their choice on where to store smoking paraphernalia which included in the lockers provided in the designated smoking area or turn the paraphernalia into the nurses for storage in the medication room. DON B reported storing smoking paraphernalia in the resident's room was not allowed per policy. On 4/10/26 at 3:49 PM, DON B reported they were unsure who developed smoking care plans and reported he would assume a resident who smoked had a smoking care plan in place. DON B reported he was unaware that R5 kept their smoking paraphernalia in their room. Review of the facility's Smoking Policy effective 6/17/25 revealed Staff members maintain all smoking paraphernalia for all unsafe and safe smokers; e.g., cigarettes, e-cigarettes, vaping devices, (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cigars, pipes, lighters, lighter fluid, or any other matter or substance that contains a tobacco product. Staff members distribute smoking materials to resident's that are unsafe to smoke at the designated smoking times, and to residents that are deemed safe to smoke and may smoke independently, at their request. Smoking paraphernalia will be retrieved by staff when smoking activity is concluded.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide restorative therapy as ordered for two (resident 1 and resident 4) of three reviewed. Findings include:R1On 4/10/26 at 12:13 PM, during an observation and interview, R1 was observed lying in bed, on her back. R1 reported that a friend of hers was able to review her electronic medical record and discovered there was an order for restorative therapy and it was believed to have been set to start January 1, 2026. R1 further stated that she had received this service 5 times total since January 1st and had been told by staff that they didn't have anyone to run the program. R1 reported that she filed a grievance related to not receiving the ordered restorative therapy and to date had not received any follow up. R1 reported that the only time she had been offered and refused restorative therapy was on February 23rd when she had a urinary tract infection, felt dizzy and didn't feel it was safe to sit at the edge of the bed. R1 adamantly denied any other refusals of restorative services. R1 provided a photo of the grievance that was submitted. A review of the photo of R1's Grievance form revealed the following: the form was signed and dated by the resident on 3/25/2026, What is your concern about? Restorative therapy-Per my chart on December 31st, 2025, I was to start therapy on January 1st, 2026. This still hasn't happened. This is important to my physical health., Who else knows about your issues? I have shared recent care meeting, with nurses, CNA's (certified nursing assistants) and (name redacted) PA, plus (name redacted) in physical therapy., How can we address your issues? My suggestion is-Bring in 1 or 2 CNA's to do the therapy and once they complete therapy for the day, then they could float and help where needed. There is always need for an extra hand. Facility was unable to locate/provide a copy of R1's grievance prior to survey exit.A review of the clinical record revealed R1 was admitted into the facility on 8/28/2025 with diagnoses that included: chronic inflammatory demyelinating polyneuritis (a rare, long-term autoimmune disease where the immune system attacks the protective covering of peripheral nerves which causes progressive muscle weakness, numbness/tingling in hands and feet) and bradycardia (slow heart rate). According to the Minimum Data Set (MDS) assessment dated [DATE], R1 scored 14/15 on the Brief Interview for Mental Status exam (which indicated intact cognition). Review of section GG-Functional Abilities revealed R1 required substantial/maximal assistance for lying to sitting on side of bed and was dependent for lower body dressing.A review of R1's Restorative Initial Evaluation dated 12/24/2025, revealed Upon assessment the guest/resident is noted to have functional deficits in: independent ROM (range of motion) in bilat (bilateral) ankles and repositioning from supine to upright seating positioning at the edge of bed.The following restorative program(s) would prevent a decline or possibly improve the guest's abilities to: increase ROM in bilat ankles; reposition in bed.A review of R1's physician orders revealed an active order for restorative program, May participate in nursing restorative programs. Resident to participate in passive ROM of bilateral ankles and/or progress to positional changes of supine to sitting on edge of bed for 15 minutes per 24 hours with staff and/or supervision of visiting guests, document daily. A review of R1's Task log for Nursing Rehab: Passive ROM: 10 repetitions per ankle revealed that during the 30 day look back period (3/12/2026-4/10/2026) this service was documented as being provided a total of 6 times, a response of Not Applicable was documented 49 times, and a response of Resident Refused was documented 8 times.A review of R1's Task log for Nursing Rehab: Bed Mobility: supine to sitting with assistance for 15 minutes on edge of bed revealed that during the 30 day look back period (3/12/2026-4/10/2026) this service was documented as being provided a total of 3 times, a response of Not Applicable was documented 53 times, and a response of Resident Refused was documented 9 times. R4On 4/10/2026 at 11:42 AM, R4 was observed lying in her bed on her back. She was observed to be well-groomed.A review of the clinical record revealed R#4 was admitted into the facility on 8/11/2023 with diagnoses that included: malignant neuroleptic syndrome (a rare, severe (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reaction to antipsychotic medications which causes extreme muscle stiffness) and catatonic schizophrenia. According to the Minimum Data Set (MDS) assessment dated [DATE], R4 scored 7/15 on the Brief Interview for Mental Status exam (which indicated severely impaired cognition). A review of section GG-Functional Abilities revealed R4 was dependent for personal hygiene.A review of R4's physician orders revealed an active restorative order May participate in nursing restorative program for 15 minutes daily for 7 days a week to assist staff with performing hand over hand grooming adls (activities of daily living).A review of R4's Task log for Nursing Rehab: Dressing/grooming: Hand over hand assistance with hair brushing/combing, teeth brushing, and face washing revealed that during the 30 day look back period (3/12/2026-4/10/2026) 7 days had no documentation of this service being provided or refused, 19 days the 15 minute goal was not met, and Not Applicable was documented 47 times. On 4/10/2026 at 3:55 PM, during an interview with Assistant director of Nursing (ADON) H, it was reported that she was currently responsible for overseeing the Restorative program and the previous Restorative nurse had quit a few weeks ago. It was reported that the CNA's are responsible for completing and documenting restorative therapy each shift. ADON H was asked to review the Task log for R1, she confirmed that the documentation showed that R1 was not regularly receiving restorative nursing as ordered. ADON also reported that any refusals of care should be reported to the nurse and documented in a progress note and that there was no circumstance where not applicable would be appropriate to document.A review of the facilities policy titled Restorative Nursing updated 4/26/2024, documented in part The facility strives to enable the resident to attain and maintain the highest practicable level of physical, mental, and psychosocial well-being.A licensed nurse will help manage the restorative nursing process with assistance of nursing assistants trained in restorative care.Nursing Restorative is available up to 6-7 times per week and is provided for residents meeting restorative criteria.Daily documentation of minutes and initials by nursing assistants (on days' program is delivered).