STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47955 Based on interview and record review the facility failed to 1.) provide proper documentation of notice of transfers to 2 (Residents #72, and #40) of 3 residents who were transferred from the facility and 2.) provide resident transfer notifications to the local ombudsman. Findings include: Resident #72 Review of an Admission Record revealed Resident #72 had pertinent diagnoses which included: Traumatic hemorrhage of the cerebrum (bleeding in the brain) and non-displaced fracture of the seventh cervical vertebra (a break in the cervical spine in the neck). Review of Notice of Involuntary Transfer or Discharge and Facility-Initiated Discharge for Nursing Homes' provided by Director of Nursing (DON) B for Resident #72 on 11/14/2024 was noted to be dated 7/8/24, with a proposed date of transfer as 7/10/24, reason for transfer was resident no longer needed services provided by the facility. Resident #72 signature was noted on form. In an interview on 11/14/24 at 12:49 PM., Social Work Director (SWD) FF reported she did not transfer Resident #72 from the facility. SSD FF reported that Resident #72 was discharged to home per his choice. In an interview on 11/14/24 at 12:52 PM., Minimum Data Set/ Licensed Practical Nurse (MDS/LPN) AA reported that Resident #72 chose to discharge from the facility; he was not discharged by the facility. In an interview on 11/14/24 at 1:00 PM., DON B reported she was the nurse that discharged Resident #72. DON B reported that Resident #72 made the decision to discharge to home. This surveyor asked DON B about the notice of involuntary transfer form that was completed by her when Resident #72 discharged from the facility, and DON B replied I think I completed the wrong form, the facility did not initiate the discharge, he wanted to go home. DON B reported that the involuntary transfer form was completed by the facility for every transfer and discharge that occurred, it was the only form the facility had for notice of transfer. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/14/24 at 1:50 PM., Assistant Director of Nursing (ADON) E reported the notice of involuntary transfer or discharge was the form given to all residents who transferred out or discharged from the facility. In an interview on 11/14/24 at 1:51 PM., DON B and ADON E accompanied this surveyor into Nursing Home Administrator (NHA) A office, with a blank copy of Notice of Involuntary transfer or discharge . and when NHA A observed the form she stated, that was the wrong form for a transfer notice. In an interview on 11/15/24 at 2:46 PM., DON B, ADON E and NHA A were in DON B office and when asked by this surveyor who provided the monthly transfer notice list to the local ombudsman's office, all 3 replied it was not them. NHA A reported it was SWD FF who provided the list to the local ombudsman. In an interview on 11/15/24 at 2:49 PM., SWD FF reported she did not provide a list of monthly resident transfers to the local ombudsman. SWD FF reported the former NHA was the one that completed that task. NHA A was present during this interview in SWD FFs office and reported she was not sending the list to the local ombudsman. On 11/15/24 at 2:50 PM., NHA A confirmed the local ombudsman's office was not receiving a monthly list of notice of transfer from the facility. 41424 Resident #40: Review of a Face Sheet for Resident #40 revealed she admitted to the facility on [DATE] with pertinent diagnoses of Alzheimer's disease, macular degeneration (eye disease that causes vision loss), cognitive communication deficit (progressive degenerative brain disorder resulting in difficulty with thinking and how someone uses language), dementia, dysphagia (damage to the brain responsible for production and comprehension of speech), and anxiety. Review of Non-Routine Tele-Visit dated 8/8/24, .Reason for Evaluation: I am asked by the nursing staff to evaluate this patient who had a fall .Subjective: This patient is not able to sit, the patient's pain in the hip is not tolerable, and there is a shortening of the leg .Assessment: Left hip pain with shortening .Plan: Will send the patient to the ER for evaluation . Review of Notice of Involuntary Transfer or Discharge and Facility Intiated Discharge for Nursing Homes for Resident #40 dated 8/8/24, revealed, .this form is to be used when there is a discharge of a resident from the nursing home to any location with the expectation that the resident will not return to the nursing home .Does the residdnt have a guardian or resident representative? yes .This is to identify the destination and date for the proposed transfer or discharge (Note: No destination note) .Reason(s) for transfer or discharge, both a state and federal must be selected (Note: No reason was selected for State requirements or CMS requirements) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999 Based on interview and record review, the facility failed to revise resident care plans related to fall prevention interventions and the use of a soft hand splint for 2 (Resident #225 and Resident #35) of 20 resident reviewed for care planning. Findings include: Resident #225 Review of an Admission Record revealed Resident #225 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: paraplegia (chronic condition that causes paralysis of the lower half of the body). Review of a Minimum Data Set (MDS) assessment for Resident #225 with a reference date of 10/14/24 revealed the resident was dependent for rolling left to right in bed, bringing self from a lying to sitting position, and for transferring from the bed to a wheelchair. Review of a Care Plan for Resident #225, with a reference date of 10/08/24, revealed a focus/goal/interventions of: Focus: The resident is a low risk for falls r/t(related to) paraplegia, weakness. Goal: The resident will be free of falls through the review date. Interventions: be sure resident's call light in within reach .the resident needs a safe environment with even floors .glare free light .side rails as ordered . An intervention to use a bolster in Resident #225's bed was not present. Review of a Kardex for Resident #225, with a reference date of 11/15/24, revealed: Safety: be sure the resident's call light is within reach .floor mat .side rails as ordered . An intervention to use a bolster in Resident #225's bed was not present. In an interview on 11/14/24 at 1:53pm, Registered Nurse (RN) EE reported Resident #225 always kept his body very close to the right edge of his bed and fell from his bed after reaching for something on 11/2/24. During an observation on 11/14/24 at 2:29pm, Resident #225 was observed asleep in his bed with a bolster placed on the right side of his mattress. Resident #225's body was pressed firmly against the bolster. In an interview on 11/14/24, at 2:55pm, Director of Nursing (DON) B reported after Resident #225 experienced a fall from his bed on 11/2/24, the Interdisciplinary Team determined the resident should have a bolster placed on the right of his bed to reduce his risk for future falls. DON B reported this intervention should have been added to Resident #225's care plan but was not. In an interview on 11/14/24 at 3:06pm, Certified Nursing Assistant (CNA) I reported the staff use the care plan and the Kardex to guide the care of the residents. 47955 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #35 Review of an Admission Record revealed Resident #35 had pertinent diagnoses which included: Alzheimer's disease, dementia, and contracture (condition that causes a joint to become very stiff and prevents normal movement) of the right hand. Review of Physician Orders for Resident #35 revealed monitor skin integrity to RUE (right upper extremity) (R Hand) related to splint use, started on 6/12/2023. Review of Care Plan for Resident #35 revealed soft hand splint to right hand apply every morning and remove at HS (bedtime). During an observation on 11/14/24 at 3:43 PM., Resident #35 was lying in bed and did not have a soft splint on her right arm. Review of Physician Order for Resident #35 revealed remove splint Q (every) HS at bedtime for contracture management note to be discontinued on 9/9/2024. During an observation on 11/15/24 at 8:15 AM., Resident #35 was sitting in her wheelchair, no noted soft hand splint on her right hand. In an interview on 11/15/2024 at 11:00 AM., Certified Nursing Assistant (CNA) J reported that Resident #35 no longer wore a splint on her right hand. In an interview on 11/15/24 at 11:24 AM., Licensed Practical Nurse / Supervisor (LPN/S) Y reported Resident #35 wore a soft splint on her right hand during the day. LPN/S Y then reviewed Resident #35's medical record and verbalized the order for Resident #35's soft hand splint was discontinued on 9/9/24. LPN/S Y reviewed Resident #35's care plan and reported it indicated the use of a soft hand splint. LPN/S Y reported that Resident #35 was not to wear a soft splint on her right hand. On 11/15/24 at 11:30 AM., LPN/S Y removed the intervention related to the use of a soft hand splint on Resident #35's right hand in Resident #35's care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38905 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 following areas. Findings include: During a tour of the Riverside Spa, with Maintenance Director Z, at 1:45 PM on 11/13/24, it was found that the hot water from the hand sink reached 123F when using a Thermoworks rapid read digital thermometer. When asked what he normally gets for hot water temperatures, MD Z stated 116F-118F. Observation of the boiler room, at 1:54 PM on 11/13/24, found that the boiler was set at 140F and domestic hot water flows through a thermostatic mixing valve which is showing an outgoing temperature of 125F to the floor. When asked if there were any other hot water systems in the building, MD Z stated no, and that the kitchen and laundry get hot water direct from this source as well, but before its mixed down. When asked when he usually takes hot water temperatures, MD Z stated that he usually takes them in the morning. At 2:15 PM on 11/13/24, MD Z started his tour with the Fire Marshall and left the surveyor. During a tour of the Meadowlane Spa, at 2:36 PM on 11/13/24, it was found that the hot water temperature from the hand sink reached 135F. An interview with Certified Nursing Assistant I, at 2:37 PM on 11/13/24, found that the water does get hot down here and that staff generally turn it on as hot as it will go and dial it back for residents in order to make sure it doesn't get too hot. Observation of the shared bathroom between resident rooms [ROOM NUMBERS], at 2:40 PM on 11/13/24, found that the hot water in the sink reached 134F. Observation of the shared bathroom between resident rooms [ROOM NUMBERS], at 2:42 PM on 11/13/24, found that the hot water in the sink reached 129F Observation of the shared bathroom between resident rooms [ROOM NUMBERS], at 2:44 PM on 11/13/24, found that the hot water in the sink reached 128F. Observation of the Valley Court Spa, at 2:46 PM on 11/13/24, found that the hot water in the sink reached 135F. A further temperature of the shower found the hot water reached 126F. At 3:03 PM on 11/13/24, the surveyor informed Assistant Director of Nursing E that the facility has excess hot water temperatures and that they should be aware of an increased concern for resident harm due to scalding and burning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Valley Court Spa room, at 11:12 AM on 11/14/24, found hot water from the sink reached 118F.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 47955 Based on observation, interview, and record review the facility failed to maintain nebulizer equipment for 1 (Resident #2) of 1 resident reviewed for respiratory care resulting in the potential for inconsistent equipment exchange, irregular cleaning, and respiratory infection. Findings include: Review of an Admission Record revealed Resident #2 had pertinent diagnoses which included: chronic obstructive pulmonary disease, COPD (a lung and airway disease that restricts breathing). Review of a Minimum Data Set (MDS) assessment for Resident #2, with a reference date of 10/31/24 revealed a Brief Interview for Mental Status (BIMS) score of 13/15 which indicated Resident #2 was cognitively intact. During observations on 11/13/24 at 11:48 AM, 11/14/24 at 10:11 AM and 3:15 PM, 11/15/24 at 8:13 AM and 9:59 AM, a nebulizer machine (a machine that turns liquid medication into a fine mist that a person can inhale through a face mask) with tubing with one end connected to the machine and the other end connected to nebulizer kit with a mask attached was noted to be laying directly on the top of the bedside dresser. The tubing was noted to be dated 10/19. There was no storage bag noted. In an interview on 11/13/24 at 11:48 AM Resident #2 reported she does need to use her nebulizer, and she was unsure of the last time she used it. Review of Physician Orders for Resident #2 revealed Albuterol sulfate inhalation nebulization solution 2.5 mg (milligrams)/3ml (milliliters) 0.083% (percent) 1 inhalation - inhale orally via nebulizer every 6 hours as needed for wheezing or SOB (shortness of breath), started on 8/2/2024. In an interview on 11/15/24 at 9:59 AM., Licensed Practical Nurse (LPN) X reported that Resident #2 does have an order for nebulizer treatments if she becomes short of breath. LPN X reported that oxygen supplies are changed weekly by night shift and that all tubing should be dated when changed and the nebulizer kit should be stored in a bag when dry and not in use. LPN X observed the nebulizer kit at the bedside of Resident #2 and confirmed the nebulizer mask and tubing was dated for 10/19. LPN X reported it should be discarded and replaced with a new nebulizer kit, and she would obtain a new kit and replace it. In an interview on 11/15/24 at 10:10 AM., Registered Nurse (RN) BB reported that oxygen supplies were replaced weekly on the night shift and were to be dated with the date when changed and stored in a bag when dry and not in use. During an observation on 11/15/24 at 10:41 AM., Resident #2 was noted to have severe respiratory distress, and LPN X, RN BB, Licensed Practical Nurse/Supervisor (LPN/S) Y and Medical Director (MD) GG were noted in Resident #2's room performing assessments and providing a nebulizer treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/15/24 at 11:34 AM., LPN/S Y reported oxygen supplies were to be changed out weekly on Sundays by the night shift nurse and that oxygen equipment should be dated with the date it was changed and stored in a bag when dry and not in use. LPN/S Y reported Resident #2 was transported to an acute care setting for respiratory distress and Resident #2 was given an as needed nebulizer treatment before she was transferred. LPN/S Y reported the nebulizer kit and mask that was present at Resident #2's bedside that was dated 10/19 was the kit and mask used to administer the nebulizer treatment to Resident #2. Review of facility policy Oxygen Administration with a revision date of 08/2024 revealed change nebulizer tubing and delivery devices every 72 hours or per facility policy and as needed if they become soiled or contaminated. Keep delivery devices covered in plastic bag when not in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 38905 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 potential to affect all 73 residents. Findings include: During an observation of the 100 hall soiled utility room, at 1:38 PM on 11/13/24, an interview with Maintenance Director (MD) Z found that the facility was in the process of taking out the hoppers that staff no longer use and have been removing stagnant and dead end lines in the process. When asked if minimal use or unused fixtures are flushed, MD Z stated that flushing happens with housekeeping and myself. During an interview with MD Z regarding the Water Management Plan (WMP), at 2:05 PM on 11/13/24, it was found that the facility used to send water samples to be tested for legionella, but it hasn't happened in a year or two. When asked if they are currently sampling for anything, MD Z stated no. Observation of the Meadowlane Spa room, at 2:37 PM on 11/13/24, found that a black wooden column was standing against the wall on the side of the room. Upon moving the wooden column it was observed that two water lines protruded from the floor, unsure of whether these lines were still connected or not. During a review of the facilities Water Management Plan Overview for: Edgewood Health and Rehab, expiring on 3/01/25, found that the facility should DETERMINE LOCATIONS WHERE CONTROL MEASURES MUST BE APPLIED AND MAINTAINED IN ORDER TO STAY WITH ESTABLISHED CONTROL LIMITS. The plan goes on to state the facility should, ESTABLISH PROCEDURES FOR MONITORING WHETHER CONTROL MEASURES ARE OPERATING WITHIN ESTABLISHED LIMITS AND. IF NOT, TAKE CORRECTIVE ACTIONS. Once these actions are taken the plan calls for a confirmation step in order to confirm THE PROGRAM IS BEING IMPLEMENTED AS DESIGNED (VERIFICATION). AND THE PROGRAM EFFECTIVELY CONTROLS THE HAZARDOUS CONDITIONS THROUGHOUT THE BUILDING WATER SYSTEMS{VALIDATION). Finally the plan asks for a step in documentation to ESTABLISH DOCUMENTATION AND COMMUNICATION PROCEDURES FOR ALL ACTIVITIES OF THE PROGRAM. During an interview with MD Z regarding the facilities WMP, starting at 2:02 PM on 11/14/24, found that of the listed control measures in the WMP, no control measures are carried out, documented, and tracked as the policy and plan states. When asked about the water lines behind the wooden column in the Meadowlane Spa, MD Z stated it was like that before he started and wasn't sure if they were still connected. When asked what control measures he has in place to reduce the risk of Legionella or OPPP, MD Z was unsure. When asked if there was a kill step control limit used, MD Z was unsure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637 Based on interview and record review, the facility failed to ensure COVID-19 consents or declinations were obtained for 2 residents (Resident #44, Resident #37) of 5 reviewed for immunizations resulting in residents/family members being unaware of the vaccination and the risks/benefits of having it completed. Findings include: Resident #44 (R44) Review of the Admission Record and Minimum Data Set (MDS) dated [DATE] revealed R44 admitted to the facility on [DATE] with diagnoses including dementia (condition that is characterized by memory loss and judgement) and cognitive communication deficit. Brief Interview for Mental Status (BIMS) reflected a score of 6 which indicated R44 was severely cognitively impaired (00 to 07 is severe cognitive impairment). Review of R44's immunization record revealed her last COVID-19 vaccine was the Pfizer Booster which was given to her on 10/9/2023 per historical data. Review of R44's medical record did not reveal any indication that her dual POAs were contacted regarding consent for the COVID-19 vaccination. Resident #37 (R37) Review of the Admission Record and Minimum Data Set (MDS) dated [DATE] revealed R37 admitted to the facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R37 was cognitively intact (13 to 15 cognitively intact). Review of R37's immunization record revealed Moderna Booster .refused and the date of refusal wasn't indicated. Further review of the chart indicated that R37 refused the Moderna booster on 9/26/2024 and education provided and patient verbalized understanding. During an interview on 11/14/2024 at 2:31 PM, Assistant Director of Nursing (ADON) E who is also the Infection Preventionist stated that R44 refused the COVID-19 vaccine verbally and the facility did not ask R44's POAs for their consent or declination of the vaccine which discussed the risks and benefits of receiving the vaccine. ADON E also stated that R37 refused the vaccine verbally and she wasn't given the consent or declination form for the vaccine which discussed the risks and benefits of receiving the vaccine. ADON E reported she did not have the correct COVID-19 consent forms that included risks and benefits related to the vaccination until the end of October. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the COVID-19 Vaccination policy with an implementation date of 9/2021 and a review date of 9/2024 revealed, Policy Explanation and Compliance Guidelines: 16. The facility will educate and offer the COVID-19 vaccine to residents, resident representatives and staff may maintain documentation of such 19. Residents or their representatives and.will sign a consent form prior to administration of the COVID-19 vaccination. This information will be retained in the residence medical record .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
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** 38905 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 the satisfaction of living. This deficient practice has the potential to affect all 73 residents. Findings include: During a tour of the kitchen, at 11:00 AM on 11/13/24, it was observed that the three compartment sink and the one compartment sink on the preparation table, were both found to be directly connected to the wastewater drain with no air gap present. When asked what they use the one compartment sink for, Certified Dietary Manager R stated its mainly just used for discarding ice and dumping out water from can goods. When asked where they thaw product, CDM R stated that they just have to use the cooler and plan it out, it would be helpful if we had a preparation sink we could use. According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed . During a tour of the facility with Maintenance Director (MD) Z, at 1:45 PM on 11/13/24, observation of the Riverside Spa room found it was missing a light shield on one of the light ballasts, increasing the risk for broken glass to contaminate the area. An interview with MD Z, at 1:55 PM on 11/13/24, regarding chipping paint and scratches on walls of resident spaces, found that he addresses them as they come up, but it's a constant battle. Resident rooms observed with these conditions at this time were 101, 106, and 109. During a tour of the facility, with MD Z, at 2:02 PM on 11/13/24, found the TV/Brief room with three large storage racks made with raw wood surfaces were used for storing briefs. Storage shelves made from raw wood are not smooth and easily cleanable. At this time, portions of the shelving were found with some dark staining in areas. During a tour of resident room [ROOM NUMBER], at 2:20 PM on 11/13/24, it was observed that the perimeter of the room was found with excess debris including dirt and crumbs. Further observation found a substance resembling peanut butter smeared on the floor near and under the heating register. During a tour of the multi-sensory room, at 2:22 PM on 11/13/24, it was observed that the floor in this area was found with an accumulation of paper trash, hair, crumbs and other dirt and debris. Observation of the perimeter of the room found excess debris against the vinyl coving where the floor and wall juncture meet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a tour of the Meadowlane dining room, at 2:25 PM on 11/13/24, observation of the four sofa style lounge chairs were found with excess accumulation of debris under the cushions. Items found were: multiple wadded up trash bags, excess paper and wrapper trash, a butter knife, a meal ticket from 10/7/24, seven socks, a brown stain/food spill, and heavy crumbs debris. During a tour of the central supply room, at 3:04 PM on 11/13/24, it was found that six raw wood shelves were used for the storage of clean and sanitary supplies, these shelves are not smooth and easily cleanable. Items found stored on the raw wood shelves were: Oxygen supplies, gauze pads, plastic silverware, med cups, socks, tube feeding supplies, and Kleenex. Further observation of the room found that multiple items were found on the floor and underneath storage racks and no vinyl coving was found on the perimeter of the room to protect the floor juncture. During a tour of the laundry room, at 11:18 AM on 11/14/24, it was observed that the soiled utility area was missing two light shields over the ballasts. Observation of the clean transfer and folding area, between the washers and dryers, were found to have five ballasts missing their light shields. During a tour of the River housekeeping closet, at 11:25 AM on 11/14/24, it was observed that a light shield was missing. During an observation of the Meadowlane dining room, at 11:30 AM on 11/14/24, it was observed that the lounge chairs were in the same condition as the previous day and were shown to Housekeeping manager S. An interview about the cleanliness in the memory care unit found that currently housekeeping has a staff out due to illness and another staff that had requested time off, so one of the two housekeepers on duty makes it back here to clean in the afternoon. During a tour of the beauty shop at, 11:34 AM on 11/14/24, it was observed that no in-line atmospheric vacuum breaker was found on the hair spray rinse sink. Due to the hair spray rinse having the ability to hang below the overflow rim of the sink, and be fully submerged in water, an atmospheric vacuum breaker should be installed to minimize risk to the potable water supply.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 41424 Based on interview and record review, the facility failed to provide annual required abuse prevention education for all employees. This has the potential to affect all 73 residents residing in the facility at the time of the survey. Findings include: Review of Preventing The Abuse of Residents with Dementia or Alzheimer's Disease In The Long-Term Care Setting: A Systematic Review, Published by The National library of Medicine, 2019, revealed . there is an increasing rate of abuse in the long-term care setting, specifically for those individuals with either dementia or Alzheimer's. Common causes and risk factors leading to this abuse include poor training . In an interview on 11/15/24 at 12:41 PM, Assistant Director of Nursing (ADON) E reported she was not aware she was responsible for training employee education and just found out about a month ago. ADON E reported she does not have access to the (Vendor) electronic training program to track education completion. In an interview on 11/15/24 at 1:09 PM, Director of Nursing (DON) B reported the facility had (Vendor) electronic training program prior but the facility was not able to assign trainings to staff as the training program was owned by the facility's previous owners and the new owners did or could not continue with a contract for the electronic training program. DON B reported the facility began conducting educations via in person education with meetings and scheduled in-services. Review of Facility Assessment reviewed with QAA (Quality Assessment and Assurance) Committee on 7/19/24, revealed, .Training Program Evaluation: .Abuse, Neglect, and Exploitation .Dementia Management and Abuse .Caring for Residents Who Are cognitively impaired . Review of the facility's Employee training records, revealed the facility was unable to provide evidence 91 out of 128 staff members received annual abuse prevention training prior to the beginning of the survey on 11/13/2024. Review of policy, Abuse, Neglect, and Exploitation reviewed/revised on 4/2024, revealed, .11. Employee Training: A. New employees will be educated on abuse, neglect, exploitation and misappropriation of resident property during initial orientation .B. Existing staff will receive annual education through planned in-services and as needed .C. Training topics will include: 1. Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation; 2. Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property; 3. Recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators; 4. Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources; 5. Understanding behavioral symptoms of residents that may increase the risk of abuse and neglect such as: a. Aggressive and/or catastrophic reactions of residents; b. Wandering or elopement-type behaviors; c. Resistance to care; d. Outbursts or yelling out; and e. Difficulty in adjusting to new routines or staff .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235354	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health and Rehabilitation	55378 Wilbur Rd Three Rivers, MI 49093

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)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide behavior health training consistent with the requirements and as determined by a facility assessment. 41424 Based on interview and record review, the facility failed to ensure the provision of training for behavioral health care and services for 128 staff reviewed for behavioral health care and dementia training. This deficient practice had the potential to result in unmet behavioral health care needs and services for residents. Findings include: In an interview on 11/15/24 at 12:41 PM, Assistant Director of Nursing (ADON) E reported she was not aware she was responsible for training employee education and just found out about a month ago. ADON E reported she does not have access to the (Vendor) electronic training program to track education completion. In an interview on 11/15/24 at 1:09 PM, Director of Nursing (DON) B reported the facility had (Vendor) electronic training program prior but the facility was not able to assign trainings to staff as the training program was owned by the facility's previous owners and the new owners did or could not continue with a contract for the electronic training program. DON B reported the facility began conducting educations via in person education with meetings and scheduled in-services. Review of the facility's Employee training records, revealed the facility was unable to provide evidence 68 out of 128 staff members received annual behavioral management and dementia training prior to the beginning of the survey on 11/13/2024. Review of Facility Assessment reviewed with QAA (Quality Assessment and Assurance) Committee on 7/19/24, revealed, .Services and Care We Offer Based on Our Resident's Needs .Behavioral and Mental Health .Manage the medical conditions and mental health conditions r/t (related to)psychiatric symptoms and behavior, assessment for gradual dose reduction, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities, contract with external psychological services, utilize a code alert system - Trauma informed care planning . Review of Facility Assessment reviewed with QAA (Quality Assessment and Assurance) Committee on 7/19/24, revealed, .Training Program Evaluation: .Abuse, Neglect, and Exploitation .Dementia Management and Abuse .Caring for Residents Who Are cognitively impaired .