

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  The Laurels of Coldwater		STREET ADDRESS, CITY, STATE, ZIP CODE  90 N Michigan Avenue Coldwater, MI 49036	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure advanced directives were listed correctly on one (R44) of one resident investigated for advanced directives. Findings Include: Resident #44 (R44) Review of the medical record reflected that R44 was admitted to the facility on [DATE] and was readmitted to the facility on [DATE]. Diagnoses of respiratory failure, dementia, lung cancer, chronic obstructive pulmonary disease, anxiety, depression and psychosis. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/30/2025 revealed R44 had a Brief Interview of Mental Status (BIMS) of 13 (cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R44 is independent for care and needs minimal assistant with set up. On 07/21/2025 at 3:21 PM, R44 had a DNR in her electronic Medical Record (EMR) signed and dated 11/23/24. The face sheet also called the banner did not reveal R44 as a DNR, it had full code for advanced directives. Record review revealed a DNR signed 11/23/24 with 2 witnesses. During an interview on 07/22/2025 at 1:11 PM, Social Service Worker (SW) H stated R44 had a full code on her banner. SW H then added she should have been a DNR. SW H stated she returned from the hospital 5 days ago and it didn't get updated. Record review revealed the full code status for R44 had been switched during the onsite survey to DNR late afternoon of 07/22/2025, following the interview with SW H.</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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure appropriate monitoring for two residents (R7, R82) receiving psychotropic medications. Findings include: Review of the medical record reflected R7 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included vascular dementia and hypotension due to drugs.</p> <p>Review of the Physician orders revealed an active order for Seroquel Oral Tablet (an antipsychotic), give 25 milligrams by mouth one time a day for Dementia with mood disturbance.</p> <p>Review of Physician orders revealed an active order which stated to monitor for psychotropic medication side effects, including orthostatic hypotension (sudden drop of blood pressure with position change).</p> <p>Review of the Physician order revealed no order for orthostatic blood pressure readings.</p> <p>Review of the vitals tab on the electronic medical record revealed no orthostatic blood pressures had been documented.</p> <p>In an interview on 7/24/2025 at 10:22 AM, Director of Nursing (DON) B stated that the expectation would be to monitor and document orthostatic blood pressures.</p> <p>According to the National Alliance on Mental Illness, a common side effect of Seroquel is orthostatic hypotension (a drop in blood pressure when standing up from sitting or lying down), increased heart rate, drowsiness, headache, agitation, dizziness, fatigue, extrapyramidal symptoms, weight gain, cholesterol abnormalities, increased glucose, dry mouth, increased appetite, constipation, increased blood pressure (pediatrics).</p> <p>R82:</p> <p>Review of the medical record reflected R82 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included type 2 diabetes, unspecified protein-calorie malnutrition, schizoaffective disorder, major depressive disorder and anxiety. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/8/25, reflected R82 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>A Physician's Order, dated 4/2/25, reflected R82 received 5 milligrams (mg) of Abilify (antipsychotic medication) by mouth, at bedtime, for antidepressant.</p> <p>A Physician's Order, dated 7/31/23, reflected to monitor for side effects related to antipsychotic medication use, including orthostatic hypotension (blood pressure drop when standing, after sitting or lying down).</p> <p>In an interview on 07/24/2025 at 10:22 AM, Director of Nursing (DON) B reported orthostatic blood pressures would have been documented in the vital signs section of the medical record or in the Progress Notes.</p> <p>(continued on next page)</p>

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R82's medical record did not reflect evidence of routine orthostatic blood pressure monitoring.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review the facility failed to ensure one out of 26 residents (Resident #130) care plan was revised. Findings Included:Per the facility face sheet Resident #130 (R130) was originally admitted to the facility on [DATE] and readmitted on [DATE]. Review of Physician's orders revealed an order for, [NAME] boot (boots that are puffed up to prevent heels from coming in touch with the bed surface) to bilateral (both) feet while guest is in bed, every shift for Skin integrity., dated 2/11/2025.Review of R130's care plans revealed a care plan in place for, (R130) at risk for impaired skin integrity/pressure injury R/T (related to): decreased mobility, Dx (diagnoses): Alzheimer's Dementia, Anemia, DM (diabetes), HTN (high blood pressure), Bipolar, Mood d/o (disorder), Impaired cognition, Incontinence bladder and bowel, Psychotropic drug use, and protein calorie malnutrition. The care plan was created on 10/14/2021, initiated on 9/17/23, and revised on 2/11/25, however, the [NAME] boots were not added to R130's plan of care when the care plan was revised. Review of R130's Kardex (Certified Nurse Aid plan of care) revealed the [NAME] boots were not documented on the CNAs Kardex either.Record review of R130's treatment administration record for the month of July 2025 revealed the order for R130 to wear the [NAME] boots to bilateral feet while in bed, every shift for skin integrity, dated 2/11/2025.In an interview on 7/24/2025 at 10:48 AM, Director of Nursing (DON) B stated that he did not see the [NAME] boots on R130's care plan but stated he could see the boots were ordered. DON B said he did not see the boots listed on the CNA Kardex for R130's plan of care and, stated that his expectation was that if there was a Physician's order then the boots were to be added to R130's care plan, and also on R130's Kardex plan of care.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure follow-up on monthly pharmacy medication regimen reviews for one (R82) of five reviewed. Findings include: Review of the medical record reflected R82 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included type 2 diabetes, unspecified protein-calorie malnutrition, schizoaffective disorder, major depressive disorder and anxiety. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/8/25, reflected R82 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of R82's monthly pharmacy medication regimen reviews reflected to see the report for any noted irregularities and/or recommendations for 1/31/25. Upon further review of R82's medical record, their pharmacy review report for 1/31/25 was not noted. An email was sent to Nursing Home Administrator (NHA) A on 07/23/2025 at 4:03 PM, to request R82's pharmacy review report for 1/31/25. On 07/24/2025 at 8:51 AM, Director of Nursing (DON) B reported R82's pharmacy recommendation for 1/31/25 was blank (had a recommendation but had not been followed up on). Review of R82's pharmacy Consultation Report, dated 1/31/25, reflected R82 was being treated for hypertension (high blood pressure) and received loratadine-D, which could worsen hypertension. The recommendation was to consider discontinuing loratadine-D. If antihistamine therapy was indicated, the recommendation was to consider alternative therapy with loratadine 10 milligrams daily (without decongestant). The Physician's response to the recommendation was not marked. The recommendation did not include signatures of the physician or DON. In an interview on 07/24/2025 at 10:22 AM, DON B reported they had received the blank pharmacy recommendation for 1/31/25 from their provider group the day prior. DON B reported he would have followed up on the pharmacy recommendation, had he received it (prior).</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of six medication carts was locked while unattended. Findings Included: On 07/23/2025 at 11:15 AM, a medication cart on the 100 hall was observed to be left unattended and unlocked. no nurse was observed to be in the area; several residents were in the area wandering around. It was not until 11: 21 AM that License Practical Nurse (LPN) K walked up to med cart. LPN K did not notice the medication cart was unlocked so was then informed that the medication cart was unlocked. LPN K then locked the cart and stated that she went to use the restroom and forgot to lock it. Review of the facility's policy and procedure Medication/Treatment Cart Use dated 8/15/2023, revealed, The medication/treatment cart and its storage bins are kept locked until the specified time of medication/treatment administration, In an interview on 7/24/2025 at 10:51 AM, Director of Nursing DON B stated that leaving the medication cart unlocked was not the facility's standard of practice. DON B said the staff were not to do that, and LPN K should have locked it before she left sight of the cart. DON B said the facility follows the referenced policy and procedure.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, record reviews, and 6 (9, 23, 52, 57, 82, 124) of 26 sampled residents, the facility failed to provide palatable food products effecting 126 residents who consume food, resulting in the increased potential for resident decreased food acceptance and nutritional decline. Findings include:R57:</p> <p>Review of the medical record reflected R57 admitted to the facility on [DATE], with diagnoses that included muscle weakness and moderate protein-calorie malnutrition. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/14/25, reflected 57 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 07/22/2025 at 9:48 AM, R57 was observed in bed, eating a bowl of cereal. R57 reported the facility's food was not good, and they had not had a hot meal or cold glass of milk since admitting to the facility.</p> <p>R82:</p> <p>Review of the medical record reflected R82 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included type 2 diabetes, unspecified protein-calorie malnutrition, schizoaffective disorder, major depressive disorder and anxiety. The Quarterly MDS, with an ARD of 7/8/25, reflected R82 scored 15 out of 15 (cognitively intact) on the BIMS.</p> <p>On 07/22/2025 at 10:15 AM, R82 reported the facility's food was horrible, and they would not eat it. R82 stated they had to go to the store to get their own food, such as peanut butter and jelly. According to R82, food was often served cold.</p> <p>R9:</p> <p>Review of the medical record reflected R9 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included Multiple Sclerosis. The Quarterly MDS, with an ARD of 6/27/25, reflected R9 scored 15 out of 15 (cognitively intact) on the BIMS.</p> <p>On 07/22/2025 at 11:26 AM, R9 described the facility's food as nasty.</p> <p>On 07/22/2025 at 1:12 PM, a palatability test was conducted on a lunch tray, consisting of a breaded chicken patty, mashed potatoes and gravy, a dinner roll, spinach and cherry pie. The tray was lukewarm and lacked flavor.</p> <p>Resident #52 (R52)</p> <p>Review of the medical record revealed R52 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/30/25 revealed R52 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</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 07/22/2025 at 9:34 AM, R52 was observed sitting on the edge of their bed. R52 reported they ate all meals in their room and that the food was cold and the milk was hot. R52 reported this had been reported to staff multiple times, but that staff don't seem to care.</p> <p>On 07/22/2025 at 1:14 PM, a lunch test tray revealed the breaded chicken patty was bland and lukewarm. The mashed potatoes were lukewarm and had an unpleasant taste</p> <p>Resident #124</p> <p>On 7/21/2025 at 11:39 AM, R124 was observed in his room. R124 reported that the food is terrible.</p> <p>Resident #23</p> <p>On 7/21/2025 at 12:06 PM, R23 stated that the food is shi*ty.</p> <p>On 7/22/2025 at 1:15 PM, the lunch meal was sampled. The breaded chicken was lukewarm and bland. The mashed potato with gravy tastes like starch water.</p> <p>On 07/22/2025 at 11:25 A.M., An interview was conducted with R124 regarding facility food products. R124 stated: The food is terrible. R124 also stated: I don't know what is wrong with it. R124 further stated: The food is ice cold when they hand it out.</p> <p>On 07/22/2025 at 12:47 P.M., Food product temperatures were monitored utilizing a ThermoWorks Superfast Thermapen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident 57's lunch meal:</p> <p>Chef Salad - 54.2 degrees Fahrenheit*</p> <p>Hot Dog - 109.8 degrees Fahrenheit*</p> <p>Beverage (Coffee) - 128.5 degrees Fahrenheit*</p> <p>(* ) The 2022 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 &amp;sect;3-501.19, and except as specified under &amp;para; (B) and in &amp;para; (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:(1) At 57&amp;deg;C (135&amp;deg;F) or above, except that roasts cooked to a temperature and for a time specified in &amp;para; 3-401.11(B) or reheated as specified in &amp;para; 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5&amp;deg;C (41&amp;deg;F) or less.</p> <p>On 07/22/2025 at 12:54 P.M., Food product temperatures were monitored utilizing a ThermoWorks Superfast Thermapen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident 82's lunch meal:</p> <p>Chef Salad - 55.7 degrees Fahrenheit*</p> <p>Hot Dog - 122.6 degrees Fahrenheit*</p> <p>Beverage (2% Milk) - 54.2 degrees Fahrenheit*</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>(* ) The 2022 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 &amp;sect;3-501.19, and except as specified under &amp;para; (B) and in &amp;para; (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57&amp;deg;C (135&amp;deg;F) or above, except that roasts cooked to a temperature and for a time specified in &amp;para; 3-401.11(B) or reheated as specified in &amp;para; 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5&amp;deg;C (41&amp;deg;F) or less.</p> <p>On 07/22/2025 at 1:35 P.M., A lunch meal food palatability test was conducted by this surveyor. The mashed potatoes and gravy were observed to be bland, flavorless, and grainy. The chicken patty was also observed to be unappetizing, chalky, and bland. The spinach was additionally observed to be slushy, bland, and overcooked. The cherry pie was further observed to be granular and insipid.</p> <p>On 07/23/2025 at 12:57 P.M., An interview was conducted with R52 regarding facility food products. R52 stated: The food is always cold. R52 also stated: The food sucks. R52 additionally stated: The food is disgusting. R52 further stated: When I eat in my room the food is always cold. R52 was queried regarding his lunch meal today. R52 stated: I ate the food and it was cold. R52 also stated: The potato soup was cold today. R52 further stated: My chocolate milk cup was also dirty today.</p> <p>On 07/25/25 at 08:00 A.M., Record review of the Policy/Procedure entitled: Meal Service dated 1/9/25 revealed under Policy: It is the policy of this facility to provide a dining experience that is conducive to meal acceptance, which includes a quiet, pleasant room, positive staff attitudes, and attractive meal presentation.</p> <p>On 07/25/25 at 08:15 A.M., Record review of the Policy/Procedure entitled: Food Temperatures dated 1/9/2025 revealed under Policy: Foods will be maintained at proper temperature to ensure food safety. Record review of the Policy/Procedure entitled: Food Temperatures dated 1/9/2025 further revealed under Procedures: (5) Test trays will be conducted periodically and the food temperatures, as served to the resident, will be monitored by the Nutrition Professional.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>(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 - Many</p>	<p>Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain the physical plant effecting 130 residents, resulting in the increased likelihood for cross contamination and bacterial harborage. Findings include: On 07/23/2025 at 10:05 A.M., A common area environmental tour was conducted with Environmental Services Director (ESD) M. The following issues were noted: A-Hall Nursing Station: Two 12-inch-wide by 12-inch-long vinyl flooring tiles were observed (etched, scored, particulate). The concrete flooring sub-surface was also observed exposed through the worn vinyl tiles. (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. Restroom: The hand sink faucet assembly was observed loose-to-mount. (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. Lounge: The courtyard entrance/exit door threshold was observed with an air gap. The gap between the metal threshold plate and door slab measured approximately 0.5 - 1.0-inches-deep by 36-inches-long. The metal door frame and slab face were also observed (etched, scored, particulate, corroded). (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. B-Hall Nursing Station: The countertop Formica edge was observed missing. The damaged area measured approximately 1-inch-wide by 6-feet-long. (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. Restroom: The commode base caulking was observed (etched, scored, stained, particulate). Lounge: Both sides of the entrance door were observed (etched, scored, particulate). The damaged area measured approximately 36-inches-wide by 36-inches-long respectively. The exterior entrance/exit courtyard (smoking area) door and metal support frame were also observed (etched, scored, corroded, particulate). (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. The hallway corridor entrance double-door assembly was observed to not completely close upon opening. The double-door assembly was also observed requiring manual assist to completely close and reset the alarmed door code assembly. (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. Occupational/Physical Therapy: The hand sink faucet assembly was observed loose-to-mount. (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. C-Unit Soiled Linen/Biohazard Room: The Formica laminate countertop edge was observed missing. The missing countertop edge measured approximately 2-inches-wide by 18-inches-long. (ESD) M indicated she would contact maintenance for necessary repairs as soon as possible. On 07/23/2025 at 3:05 P.M., An environmental tour of sampled resident rooms was conducted with Environmental Services Director (ESD) M. The following items were noted: 101: The drywall surface was observed (etched, scored, particulate), adjacent to Bed A. The damaged drywall surface measured approximately 4-feet-wide by 6-feet-long. 102: The restroom commode base caulking was observed (etched, scored, stained, particulate). 104: The drywall surface was observed (etched, scored, particulate), adjacent to Bed A and Bed B. The damaged drywall surface measured approximately 4-feet-wide by 20-feet-long. The privacy curtain between Bed A and Bed B was also observed soiled with accumulated and encrusted food debris. 105: The drywall surface was observed (etched, scored, particulate), adjacent to the Bed B headboard. The damaged drywall surface measured approximately 4-inches-wide by 24-inches-long. The drywall surface was also observed (etched, scored, particulate), adjacent to the Bed A footboard. The damaged drywall surface measured approximately 18-inches-wide by 24-inches-long. 106: The privacy curtain between Bed A and Bed B was observed heavily soiled with accumulated and encrusted food residue. The drywall surface was also observed (etched, scored, particulate), adjacent to the Bed A headboard. The damaged drywall surface measured approximately 24-inches-wide by 18-inches-long. One carpenter ant was additionally observed foraging between Bed A and Bed B. The flooring surface was further observed soiled with accumulated and encrusted dust/dirt and food debris. 108: The drywall surface was observed (etched, scored, particulate), adjacent to Bed B. The damaged drywall surface measured approximately 24-inches-wide by 30-inches-long. The restroom commode base caulking was also observed (etched, scored, stained, particulate). 127: The drywall surface was observed (etched, scored, particulate), adjacent to Bed A. The damaged drywall surface measured approximately 4-feet-wide by 10-feet-long. 132: The drywall surface was observed (etched, scored, particulate), adjacent to Bed A. The damaged drywall surface measured approximately 20-inches-wide by 60-inches-long. 133: The restroom commode support was observed loose-to-mount. The restroom commode support could be moved from side-to-side approximately 4.6-inches. 134: The restroom commode support was observed loose-to-mount. The restroom commode</p>		