STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235525	A. Building B. Wing	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Nursing and Rehabilitation Community	320 East Central Avenue Zeeland, MI 49464

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 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 food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 03/15/2026 at 8:55AM, observed in the residents' refrigerator, an open container of [NAME] Thickened Water (no flavor), without an open date, or a facility provided use by date. When asked who is responsible for dating the foods in the residents' refrigerator, Dietary [NAME] (DC) N said the [NAME] thickened water should have had a date on it, and that nursing staff is responsible for dating product used for med-pass, and resident's food. The container was discarded by DC N. On 03/15/2026 at 8:57AM, observed in the walk-in cooler, open container [NAME] Ready Care Cranberry Cocktail that did not have an open date or a use by date. On 03/15/2026 at 8:58AM, observed the following in the walk-in cooler: beef barely soup with a preparation date of 3/9 and use by date of 3/12, egg salad with a preparation date of 3/9 and use by date of 3/13. On 03/15/2026 at 9:00AM, when asked what the policy or procedure is for date marking of time, temperature controlled for safety (TCS) food to include how long the food was routinely held for; DC N responded each dietary staff member date marks food using their individual method and there is no specific written procedure on how to date food for holding. On 03/15/2026 at 10:15AM requested a copy of datemarking policy from the Certified Dietary Manager (CDM) O. On 03/15/2026 at 11:35AM CDM O provided copies of the following policies: Refrigerated Leftover Storage, Dry Storage Chart, Refrigerated Storage Chart and Freezer Storage Chart. On 03/15/2026 review of Refrigerated Leftover Storage policy, lists egg-based entrees, salads, side dishes or desserts as Do Not Save, broth-based gravies or soups have a 1 to 3 Day Storage. Review of the Refrigerated Storage Chart does not directly address hold times for the egg salad or beef barley soup as the policy in general covers unopened and opened containers of manufacturers packaged products. On 03/15/2026 at 1:40PM, interview with CDM O provided the following information, the egg salad and beef barley soup were dated incorrectly by dietary staff and should have been date marked with a seven-day use by date, and that CDM O is responsible for removing expired items from the refrigerator. 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 CONTROLFOR 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 (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	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 .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to fully implement the employee illness surveillance practices when reviewed for infection control. Findings:During an interview on 3/17/26 at 10:05 AM the following information was reported by the Infection Control Preventionist/Director of Nursing (ICP/DON): (a) employee call-ins that were illness related were placed on the Employee Illness Tracking Log (EITL), (b) when shown the most recent EITL, the last employee call-in was dated 1/2/26, (c) when asked if there had been any call-ins that were illness related and required tracking in February and March of this year, ICP/DON stated that there had been none, (d) the ICP/DON stated that employee call-in forms were generated by the staff person that took the phone call and the form was given to employee H to be filed, (e) and the ICP/DON then stated that she receives a copy of the employee call in forms and decides which should be listed on the EITL based on symptoms reported at the time of the call-in. Review of employee call-in forms revealed the following: (a) on 3/16/26 Licensed Practical Nurse (LPN) J called in sick to work and reported vomiting, the employee call-in was not placed on the EITL (employee illness tracking log) for further monitoring and tracking, (b) on 2/09/26 Certified Nurse Aide (CNA) L called in sick to work and no explanation for the call-in nor a description of an illness was listed on the employee call in form, (c) CNA L called in sick on 2/03/26 and 2/04/26 with symptoms of vomiting and diarrhea and the employee call in was not placed on the EITL for further monitoring and tracking, and (d) LPN K called in sick to work on 1/06/26 and reported cramps, bloating, diarrhea, and GI (gastrointestinal) virus. The call-in was not placed on the EITL for further monitoring and tracking. Review of the facility policy Employee Illness Surveillance Practices, last reviewed 01/2025, reflected: The facility shall have a process in place for identifying, tracking signs and symptoms and controlling the spread of employee illness .(3) in the event an employee calls in due to illness it will be recorded on the Employee Call In Form. Illness symptoms will be recorded on the form and reported to the Infection Control Preventionist (ICP/DON). (4) In addition to the Employee Call In Form, the employee illness will also be tracked on the EITL. The purpose of this is to provide real time tracking of illness to be control the spread. (5) Employee illnesses will be reported to the ICP/DON to determine necessary actions needed to contain and control the spread of illness. (6) Some actions that may be necessary to control the spread of illness are additional cleaning of areas last worked by an ill employee, additional monitoring of resident(s) that could be affected by the illness and physician notification.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on observation, interview, and record review, the facility failed to safely transfer one resident (Resident #28) out of three residents reviewed for accidents and hazards.Findings:Resident #28 (R28)Review of a Face Sheet revealed R28 was an [AGE] year-old female with pertinent diagnoses of morbid obesity, cognitive communication deficit, weakness, unsteadiness on feet, need for assistance with personal care, and reduced mobility. Review of a Care Plan for R28 reflected the following safety interventions: (a) status of toileting/elimination needs-assist x2 staff persons and (b) status of transfers-assist x2 staff persons with sit-to-stand lift. During an observation on 3/15/26 at 12:00 PM, R28 sat on the toilet with a sit-to-stand lift in front of her, and with the call light on. Certified Nurse Aide (CNA) F entered the room alone, used the mechanical sit to stand lift to lift R28 off the toilet, did not secure the middle safety strap, and transferred the resident to the chair. During an observation and interview on 3/16/26 at 1:31 PM, R28 sat on the toilet with a sit to stand lift in front of her, and the call light on. CNA E and CNA D entered the room to assist the resident. During an interview at the same time, CNA E indicated that all residents who utilize a sit to stand lift must have 2 staff persons for the transfer to be done safely. During an interview on 3/16/25 at 1:55 PM, Certified Occupational Therapy Assistant (COTA) I stated that all transfers made with mechanical lifts require 2 staff persons for safety reasons. During an interview on 3/17/26 at 8:21 AM, R28 stated that sometimes only one staff person will transfer her off the toilet with the sit to stand lift.