STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235339	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edison Christian Health Center	1000 Edison Ave NW Grand Rapids, MI 49504

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain best practices in the kitchen resulting in the potential to spread food borne illness to all residents that consume food from the kitchen.Findings include:On 9/15/25 at 9:32 AM, An interview with Production Manager (PM) SS found that staff check dates of food products daily. Further review of the walk-in cooler found an open package of roast beef with no date, a container of cut pineapple with no date, pumpkin dated 8/25 to 8/31, a bag of kielbasa sausages open with no date, and a container of scrambled eggs uncovered and not dated. On 9/15/25 at 9:38 AM, Observation of the two door Traulsen cooler found a container of leaf lettuce dated 9/6 to 9/9. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . On 9/15/25 at 9:37 AM, Observation of the walk-in cooler found a covered container of mechanical breakfast sausage. At this time visual humidity was found forming on the inside of the saran wrap cover. The surveyor took a temperature of the sausage at this time and found it to be 130F. When asked about the mechanical sausage, PM SS stated that it was made this morning for breakfast and that he need to finish cooling. The item was not on the cooling log at this time. According to the 2022 FDA Food Code section 3-501.15 Cooling Methods. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; (2) Separating the FOOD into smaller or thinner portions; (3)Using rapid cooling EQUIPMENT; (4) Stirring the FOOD in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be: (1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	facilitate heat transfer from the surface of the FOOD. On 9/15/2025 at 9:43AM, Observation of a pan of cooked beef patties at 106 degrees, stored on the grill. During interview with [NAME] AA it was stated that the cooking temperature of the patties was 165F before being placed in the pan with liquid beef base. On 9/15/2025 at 10:37AM, Observation in the [NAME] Hall dining room, there were three breakfast trays stored in the warming unit that was registering 116 degrees on the digital temperature gauge. Food Service Manager (FSM) E took the temperature of a food item on one of the food trays with a rapid read thermometer and stated food was at 116 degrees. According to the 2022 FDA Food Code section 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (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 57 C (135 F) 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; P or (2) At 5 C (41 F) or less. P On 9/15/25 at 9:49 AM, Observation of the can opener on the preparation table found heavy black accumulation on the blade, bar, and the inner mechanism of the opener. An interview with PM SS found that it should get cleaned weekly. On 9/15/25 at 9:52 AM, Observation of the cook line found the kitchen microwave with an accumulation of dried food debris. When asked about the condition of the microwave, [NAME] AA stated that it needs to be cleaned. On 9/15/2025 at 10:29AM, Observation of Kitchen prep area found dried food debris stuck on the mixing guard and on the neck of the stand mixer. When asked PM SS stated the stand mixer was not used that morning and was unsure when the mixer was last used. On 9/15/25 at 10:37 AM, observation of the [NAME] Dining room, the ice machine was found with black accumulation on the ice spout. Interview with FSM E found that Maintenance takes care of the ice machine cleanings and staff wipe down the unit. On 9/15/25 at 10:45 AM, Observation of the Front Dining Room found the Coffee and Juice machines with accumulations of dark spotted debris on non-food contact surfaces between the spouts. On 9/15/25 at 11:06 AM, Observation of the [NAME] Dining room found the Ice machine spout with brown and white crusted debris. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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** DPS #1 Based on observation and interview, the facility failed to maintain general cleanliness and repair of the premises. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living, affecting residents in the following areas:Findings include: DPS #2 Based on observation, interview, and record review, the facility failed to ensure a sanitary and comfortable environment in 1 (Resident #18) of 19 residents reviewed for a clean, homelike environment, resulting in a build of up dust and debris on surfaces in the resident's room and the potential for decreased satisfaction with the living environment.Findings include: On 9/15/25 at 10:24 AM, Observation of the Main dining room found the cabinet underneath the ice machine with an accumulation of black staining and debris. On 9/15/25 at 10:38 AM, Observation of the [NAME] dining room found trash bags stored underneath the sink, with the cabinet having a large hole in the back where plumbing comes from the wall. Further review found a heavy accumulation of black debris on the bottom and back side of the cabinet. On 9/15/25 at 10:37 AM, Observation of the Front kitchenette found a large hole underneath the sink cabinet where plumbing comes from the wall. On 9/15/25 at 2:58 PM, Observation of the Clean utility room on the South Hall found briefs and gloves stored on the floor. On 9/15/2025 at 3:30PM, Observation in the [NAME] dining room, there was a large accumulation of liquid pooling under the ice machine, and beverage dispenser. The liquid was also leaking down the cabinet and soaking into the carpet underneath. The Maintenance Director P was unaware of the pooling liquid and unsure where the liquid was coming from. On 9/15/25 at 3:31 PM, Observation of the Clean Linen room found an excess of dust, debris, and items behind the wheeled cart used for storage of linen. On 9/15/25 at 3:37 PM, Observation of the [NAME] bath found shampoo, body wash, toilet paper, and disinfectant comingling in the cabinet. On 9/15/2025, 3:38PM Observation of a shower curtain, in the [NAME] bath, with mildew in the creases at bottom of curtain. On 9/16/2025 at 8:40AM, Interview with Purchasing Manager PM EE, regarding housekeeping operations, it was stated showers were cleaned and disinfected during the daily cleaning by housekeeping and that Head Nurses would also report observations if additional cleaning was needed. On 9/15/25 at 3:40 PM, Observation of the [NAME] Housekeeping closet found the faucet connected to a chemical pre-dispense with no way to relieve the backpressure the system puts on the faucets internal vacuum breaker. Maintenance Director P stated he would add a wasting tee to the faucet. On 9/15/25 at 3:42 PM, Observation of the [NAME] Soiled utility room found that the over hopper faucet was not able to be turned on, indicating a stagnant line. Further review of the room found that the ventilation exhaust was not heard or visually observed with suction. MD stated that it usually has good suction when working. DPS #1 findings continued: During an observation on 9/15/25 at 9:24am, a large pink stain, approximately 18 inches x 3 feet, was noted on the carpet, to the right of the door, in the dining room of the [NAME] Hall. Between table 2 and 3, along the exterior wall of the dining room, a section of carpet approximately 12x12, was soiled with a white substance that appeared to be dried food. Residents sat nearby, eating breakfast. Nursing staff were observed in the dining area, assisting residents. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 9/16/25 at 9:52am, the position of some of the tables in the dining area had been rearranged. A large pink stain, approximately 18x3 was noted under a resident dining table, to the right of the door, in the dining room of the [NAME] Hall. An unknown female resident sat at table 2, which had been moved, and now sat directly over a white dried substance that appeared to be dried food. The soiled section of carpet was directly under the resident's feet. In an interview on 9/17/25 at 10:20am, Certified Nursing Assistant (CNA) DD reported staff were expected to report a need for carpet cleaning to Environmental Services (EVS). In an interview on 9/17/25 at 10:46am, Licensed Practical Nurse (LPN) CCC reported nursing staff were expected to report soiled carpet issues to EVS via the computerized communication system. When further queried, LPN CCC reported EVS generally cleaned the carpet within 24 hours of notification. In an interview on 9/17/25 at 11:19am, Environmental Service Supervisor (ESS) XX reported until very recently, the facility did not have a carpet cleaning schedule and did not maintain an ongoing record of carpet cleaning for the dining area of the [NAME] Hall. ESS XX reported the expectation was that the carpet was cleaned at least every other week and as needed when spills occurred. ESS XX reported housekeeping staff/floor care staff were expected to inspect the cleanliness of the carpet in the [NAME] Hall dining room daily and immediately report any cleaning needs. ESS XX reported nursing staff were also expected to report carpet cleaning needs because residents in that area frequently spilled food/drinks/had uncontained incontinence. When further queried, ESS XXX reported he was unaware of the soiled carpet in the [NAME] Hall dining room until it was reported as a concern by a surveyor. Findings DPS #2: Resident #18 Review of an admission Record revealed Resident #18 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: vascular dementia (cognitive decline caused by damage to the blood vessels of the brain), chronic bronchitis (chronic lung condition characterized by persistent inflammation of the airways, leading to excessive mucus production and persistent cough). Review of a Minimum Data Set (MDS) assessment for Resident #18 with a reference date of 8/7/25, revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicated Resident #18 could not complete the assessment. Section O of the MDS revealed Resident #18 was on oxygen therapy. During an observation on 9/15/25 at 9:50am, Resident #18 slept in her bed with an activated, free-standing fan positioned approximately 2 feet from the bed. The height of the fan caused it to blow air directly toward the resident's face. Several dime sized areas of dust and debris were noted on the metal fan guards, both in front of and behind the fan blades. The motor casing of the fan was dust covered, and the base was soiled with dried liquid, dust and debris. A collection of dust and debris was noted on the floor behind Resident #18's oxygen concentrator. During an observation on 9/16/25 at 10:17am, Resident #18 slept in her bed. The free-standing fan was on, blowing air toward the resident's face. Dust and debris remained on the wire fan guards, on the casing around the motor and on the base of the fan. A collection of dust and debris was noted on the floor behind Resident #18's oxygen concentrator. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 9/17/25 at 10:39am, Resident #18 slept in her bed. The free-standing fan was on, turned toward the resident at face level, approximately 3 feet from the resident's bed. The dust and debris noted on the fan on 9/15/25 and 9/16/25, remained in place. A collection of dust and debris remained on the floor behind Resident #18's oxygen concentrator. In an interview on 9/17/25 at 10:43am, HSK K reported she cleaned Resident #18's room regularly. HSK K reported each resident's room should be cleaned daily and deep cleaned at least weekly. HSK K reported daily cleaning included sweeping and mopping the floor. HSK K reported she was not sure if housekeepers were expected to clean fans that were in a resident's room but she usually tried to clean them. In an interview on 9/17/25 at 11:19am, Environmental Services Supervisor (ESS) XX reported it was the responsibility of the housekeeper to ensure personal fans in resident rooms were kept clean. ESS XX reported the housekeepers were expected to use a vacuum cleaner to remove dust and debris from the surfaces of resident fans. Review of a Safe and Homelike Environment Policy with a reference date of 2025, revealed In accordance with residents' rights, the facility will provide a.clean, comfortable and homelike environment.3. Housekeeping and maintenance services will be provided as necessary.

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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 an person-centered care plans in 1 (Resident #57) of 19 residents reviewed for care planning, resulting in the potential for unmet care needs. Findings include: Resident #57 Review of an admission Record revealed Resident # 57 was originally admitted to the facility on [DATE] with pertinent diagnoses which included dysphagia (difficulty swallowing food or liquids) and mild intellectual disabilities. Review of Resident #57's Care Plan revealed, (Resident #57) has potential for alteration in nutrition/hydration status r/t (related to) therapeutic diet, meds which may affect appetite/wt (weight) . hx (history) of swallowing issue at previous facility .spilling food d/t (due to) shaking hands. Date initiated: 1/20/25. Interventions: Diet as ordered: Consistent carbohydrate, regular texture, thin liquids. Small portions to promote weight loss and glycemic control. NO straws and weighted utensils. Date initiated: 1/20/25. Revision: 9/5/25. During an observation on 9/15/2025 at 12:51 PM, Resident #57 was sitting in her recliner in her room. Resident #57 had a cup of water with a straw sitting on her tray table. It was noted that there a sign on the wall behind Resident #57 dated 9/5/25 which stated, No straws. During an observation on 9/15/2025 at 3:45 PM, Resident #57 was sitting in her recliner in her room. It was noted that Resident #57 had two water cups sitting on her tray table with straws in both cups. During an observation on 9/16/2025 at 12:18 PM, Resident #57 was sitting in her recliner when Certified Nursing Assistant (CNA) G entered Resident #57's room and placed a water cup with a straw on her tray table and then exited Resident #57's room. Immediately after CNA G left Resident #57's room, CNA G entered Resident #57's room and delivered a cup of sprite with a straw to Resident #57. It was noted that Resident #57 was eating chicken noodle soup without weighted utensils. It was noted that Resident #57 was struggling to eat the soup with the spoon that she was using. In an interview on 9/16/2025 at 4:38 PM, Licensed Practical Nurse (LPN) BB reported that Resident #57 was supposed to use weighted utensils. LPN BB' reported that the staff did sometimes forget to bring weighted utensils when Resident #57 was eating in her room. LPN BB reported that she was not sure if Resident #57 was able to use straws with drinks. In an interview on 9/17/2025 at 9:41 AM, CNA ZZ reported that she was unsure if Resident #57 was able to use straws with drinks. CNA ZZ reported that the staff should follow the resident care plan to know if the resident required certain assistive devices with meals. CNA ZZ reviewed Resident #57's care plan with this writer and confirmed that Resident #57 was not supposed to have straws with drinks. In an interview on 9/17/2025 at 9:47 AM, Registered Nurse Supervisor (RN-S) AAA reported that Resident #57's care plan noted that she should have weighted utensils at all meals, and that she was not supposed to have straws with drinks. RN-S AAA reported the intervention to use weighted utensils and not give straws to Resident #57 with drinks was started on 9/5/25. RN-S AAA reported that when a resident had an update to their care plan, staff would print out two copies of the care plan, with the update highlighted and place it on the Care Plan book at the nurse's station and in the resident's room. RN-S AAA reported that staff were expected to review the care plan updates before providing care for residents in case there were changes. In an interview on 9/17/2025 at 9:25 AM, Therapy Manager (TM) BBB reported that Resident #57 had been receiving occupational therapy services since July 2025, and speech therapy services since August 2025. TM BBB reported that Resident #57 was receiving occupational therapy services due to decreased self-feeding. TM BBB confirmed that occupational therapy had ordered that Resident #57 use weighted utensils with all meals. TM BBB confirmed that Resident #57 had made improvements with self-feeding when using the weighted utensils. TM BBB reported that Resident #57 was receiving speech therapy services for difficulty swallowing. TM BBB confirmed that speech therapy had recommended that Resident #57 not use straws due to difficulty with swallowing. Review of the facility's Assistive Eating Devices policy last revised 1/2024 revealed, Policy: Assistive eating (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	devices will be available for all residents needing support from improving independence and/or for resident safety. This includes meals, snacks, nourishments, and any time food or beverages are being served. Training and assistance will be provided to ensure that residents and/or staff understand and can use the assistive eating device . Review of the facility's Care Plan policy last revised 1/2025 revealed, Policy Statement: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident. Policy interpretation and implementation: 1 . The care plan identifies the highest level of functioning the resident may be expected to obtain; or maintain; or interventions appropriate for comfort when decline is the expected outcome . 3. Each resident's comprehensive person-centered care plan is centered and designed to: .e. reflects treatment goals, timetables, and objectives in measurable outcomes .g. aide in preventing or reducing declines in the resident's functional status and/or functional levels . h. enhances the optimal functioning of the resident by focusing on a rehabilitative program .

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent significant medication errors in 1 (Resident #65) of 5 residents reviewed for medication errors, resulting in Resident #65 receiving an unprescribed antiseizure medication and the potential for adverse side effects. Findings include: Resident #65 Review of an admission Record revealed Resident #65 was originally admitted to the facility on [DATE] with pertinent diagnoses which included severe intellectual disabilities and chronic pain. Review of Resident #65's Progress Note dated 9/8/25 and documented by Licensed Practical Nurse (LPN) BB revealed, Due to med (medication error), full head to toe performed (assessment). Resident appears at baseline, other than drowsiness, denies pain when asked, responds yes when asked if sleepy. Vitals: BP (Blood pressure): 131/84, P (pulse): 78, O2 (oxygen saturation) 93 % RA (room air), RR (respiration rate): 16, T(temperature): 97.8. Resident ate 0-25% of lunch and did not drink well this shift. Would purse lips when approached. Will continue to push fluids. Checking vitals Q2H (every two hours). Resident responds appropriately to questions, rouses to voice . Review of Medication Error Form dated 9/8/25 revealed, .Medication/Dose/Route of administration involved: Clobazam 10 mg (benzodiazepine medication used to treat seizures) orally. Description of events: The incorrect narcotic was grabbed (roommate's). Given at 09:10 AM. Realized error at 3:00 PM when counting narcotics. 1. Medication error type: Wrong drug. 2. Failure to follow procedures (explain): Did not complete triple checks. Medication Error Classification: error occurred, resulted in need for increased monitoring, no harm. Corrective action: additional training. This form was signed by Director of Nursing (DON) B on 9/9/25 and Nursing Home Administrator (NHA) A on 9/9/25. In an interview on 9/16/2025 at 4:28 PM, LPN BB reported that the day that she had administered the wrong medication to Resident #65, the facility was short staffed, and she had more residents to care for than she typically would. LPN BB reported that she was going too fast during medication administration, and she had checked Resident #65's Medication Administration Record (MAR), then signed the narcotic count sheet for Resident #65's narcotic medication before she removed the narcotic medication from the locked cart. LPN BB confirmed that after she had documented the narcotic count of the medication, she grabbed Resident #65's roommates' narcotic medication and dispensed that medication instead of the medication that was ordered for Resident #65. LPN BB reported that she did not realize she had given Resident #65 the wrong medication until the end of her shift, when she was counting the narcotic medications with the oncoming nurse. LPN BB confirmed that she should have verified the narcotic medication when she was writing it down on the narcotic count sheet, and she should have also verified the medication again before she dispensed it. LPN BB confirmed that Resident #65 was definitely lethargic throughout the day after she had been given the wrong medication. LPN BB reported that the facility would typically complete a follow up education after a medication error, but that she had not yet received any additional education since she had administered the wrong medication to Resident #65. In an interview on 9/17/2025 at 9:47 AM, Registered Nurse Supervisor (RN-S) AAA reported that she was made aware of Resident #65 receiving the wrong medication on 9/8/25 by LPN BB as soon as she had discovered the error. RN-S AAA reported that Resident #65 was monitored for 24 hours after the discovery of the incident and was noted to be more lethargic. RN-S AAA reported that she had not completed any follow up education with LPN BB after the incident, but that typically the facility's nurse educator would complete a follow up education. On 9/17/2025 at 10:22 AM, This writer attempted to reach Nurse Educator (NE) D via telephone. This writer was unable to speak to NE D prior to survey exit. Review of the facility's Administering Medications policy, last revised 8/26/2019, revealed, Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed . Policy Interpretation and Implementation: . 2. Medications must be administered in accordance with the orders . 5. Nurses perform the triple check 6-rights of medication administration: Right Medication, (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dose, Time, Route, Documentation, and Person .19. medications ordered for a particular resident may not be administered to another resident .