STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573 This citation pertains to intake M100140108, M100140527 and M100141143. Based on observation, interview and record review, the facility failed to respond to call lights timely for 3 (Resident #13, Resident #19, and Resident #20) of 4 residents reviewed for call light responses and accommodation of needs. Findings include: Review of concerns reported to the State Agency about a resident having to wet the bed because staff would not answer the call light. Resident #13 (R13) Review of the Face Sheet revealed R13 admitted [DATE] with pertinent diagnoses of stage 4 pressure ulcer, diabetes, and paraplegia. Review of the Minimum Data Set (MDS) revealed R13 is cognitively intact and has limited range of motion on bilateral lower extremities and needs substantial/maximal assistance to roll left to right. R13 In an interview on 11/29/23 at 8:10 AM, R13 was in bed and reported that he will turn on his call light for help to get repositioned and staff will come in and turn off his call light without meeting his needs. He reports when he turns on his call light, it is usually because he either needs repositioned, would like a glass of water, or needs his colostomy bag emptied. He reported he will turn it back on in a few minutes if they do not come back. In an Interview on 11/29/23 at 10:00 AM, Social Worker (SW) I reported the main reason R13 is at the facility is for wound care. He is behavioral by wanting what he wants right then and there. He does not understand why he puts on his call light and the aides come and acknowledge the light is on, turn off the light and tell him they will come back when they are done doing what they are doing. His concerns are discussed in the Interdisciplinary Team (IDT) meetings. (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: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Call Light log for R13 from 10/12/23 to 11/30/23 revealed some days of long call light times with the longest being 1 hour and 30 minutes. Other times the call light is on and a short time it is on again a few times in a row indicating needs not met when the call light was turned off. In an interview on 11/30/23 at 9:10 AM, the NHA reported she is aware R13 has concerns about his needs not being met when he turns on the call light and has been to his room to talk to him about it. The NHA reported she did not write up any grievances because she thought it was resolved at the time of their conversation. 37872 Resident #19 (R19) Review of Admission Record revealed Resident #19 is a [AGE] year-old male admitted to the facility on [DATE] with pertinent diagnoses including: Hemiplegia affecting left nondominant side, Peripheral vascular disease, vascular dementia, muscle weakness, chronic pain, dependence on wheelchair and anxiety disorder. Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #19 had a Brief Interview for Mental Status (BIMS) indicating he is cognitively intact and requires assistance of staff for cares. An observation of the 300 Hallway Lakeshore Unit on 11/30/23 at approximately 10:57 AM, revealed 2 call lights were lit up outside resident rooms. Observation of the unit revealed staff were not providing care or assisting residents at this time. The mounted Call Light Monitor reflected Resident #19's (R19) call light had been on for over 6 minutes. Loud laughter was heard at this time coming from the nurse's office. The door was noted to be mostly shut with the Unit's nurse and the two Certified Nurse's Aide's CNA's inside On 11/30/23 at approximately 11:01 AM the 2 CNA's leave the office and walk down to check on the call lights. R19's call light was on for over 9-minute mark when one of the CNA's entered the residents' room, turned off the light and walked back out within a minute. During an interview on 11/30/23 at 11:02 AM, R19 was asked why his call light was on and if the CNA had assisted him. R19 was observed sitting in his wheelchair looking at his bed. R19's bed was found to be in an elevated position, the bedding had been stripped and the mattress itself was soiled and had several white crusty smears going across it. R19 stated, I asked the CNA to put the sheets back on my bed so I can lay down. I'm tired and want to rest. Resident further revealed that he often waits longer for help/assistance from staff. R19's call light was off at this time. On 11/30/23 at approximately 11:15 AM, R19's was observed in his wheelchair facing his unmade bed, and the call light was noted to be off. Resident #20 (R20) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Admission Record revealed resident #20 (R20) is a [AGE] year-old female admitted to the facility on [DATE] with pertinent diagnosis including legal blindness, anxiety, major depressive disorder recurrent, Schizoaffective Disorder Bipolar type, Type 1 diabetes mellitus with unspecified diabetic retinopathy, Type 1 diabetes mellitus with ketoacidosis without coma and Chronic Obstructive Pulmonary Disease. Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #20 had a Brief Interview for Mental Status (BIMS) indicating she is cognitively intact, and requires set-up and assistance of staff for cares. An observation of the 300 Hallway Lakeshore Unit on 11/30/23 at approximately 10:57 AM, revealed 2 call lights were lit up outside resident rooms. Observation of the unit revealed staff were not providing care or assisting residents at this time. The mounted Call Light Monitor reflected Resident #20's (R20) had been on for over 23 minutes. Loud laughter was heard at this time coming from the nurse's office. The door was noted to be mostly shut with the Unit's nurse and the two Certified Nurse's Aide's CNA's inside. On 11/30/23 at approximately 11:01 AM the 2 CNA's leave the office and walk down to check on the call lights. R20's call light had been on for over 26 minutes when the CNA answered/turned off the resident's light. During an interview on 11/30/23 at 11:05 AM, R20 stated I had my call light on because I needed coffee and the aide just dropped it off. R20 stated I waited about 1/2 hour for them to answer my light. The Resident and her guest Anonymous revealed that she always waits a long time for the staff to answer her call light and that she often waits a lot longer for staff assistance. R20 and her guest further stated she had been waiting over an hour for staff to bring her more coffee. Review of R20's focus on her Fall care plan reflected, I am at an increased risk for falls r/t cardiovascular, psychiatric, and visual impairments. Gait/balance problems, Medication. The first intervention under the falls care plan reflected, Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to all requests for assistance. Review of 20's Kardex (a nursing worksheet that includes a summary of patient information such as daily care schedule) under Safety reflected the following care requirement had not been met due to call light being on for over 15 minutes and the staff being in the nurse's office, End of Shift Staff Attestation: I attest to checking on this resident at least every 15 minutes throughout my shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573 This citation pertains to intake M100141143. Based on interview and record review, the facility failed to address and resolve grievances for 1 (Resident #13) of 1 resident reviewed for grievances. Findings include: Resident #13 (R13) Review of the Face Sheet revealed R13 admitted [DATE] with pertinent diagnoses of stage 4 pressure ulcer, diabetes, and paraplegia. Review of the Minimum Data Set (MDS) revealed R13 is cognitively intact and has limited range of motion on bilateral lower extremities and needs substantial/maximal assistance to roll left to right. R13 In an interview on 11/29/23 at 8:10 AM, R13 was in bed and reported he had a shower on Monday (11/27/23) and his pressure ulcer dressing came off and it was not put back on him until the following day. He reported the staff had not done his dressing this morning at 5:00 AM and feared he probably would not get it done this day now. R13 reported the staff will wake him up at 5:00 AM to do his dressing changes when he is trying to sleep and complained that he has a hard time falling asleep at night because of his sleep apnea and narcolepsy. He reported he has 3 pressure ulcers on his buttocks and the staff miss many days of dressing changes and denies refusing any of them. He reported he had told Administration about his concerns not receiving dressing changes and staff not responding to his call light. R13 reported there has been no resolution or follow up to his concerns. In an interview on 11/29/23 at approximately 8:30 AM, Licensed Practical Nurse (LPN) G reported she had not been on this unit with R13 in about 3 weeks and the night shift reported to her that he did not get his dressing changed the night before. In an interview on 11/29/23 at 9:20 AM, the Nursing Home Administrator reported she did not have any concern forms for R13. In an Interview on 11/29/23 at 10:00 AM, Social Worker (SW) I reported the main reason R13 is at the facility is for wound care and is non-compliant but could not provide any documented behaviors or refusals of care. He is behavioral by wanting what he wants right then and there. He does not understand why he puts on his call light and the aides come and acknowledge the light is on, turn off the light and tell him they will come back when they are done doing what they are doing. SW I does not recall the resident complaining to her his dressing changes were not done. His concerns are discussed in the Interdisciplinary Team (IDT) meetings and did attempt to try to do a behavioral contract with him to encourage compliance. The Unit Manager was in the last meeting they had that occurs every Monday and talked to the resident about choosing Hospice or wound care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/29/23 at 10:22 AM, Unit Manager/LPN J reported R13 does not always tell her of his concerns but 2 weeks ago was informed that R13 reported to her his dressing changes were not getting done. He had one small wound when he came in and the Wound Care provider noticed he recently had another one. His dressing changes get done while he is still in bed at 5:00 AM by the third shift staff. Dressing changes can be done anywhere between 6:00 PM to 6:00 AM. R13 is also able to reposition himself and received therapy for trunk support. Review of the October and November Treatment Administration Record (TAR) for R13 revealed multiple pressure ulcer dressing changes were not done and no documentation or rationale explaining why treatments were missed and no documentation indicating the physician was notified. Review of the Call Light log for R13 from 10/12/23 to 11/30/23 revealed some days of long call light times with the longest being 1 hour and 30 minutes. Other times the call light is on and a short time it is on again a few times in a row indicating needs not met when the call light was turned off. In an interview on 11/30/23 at 9:10 AM, the NHA reported she is aware R13 has concerns about his needs not being met when he turns on the call light and has been to his room to talk to him about it. The NHA reported she did not write up any grievances because she thought it was resolved at the time of their conversation. When queried about his dressing changes not being done, the NHA reported his dressing changes are done but not as often as they should be and has ongoing education with the nurses for dressing changes. She does not have anything on paper to show she addressed these concerns and that they are/were resolved.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30120 This citation refers to MI00140350 Based on interview and record review, the facility failed to protect the resident's right to be free from physical restraints for 1 of 20 residents (R9), resulting in R9 being unable to move or use her call light for assistance for approximately 10 hours. Findings include: A review of the facility's Restraint Free Environment policy, revised 6/23, revealed, A physical restraint is defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot moved easily, which restricts freedom of movement or normal access to one's body. Physical restraints may include . Tucking in a sheet so tightly that the resident cannot get out of bed, or fastening fabric or clothing so that a resident's freedom of movement is restricted . A review of R9's Admission Record, dated 11/30/23, revealed R9 was a [AGE] year-old resident admitted to the facility on [DATE]. In addition, R9's Admission Record revealed multiple diagnoses that included Alzheimer's Disease, dementia without behaviors, generalized muscle weakness, depression, and anxiety. A review of R9's Minimum Data Set (MDS) (a tool used for assessing a resident's care needs), dated 9/2/23, revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 3 which revealed R9 was severely cognitively impaired. A review of R9's Alleged Abuse Incident Report, dated 10/13/23, revealed, Resident observed in bed wrap in her covers very tightly . No injuries observed as a result of this event. A review of Certified Nursing Assistant (CNA) E's written and signed statement, dated 10/13/23, revealed, Observed resident (R9) at 8:00 AM. Today while taking care of [name of R9], I was waking resident and she stated she needed help because her blanket (sheet) was tight on her. Upon removing [name of R9]'s comforter, I noticed the sheet wrapped around [name of R9] so tight that the resident COULD NOT move. I then removed the sheet from her chest then, alerted the nurse on the unit so she could be a witness what I was seeing. I tried to remove the sheet from around her but it was so tight that I had to physically turn the resident to free her from the sheet. Then I found the call light behind her bed around the [NAME] (curtain) near her roommates (roommate's) bed. A review of Registered Nurse (RN) F's written and signed statement, dated 10/13/23, revealed, [Name of R9] was observed by [name of CNA E] at approx (approximately) 0800 (AM) to get ready/changed for the day. She immediately notified myself to observe resident. Resident was observed wrapped tightly in a sheet from waist down. [Name of CNA E] stated she had loosened her arms due to inability to move her arms. Together, we untucked the rest of her lower portion of her body. Resident was wrapped so tightly she was unable to move. Resident stated, I don't know why they would do something like this to me. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of CNA D's typed statement, dated 10/13/23, revealed, I was the CENA (Competency-Evaluated Nursing Assistant) for [name of R9] on the night in question (10/12/23 to 10/13/23). I asked the resident if she was ready for bed around 10 PM and she said No I'll stay up with you. I have another CENA to ask resident was she ready for bed and the resident stated sure. With their assistance the resident was placed in bed, and I continued with her bedtime/ADL's (activities of daily living) Care for the night. I place a gown on her and wrap up her lower half in a sheet cause resident like to ripe (rip)up her brief. Than I took another sheet covering up her top half and pulled her comforter over her and clipped her call light on top. This was how I was trained to do this resident because of her ripping up her brief every night. During an interview on 11/30/23 at the Nursing Home Administrator (NHA) stated they had terminated CNA D for abuse/neglect because he restrained R9, during his shift on 10/12/23 to 10/13/23, in the bed with two sheets. She stated she did read his statement where he mentioned he was trained to use sheets to prevent a resident from ripping off their brief. The NHA stated this had disturbed her, so she looked into who had signed off on CNA D's skills checklist when he hired in. She stated when she looked she saw that the person that signed him off was one of their best aides and would not have trained him that way. The NHA stated if CNA D had been trained that way and that was the training that was being provided to the aides, she would have had other instances where R9 was found restrained or other residents would have been found restrained. However, when the facility investigated the incident on 10/13/23, they did not find any instances where R9 had been restrained before- or any instances where other residents had been restrained, especially in the way R9 was restrained. Therefore, she believed CNA D was not being truthful in his statement and was trying to shift the blame for his actions onto the facility instead of taking personal responsibility for his actions. A review of CNA D's termination letter, dated 10/17/23, revealed CNA D was informed that he was being terminated due to abuse/neglect based on the results of their investigation (investigation into incident on 10/12/23 to 10/13/23). A review of the facility's Abuse, Neglect and Exploitation policy, revised 6/23, revealed, Abuse means the willful inflection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish . Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm . Neglect means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Therefore, according to these definitions, it could be concluded that CNA D abused and neglected R9 by unreasonably confining (restraining) her to the bed with sheets for approximately 10 hours so she would not rip off her brief and CNA D would not have to change R9 or place a new brief on her during his shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573 This citation pertains to intakes MI00140221 and MI00140108. Based on observation, interview and record review, the facility failed to provide showers for 2 (Resident #2 and Resident #12) of 5 residents reviewed for showers. Findings include: Resident #12 (R12) Review of a Face Sheet revealed R12 originally admitted to the facility on [DATE] and has pertinent diagnoses of hemiplegia and hemiparesis (one sided weakness) and dementia. During an observation on 11/28/23 at 1:26 PM, R12 was observed being transported by staff from the dining room to the main intersection of the hallway where Certified Nursing Assistant (CNA) N was observed brushing R12's hair that was oily, matted and tangled. Review of a Shower documentation schedule dated 10/31/23 to 11/24/23 for R12 revealed: Shower Scheduled FRIDAY MORNING AND TUESDAY EVENING - I prefer showers so my hair can get washed. Please do not give me bed baths. The resident received one shower and 5 bed baths total. Review of the Care Plan intervention last revised on 6/20/23 for R12 revealed: Showers Scheduled Friday mornings and Tuesday evening - I prefer showers so my hair can get washed. Please do not give me bed baths. In an interview on 11/30/23 at 9:35 AM, the Director of Nursing (DON) reported that they were working on ways to preserve the dignity of residents and trying to address staff who are not doing their jobs and expects the nurses to supervise the CNAs'. 37872 Resident #2 (R2) Review of the Admission Record revealed R2 admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that include, Hepatic Encephalopathy, Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Muscle weakness and Chronic Pain Syndrome. A review of R2's Minimum Data Set (MDS) (a tool used for assessing a resident's care needs), dated 11/17/23, revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 15 out of 15 which revealed R2 was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation and interview on 11:29 AM at approximately 9:40 AM, R2 was observed resting in her bed. During the interview R2 revealed that prior to Monday (11/27/23) she had not been given a shower for a couple weeks and her that her bed sheets had not been changed. R2 stated, My sheets are supposed to be changed on my shower day. Do you know how gross it is lying on these dirty sheets when I finally got cleaned? Why bother getting clean when I'm lying on the same gross sheets. Resident further revealed, I feel grimy and gross when I do not get a shower. I hate that feeling! I just want my regular Monday and Thursday showers. R2 stated, I asked staff for at least two weeks about getting a shower and I did not get one. I was told 1st shift will do it or 2nd shift will and it did not happen until Monday! R2 further revealed her frustration because she asked (Name of Unit Manager (UM) K about getting her sheets changed yesterday. R2 stated (Name of UM K) said she would take care of it (getting the sheets changed) and it's still not done. Resident stated she just wants her showers and clean sheets. Review of R2's Shower/Bath/Bed Bath 30 Day Look Back documentation from 11/29/23 failed to reflect the shower R2 stated she received on Monday (11/27/23). Further review of the 30 Day Look Back reflected R2 was not offered and had not received any type of shower/bath. The documentation however did reflect that on, 11/11/23 at 12:01 that N/A (Not Applicable) was selected for all 3 shower related questions. The documentation in the resident's record reflected showers were not being provided per the Care Plan. According to the Activities of Daily Living Care Plan dated 11/27/23 reflected, I have an ADL Self Care Performance Deficit r/t Activity Intolerance, Impaired balance, Limited Mobility, Musculoskeletal impairment. Interventions/Tasks for Bathing include, I need 1 person to assist to bath. Further review of the Interventions/Tasks reflected, Shower/Bathing/Bed Bath Scheduled Monday and Thursday Morning. Shower on Monday Afternoon Revised on 11/20/23. During an interview on 11/29/23 at 10:48 AM, Certified Nurse's Aide (CNA) U, responsible for giving showers this day, both explained and showed the process for knowing who requires showers, documenting them once done, documenting if they are refused, and reapproaching up to three times if refused. CNA further stated that bed sheets are changed with every shower and/or bath. During an interview on 11/29/23 at 12:45 PM, Unit Manager (UM) K stated the reason for (Name of R2's) lack of showers for the last 30 days was probably because the resident had declined previously and told staff she was not feeling up to it. UM K stated, the record shows (for the last 30 days) that nothing is documented besides an N/A on 11/11 at 12:01 and that is not even on the residents' shower day. I don't even know what the aide would be using N/A for unless she was documenting under every task and wrote N/A because the resident does not receive a shower on a Saturday. So, then it would be N/A. UM K did not have any proof the resident was offered or had received her showers. The Unit Manager was informed the resident was alleging she asked for showers for several weeks and did not receive one until Monday. UM K stated, Ugg! Not documented. It would appear/look like it hadn't been done. During the interview UM K revealed, sheets should always be changed on shower days and when visibly soiled. UM K confirmed, Yes, (Name of R2) had asked her the other day about getting her sheets changed. They were supposed to be done yesterday but since it obviously wasn't it will be done shortly. On 11/29/23 at approximately 3:26 PM, R2 yelled thank you from her bed as this surveyor was walking down the hall. Resident was smiling and revealed, I finally got clean sheets a little bit ago.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0686

Level of Harm - Actual harm

Residents Affected - Few

Provide appropriate pressure ulcer care and prevent new ulcers from developing.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 37573

This citation pertains to intakes M100140527 and M100141143.

Based on observation, interview, and record review, the facility failed to provide care and implement interventions related to pressure ulcers for 2 (Resident #10 and Resident #13) of 4 residents reviewed for pressure ulcers.

Findings include:

Review of concerns reported to the State Agency were allegations of pressure ulcer dressing changes not being completed and repositioning/offloading weight off wounds were not being done timely.

Resident #13 (R13)

Review of the Face Sheet revealed R13 admitted [DATE] with pertinent diagnoses of stage 4 pressure ulcer, diabetes, and paraplegia.

Review of the Minimum Data Set (MDS) revealed R13 is cognitively intact and has limited range of motion on bilateral lower extremities and needs substantial/maximal assistance to roll left to right.

R13

In an interview on 11/29/23 at 8:10 AM, R13 was in bed and reported he had a shower on Monday (11/27/23) and his pressure ulcer dressing came off and it was not put back on him until the following day. He reported the staff had not done his dressing this morning at 5:00 AM and feared he probably would not get it done this day now. R13 reported the staff will wake him up at 5:00 AM to do his dressing changes when he is trying to sleep and complained that he has a hard time falling asleep at night because of his sleep apnea and narcolepsy. He reported he has 3 pressure ulcers on his buttocks and the staff miss many days of dressing changes and denies refusing any of them. There is always a new nurse who does not seem to know how to do his dressings and not sure if they are using the right supplies. He is only supposed to be up one hour a day and needs assistance to rotate the pillows on his sides and his feet. He reported he had told Administration about his concerns with no follow up. He reported that he will turn on his call light for help to get repositioned and staff will come in and turn off his call light without meeting his needs.

In an interview on 11/29/23 at approximately 8:30 AM, Licensed Practical Nurse (LPN) G reported she had not been on this unit with R13 in about 3 weeks and the night shift reported to her that he did not get his dressing changed the night before. When asked to see his dressing change when its time, LPN G reported she had many dressing changes to do this day and not sure if his would be done before her shift is over.

In an interview on 11/29/23 at 9:20 AM, the Nursing Home Administrator reported she did not have any concern forms from R13.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0686

Level of Harm - Actual harm

Residents Affected - Few

In an Interview on 11/29/23 at 10:00 AM, Social Worker (SW) I reported the main reason R13 is at the facility is for wound care. He is non-compliant with staying in bed which is not helping with his wound healing. He likes to sit up and will be seen sitting on the edge of his bed when he needs to be reclined and alternating his weight. The facility has weekly care conferences with him and talked to him about compliance verses hospice. SW I reported she is unaware of any dressing changes not being done. The Interdisciplinary Team (IDT) is involved in the discussions of the resident not being compliant with care but could not provide any documentation of his refusals to care, behaviors or documented concerns with follow up.

In an interview on 11/29/23 at 10:22 AM, Unit Manager/LPN J reported R13 does not always tell her of his concerns but 2 weeks ago was informed that R13 reported his dressing changes were not getting done. He had one small wound when he came in and the Wound Care provider noticed he recently had another one. His dressings get done while he is still in bed at 5:00 AM by the third shift staff. Dressing changes can be done anywhere between 6:00 PM to 6:00 AM. R13 has one border dressing to cover all wounds. His dressing supplies should be in his room, and he knows where they are. If the staff do not know where his supplies are, he can tell them where they are in his room. R13 is also able to reposition himself and received therapy for trunk support.

Review of the October Treatment Administration Record (TAR) for R13 revealed 11 pressure ulcer dressing changes were not done between 10/12/23 and 10/31/23, and no documentation or rationale explaining why treatments were missed and no documentation indicating the physician was notified.

Review of the November TAR with UM J revealed several dates that R13 did not get treatments and was coded to see nurses' notes or resident refused with no follow up progress notes. No documentation indicating the resident was reapproached when refused. UM J acknowledged he did not get a dressing change on 11/28/23 and reported she will have a talk with that nurse. The resident missed 8 pressure ulcer treatments from 11/1/23 to 11/29/23. The Wound Care Provider did treatments on 11/2/23 and 11/9/23. He was out to an appointment on 11/6/23 with no documentation indicating dressing changes were done before or after his appointment. No physician notification of missed dressing changes is documented.

Review of the Order in the MAR for R13 revealed a start date of 11/10/23 to cleanse wounds to sacrum, bilateral buttocks with wound wash or normal saline, pat dry, apply medihoney hydrogel sheets to each wound, then apply skin prep around them, then apply silicone barrier and cover with mepilex silicone dressing daily, every night shift.

During an observation on 11/29/23 at 11:07 AM, UM J went to R13s room to provide dressing changes for the resident. Checked his room for supplies and asked the resident where his dressing supplies were. The resident reported he thinks there are some things in his bedside nightstand. UM J left the room several times gathering missing dressing supplies in his room. Once the old dressing was removed, R13 had one small deep wound on his sacrum and reddened area on both sides of his buttocks and scrotum and no evidence of silicone cream as ordered. UM J reported his clothing removes the cream when they pull up his pants. UM J cleansed wound and applied a small piece of the Hydrofera blue (not in the order) into the sacral wound and the medihoney gel (not sheets). Skin prep was applied to the reddened areas of buttocks and then the silicone cream was applied to the sacral peri wound and buttocks, then the silicone border foam dressing was dressed over the sacral wound and did not cover the buttocks. The UM J then asked the resident when he would like to have his dressings changed and he clarified he would like it done during the day before 11:00 PM.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0686 Level of Harm - Actual harm Residents Affected - Few	In an interview on 11/29/23 at 11:45 AM, UM J reported the medihoney sheets are sheets you can just stick in the wound verses using the gel. When queried about the Hydrofera blue treatment not matching the orders, UM J reported that was her boo boo. Review of Nursing Progress notes dated 11/4/23 at 2:15 PM for R13 revealed: Patient up in his wheelchair since before breakfast. Will do when patient lays down later. Review of Nursing Progress notes dated 11/5/23 at 2:34 PM for R13 revealed: Resident has been in (wheelchair) since 0600, offered dressing refused. Review of a Behavior Note for R13 dated 11/9/23 revealed the writer went to R13s room to explain the new Wound Care orders and he became agitated yelling at staff and using foul language about only being able to be up for one hour a day due to the two new pressure wounds and not being compliant with previous orders for his up/down schedule and refusing treatment changes. Review of a Nursing Progress note dated 11/14/23 at 5:51 AM for R13 revealed he refused to turn for the nurse and wanted to be left alone to sleep. Review of a Nursing Progress note dated 11/15/23 at 5:53 AM revealed R13 refused his dressing change and stated he does not want it done at night but during the day. Explained the importance of it being changed and he refused. Notified next shift nurse. Review of Wound Care Progress notes/orders for R13 dated 11/9/23 revealed 3 pressure injuries. Nursing reported the resident has a new pressure injury to both his left and right buttock. He is documented as being non-compliant with up and down schedule, offloading and refusing dressing changes. Wound #1: Sacrum which was present upon admission is a stage 4 pressure ulcer with measurements of 2 cm (centimeters) x 2 cm x 0.3 cm with an area of 4 square cm and a volume of 1.2 cubic cm and is deteriorating. Wound #2: Left buttock deep tissue pressure injury measured 5.5 cm x 5 cm x 0.1 cm, with an area of 27.5 square cm and a volume of 2.75 cubic cm. Wound is still evolving with an area of necrosis. Unstageable pressure injury of at least stage 3. Wound #3: Right buttock is an unstageable pressure injury obscured full-thickness and tissue loss pressure ulcer with measurements of 7cm x 5 cm x 0.1 cm with an area of 35 square cm and a volume of 3.5 cubic cm and identified as an unstageable pressure injury of at least stage 3. Review of Wound Care Orders for R13 dated 11/9/23 revealed orders for Wound #1 sacral, wound #2 left buttock (new), wound #3 right buttock (new) to cleans wound with normal saline or wound cleanser, apply leptospermum honey to promote autolytic debridement, cover with silicone bordered foam to promote autolytic debridement- sacral dressing change daily. Change dressing as needed for soiling, saturation, or accidental removal. Apply Silicone cream to peri-wound. Additional orders included but not limited to: Facility pressure ulcer prevention protocol, limit sitting to 60 minutes a day, turn in bed at least once every 2 hours if able. Apply Silicone cream to posterior thighs every shift and as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of Wound Care Progress Notes for R13 dated 11/16/23 revealed the resident was seen for wounds to sacrum, left buttock, right buttock and the left fifth toe (new). During wound rounds, the resident noticed he had blood on his socks and questioned if he had a new wound. Assessments: Wound #1 is a sacral stage 4 pressure ulcer measuring 1.6cm x 0.6cm x 0.1cm, 0.96 square cm and a volume of 0.096 cubic cm and is improving. Wound #2 on left buttock is an unstageable pressure injury obscured full-thickness skin and tissue loss pressure ulcer measuring 6.4 cm x 4.3 cm x 0.1 cm with an area of 27.52 square cm and a volume of 2.752 cubic cm. After debridement determined to be a stage III pressure injury. Wound #3 on the right buttock is a stage 3 pressure injury pressure ulcer and measures 0.9 cm x 0.7 cm x 0.1 cm with an area of 0.63 square cm and a volume of 0.063 cubic cm. Wound #4 left fifth toe is a full thickness blister and measures 1.2 cm x 1.3 cm with no measurable depth. Treatment orders are the same as 11/9/23 with the addition of applying skin prep to Wound #4 after cleaning with normal saline. Review of a Physical Therapy (PT) discharge summary for R13 for services dated 10/18/23 to 11/14/23 revealed upon discharge, the resident has ROM (range of motion) and core strengthening HEP (home exercise program) that staff is to assist with ROM daily during self-cares. Patient will be turned in bed by staff every two hours, assisted by patient as he is able to help improve pressure relief and prevent further skin breakdown. He is a moderate assist with transfers with total dependence with attempt to initiate (Sara lift). (Repositioning every 2 hours is not in the care plan.) Review of the Care Plan for R13 revealed: I have actual impairment to skin integrity (related to) PARAPLEGIA, INCOMPLETE, TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY, Stage 4 pressure ulcer Coccyx. Date last revised is 10/19/23. No meaningful interventions for healing or prevention. Review of the Activities of Daily Living (ADL) Care Plan for R13 last revised 10/19/23 revealed he has a saskapole assistive device to both sides of his bed for transfers. He uses the transfer bars to help reposition himself in bed and assist staff with turning side to side. Review of the Stage 4 pressure ulcer on coccyx Care Plan for R13 last revised on 10/19/23 revealed to turn side to side while in bed to prevention of skin integrity. (No frequency provided.) Administer wound and skin treatments as ordered and monitor for effectiveness. Notify physician if wound stalls (no change in 2 weeks) or worsens. Avoid positioning me on my (left buttocks and coccyx.) Continue with preventative care plan measures. No up/down schedule is in the care plan and no intervention for being up for one hour a day. Review of the Care Plan for R13 revealed to document behaviors and attempted interventions on the POC (plan of care) and to offer choices regularly, last revised on 11/7/23. Review of the Certified Nursing Assistants (CNA) task charting for R13 to Turn side to side while in bed to prevention of skin integrity from 10/30/23 to 11/28/23 revealed he is repositioned 2 to 4 times a day. Review of the electronic medical records (EMR) for R13 revealed no documentation of R13 refusing care with a reapproach by another staff member or another attempt at another time and no physician notification of missed treatments, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave, Grandville, MI 49418	

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 0686 Level of Harm - Actual harm Residents Affected - Few	In an interview on 11/30/23 at 9:35 AM, the Director of Nursing (DON) reported that her expectation of staff when residents are refusing care is to reapproach them at least twice at different times or ask the resident if a different time would work better for them. The DON acknowledges the residents have rights to participate with decisions in their care. The DON verified that R13 did have some dressing changes not done and lacked follow up. The DON reported the staff needed to communicate with each other better and each resident may need a different approach to care. When queried if a resident would be considered non-compliant when refusing care while he is sleeping or engaging in other activities, the DON reported they would not and that they would need to be reapproached. Resident #10 (R10) Review of the Minimum Data Set (MDS) revealed R10 admitted to the facility on [DATE] and discharged on [DATE]. In an interview on 11/28/23 at 9:11 AM, R10 reported she came to the facility from the hospital for wound care and therapy. She was only at the facility for a few days and staff did not know how to do her pressure ulcer dressing changes and did not do them every day. R10 reported she called the ambulance to come and take her back to the hospital. Review of a Hospital Discharge Summary dated 10/26/23 for R10 revealed she had diagnoses that included a stage III pressure injury of contiguous region involving right buttock and hip, and an unstageable pressure injury of right leg. Review of an Admission Skin assessment dated [DATE] for R10 revealed unspecified wounds as follows: 1. Coccyx 3 x 1, right buttocks 2x2 open, right lower thigh 4 x 2, right thigh 4.5 x 2, right thigh 5 x 4, left lower thigh-pressure (no measurements). Pressure Ulcer Care plan was initiated. Review of the October TAR for R10 revealed an order for daily cleanse with skin integrity wound spray and gently pat dry. Cover with single layer of xeroform to wound base and apply silicone-border mepilex post op bordered foam. This does not say for which wound. She did not get a dressing change on 10/27/23. In an interview on 11/30/23 at 9:35 AM, the DON reported there was a lack of follow up with her transfer of care to the facility and should have had more orders for her wounds. The DON reported the documentation does not show a dressing was completed on 10/27/23 which means if it is not documented it was not done. Review of a policy titled Skin and Pressure Injury Risk Assessment and Prevention last revised on 3/23 revealed: It is our policy to perform a skin assessment and pressure injury risk assessment as part of our systematic approach to pressure injury prevention and management. [Facility] utilizes the [NAME] & [NAME] clinical Nursing Skills/Techniques and National Pressure Ulcer Advisory Panel for procedural guidance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 - 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** 37577 Based on observation and record review, the facility failed to implement documented care interventions for 1 of 3 residents (Resident #17) reviewed for accidents and hazards, resulting in the potential for choking, and injuries sustained during bed mobility or a fall from the bed. Findings: Resident #17(R17) Review of an admission record revealed R17 was a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of Huntington's Disease and dysphasia (difficulty swallowing). R17 had severe cognitive impairment and relied totally on staff for all activities of daily living. Review of a physician order summary for R17 revealed an order for NPO (nothing by mouth). During an observation on 11/30/23 at 7:15 AM, a handled drinking cup of water, with a lid and straw, sat on R17's over bed table within reach of the resident. During an observation on 11/30/23 at 9:15 AM, Certified Nurse Aide (CNA) S entered R17's room to provide incontinence care and the following was observed: (a) CNA S repositioned R17 by rolling the resident side to side 5 times without a second staff person assisting and (b) CNA S left R17 unattended in the bed, with the bed in a high position, while CNA S exited the room to gather additional supplies. The call light was not in reach of R17 when CNA S exited the room to gather supplies. Review of R17's care plans reflected the following information: (a) I will frequently reposition myself to laying on my left side, (b) I tend to move myself around in my bed, and (c) I require two person assist for bed mobility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573 This citation pertains to intake M100140527. Based on observation, interview and record review, the facility failed to provide toileting/incontinence care for 1 (Resident #12) of 2 residents reviewed for toileting/incontinence care. Review of concerns reported to the State Agency were allegations of staff not answering the call light and the resident had to wet the bed then forced to take herself to the bathroom using a walker. Resident #12 (R12) Review of a Face Sheet revealed R12 originally admitted to the facility with pertinent diagnoses of Hemiplegia and hemiparesis (one sided weakness), diabetes, and dementia. Review of the Minimum Data Set (MDS) dated [DATE] revealed severely cognitively ---- And has limited range of motion on one side of upper and lower extremities and is always incontinent. MDS is not completed. During several observation on 11/28/23 at approximately 10:00 AM, 11:00 AM, and 12:00 PM, R12 was observed in the dining room sitting in her wheelchair at the table alone with her eyes closed at times in the same spot. At 12:46 PM she was observed eating her lunch. When her lunch was done, she stayed in the dining room in her wheelchair. During an observation on 11/28/23 at 1:26 PM, R12 was transported out of the dining room into the hallway where staff proceeded to comb her hair. At 1:40 PM, she was transferred to her room to get into bed. Certified Nursing Assistant (CNA) N and Registered Nurse (RN) T assisted with the transfer. A strong urine smell was noticed, and RN T reported she was a heavy wetter. When they provided incontinence care, her brief was saturated with urine and her buttocks had a large, macerated area, approximately the width of a tennis ball, with pink un-blanchable skin in the surrounding area. RN T reported she had an old pressure ulcer, and it was not like this the last time she saw her which was last week. When queried about the last time she was toileted, CNA N reported it was about 11:00 AM. When informed that the resident was observed in the dining room from 10:00 AM until now, CNA N changed her statement and said it was about before 10:00 AM when she toileted R12 but did not chart it. Review of the Incontinence charting for R12 revealed on 11/28/23 she was last provided incontinence care was at 8:11 AM. From 11/1/23 to 11/29/23, R12 is documented as receiving incontinence care as little as twice a day, other days 3 times a day. Most days she is not getting care for several hours. Review of the Care Plan for R12 revealed she is incontinent and requires to be checked and changed. No frequency is documented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Skin assessment dated [DATE] for R12 revealed an excoriated, red blanchable coccyx with a treatment in place. Review of a Skin assessment dated [DATE] for R12 revealed a blanchable red area, excoriated coccyx with a treatment in place. Review of a Skin assessment dated [DATE] for R12 revealed discoloration with blanchable redness to coccyx, with a treatment in place. Review of a Skin assessment dated [DATE] for R12 at 2:30 PM revealed she has a Stage 1 Pressure ulcer on her right buttock. In an interview on 11/20/23 at 9:35 AM, the Director of Nursing (DON) reported residents should be checked and changed as needed every 2 hours and expects that to happen. As a team it should be done, and the CNAs should be charting it off in their tasks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation is linked to intake #MI00140108 Based on observation, interview, and record review, the facility failed to follow facility policies/procedures and best practice standards for 1 of 2 residents (Resident #17) reviewed for tube feed services, resulting in the potential for (a) the incorrect amount of nutrition and hydration delivered to the resident, (b) contaminated equipment inserted into the G-tube, and (c) growth of bacteria on disposable and time limited supplies. Findings: Resident #17 (R17) Review of an admission record revealed R17 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses of Huntington's Disease, dysphasia (difficulty swallowing), and the need for and presence of a feeding tube placed in her stomach. R17 had severe cognitive impairment and relied totally on staff for nutrition and hydration. Review of an electronic medication administration record (Emar) dated November 2023 for R17, reflected an order for tube feed Glucerna 1.2 cal, set at 90 milliliters (ml) per hour x 16 hours and water flush at 40 ml per hour x 16 hours. During an observation on 11/28/23 at 9:12 AM, the following was noted in R17's room: (a) the tube feed pump was set to deliver 30 ml of water flush per hour (not the physician ordered rate of 40 ml per hour), (b) the water flush bag (kangaroo bag) did not have the resident's name, the date and time the flush was started, nor the rate of flush ordered by the physician, and (c) the disposable syringe and cup used to flush the gastrostomy tube (G-tube) was dated 11-26-23. During an observation on 11/29/23 at 1:30 PM, the following was noted in R17's room: (a) the bottle of tube feed did not have the rate written on it, (b) the kangaroo bag did not have the start date and time written on the bag, (c) the disposable syringe and cup used to flush the G-tube did not have a date on it, and (d) a blue plastic disposable declogger for the G-tube, sat unwrapped on the bedside table, with a brown thick substance noted on the distal end (furthest from the handle), and appeared to have been used. During an observation on 11/30/23 at 7:15 AM, the following was noted in R17's room: (a) the kangaroo bag of flush did not have a start date or time written on the bag, and (b) the disposable declogger sat unwrapped in the same location on the residents bedside table and had thick brown substance on the tip of the item. During an observation on 11/30/23 at 9:15 AM, Certified Nurse Aide (CNA) S entered R17's room to provide incontinence care and halted the running tube feed and placed it on hold. After completing the incontinence care CNA S changed the pump from hold to running. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/30/23 at 10:05 AM, Licensed Practical Nurse (LPN) R reported that the standard of best practice was for a CNA to notify a nurse when a tube feed pump needed to be stopped or placed on hold. During an interview on 11/30/23 at 10:15 AM, the Director of Nursing indicated that CNA's are not to touch the tube feed pumps to place them on hold, nor to stop a tube feed. Those tasks are only for nursing and the CNA's need to notify a nurse if they need assistance with the tube feed pumps in that manner. Per the manufacturer (Bionix) recommended guidelines, the G-tube declogger was used to maintain an unimpeded flow of formula and was to be discarded after each single use. Review of the facility policy Care and Treatment of Feeding Tubes, last reviewed 06/2023, revealed the following . date/bottle/bag .disposable equipment to be replaced daily .administer enteral formula, medications and flushes per physician's order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073 Based on observation, interview and record review the facility failed to ensure that nebulizer and supplemental oxygen supplies were maintained and stored appropriately for 1 resident (Resident #108) out of 4 residents reviewed for respiratory care, resulting in the potential for respiratory illness from cross contamination. Findings include: Review of a facility policy Administration Procedures for All Medications revised 08/2020 reflected procedures for nebulized medication administration and specified When treatment is complete, turn off the nebulizer and disconnect the T-piece, mouthpiece, and medication cup . Rinse and disinfect the nebulizer equipment according to manufacturer's recommendations or wash the pieces (except tubing) with warm soap water daily. Rinse with hot water. Allow the components to air dry completely on a paper towel .When equipment is completely dry, store in a plastic bag marked with the resident's name and the date. Resident #108 (R108) Review of an Admission Record reflected R108 was admitted to the facility with pertinent diagnoses of chronic respiratory failure with hypoxia, Chronic Obstructive Pulmonary Disease (COPD), dependence on supplemental oxygen, a lack of coordination, and morbid (severe) obesity. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] reflected R108 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 14/15. Section GG - Functional Abilities and Goals Interim Payment Assessment reflected that R108 needed Substantial/Maximal assistance-Helper does MORE THAN HALF the effort with toileting hygiene, shower/bathe self, lower body dressing and mobility (including all bed mobility and transfers). Review of a Care Plan revised on 2/16/24 revealed R108 was on oxygen therapy. Interventions on the care plan included, Change/clean 02(oxygen) equipment, tubing, filters, bags, nasal cannulas and masks per facility protocol; OXYGEN SETTINGS: I have 02 via nasal cannula @ 2 liters and can attempt to wean as long as my 02 saturations are maintained >90%. Review of a Medication Administration Record (MAR) for the month of March 2024 reflected the following orders: -Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/ML (Ipratropium-Albuterol) 1 vial inhale orally every 6 hours for wheezing-Start Date-3/16/2024 had been administered as ordered four times daily at midnight, 6:00 a.m., 12:00 p.m. and 6:00 p.m -Change oxygen tubing weekly on Monday night and PRN (as needed) if damaged or soiled every night shift every 7 day(s) -Start Date- 1/9/2023 -Change storage bag monthly every night shift every 30 day(s) for COPD-Start Date-1/09/2023. This order did not specify what storage bag needed to be changed monthly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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	-O2 @ (at) 2L via nasal cannula to keep O2 sat >90% every shift -Start Date-7/21/2023. There were no orders for cleaning and storage of the nebulizer equipment. During an observation on 3/19/2023 at 7:00 AM a face mask and nebulizer tubing were attached to the medication reservoir/cup with visible droplets in the equipment, resting directly on a bedside table, with no barrier in place. A portable oxygen tank on the back of R108's wheelchair had oxygen tubing attached, the nasal cannula was resting on the handle of the wheelchair, a plastic storage bag to stow the tubing when not in use was NOT present. An empty plastic storage bag was attached to the oxygen concentrator. During the observation on 3/19/2023 at 7:00 AM, Certified Nurse Aide (CNA) B donned gloves and removed R108's nasal cannula attached to the oxygen concentrator during a transfer to the bathroom, placed it on R108's pillow on the bed instead of in the attached plastic bag. CNA B transferred R108 to the bathroom, removed her soiled brief and lowered the resident to the toilet. CNA B did not change her soiled gloves before retrieving R108's nasal cannula and placing it in R108's nose. During an interview on 3/20/24 at 3:15 PM, Nurse Consultant (NC) Q said the expectation is that staff clean nebulizer equipment and store oxygen equipment in storage bags.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation is linked to intake #MI00139451 Based on interview and record review, the facility failed to follow procedures for administering and documenting the use of controlled substances for one of two residents (Resident #1) reviewed, resulting in the potential for medication diversion and the resident not receiving physician ordered pain medications as prescribed. Findings: Resident #1 (R1) Review of an Admission Record revealed R1 was a [AGE] year old male, last admitted to the facility on [DATE], with pertinent diagnoses of several pain related conditions including migraines, trigeminal neuralgia (a disorder that involves sudden, severe facial pain), polyneuropathy (the simultaneous malfunction of nerves throughout the body), knee pain, and other chronic pain. Review of physician orders for R1 reflected an order for the controlled substance Morphine Sulfate (MS) 15 milligrams (mg) IR (immediate release) one tablet by mouth every 4 hours as needed for pain management. Review of the electronic medication administration record (Emar) for R1, dated October 2023 and November 2023, and the controlled substance record (CSR) for R1, dated October 1, 2023 through November 29, 2023, revealed the following discrepancies in documentation regarding the administration of MS 15 mg: (1) 10/04/23 entry on CSR, 1 tab signed out at 10:15 PM, not documented on Emar as administered to R1 (2) 10/13/23 entries on CSR, 1 tab signed out at 8:00 AM and another at Noon, neither documented on Emar as administered to R1 (3) 10/20/23 entry on CSR, 1 tab signed out at 11:25 AM, not documented on Emar as administered to R1 (4) 10/21/23 entry on CSR, 1 tab signed out at 8:45 PM, not documented on Emar as administered to R1 (5) 10/22/23 entry on CSR, 1 tab signed out at 12:45 AM, not documented on Emar as administered to R1 (6) 10/22/23 entry on CSR, 1 tab signed out and the time was not documented (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(7) 10/23/23 entry on CSR, 1 tab signed out at 10:05 AM, not documented on the Emar as administered to R1 (8) 11/04/23 entry on CSR, 1 tab signed out at 8:20 AM, one tab signed out at 4:20 PM, and one tab signed out at 8:42 PM, none of those three tabs were documented as administered to R1 on the Emar. (9) 11/06/23 entry on CSR, 1 tab signed out at 1:00 PM and 1 tab signed out at 11:08 PM, neither tab documented on the Emar as administered to R1 (10) 11/17/23 entry on CSR, 1 tab signed out at Midnight, not documented on Emar as administered to R1 (11) 11/18/23 entry on CSR, 1 tab signed out at 11:14 PM, not documented on Emar as administered to R1 (12) 11/22/23 entry on CSR, 1 tab signed out at 8:00 AM, not documented on Emar as administered to R1 (13) 11/23/23 entry on CSR, 1 tab signed out at Noon, not documented on Emar as administered to R1 During an interview on 11/29/23 at 2:00 PM, the Director of Nursing (DON) reviewed the above discrepancies and agreed with the findings. This is not our standard of practice. During an interview on 11/30/23 at 9:10 AM, Registered Nurse (RN) P indicated the protocol used by nurses when signing out and administering controlled substances included: the controlled substance record was used to facilitate a count and accurate disposition of the controlled substances. The electronic medical record (Emar) was used to show that a controlled substance was given to a specific resident at a specific time. RN P indicated that both forms must be filled out when dispensing any controlled substance medication and they must contain the same information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 37577 Based on observation, interview, and record review, the facility failed to maintain locked treatments carts, for 3 of 4 treatment carts, out of 4 carts observed, resulting in the potential for accidental ingestion and misappropriation of physician ordered treatments. Findings: During an observation on 11/28/23 at 8:50 AM, the treatment cart located in the short hall, outside the garden unit and near the garden unit sign, and next to the exit door, was unlocked and unattended. The cart contained prescription medications including but not limited to Diclofenac and Triamcinolone and the over the counter (OTC) medications antifungal cream and zinc oxide. During an observation on 11/28/23 at 9:10 AM, the treatment cart located on the garden unit was unlocked and unattended. The cart contained prescription medications including but not limited to Diclofenac and Ketoconazole and the OTC medication hydrocortisone cream. The cart also contained two bottles of bug spray: Off and Cutter. During an interview on 11/28/23 at 9:15 AM, Registered Nurse (RN) T indicated that treatment carts were to be locked when unattended. During an observation on 11/28/23 at 10:00 AM, the treatment cart located off the main hall (across from the fan room), next to the crash cart was unlocked and unattended. The cart contained prescription medications including but not limited to Diclofenac gel 1% (with a warning label-Keep out of reach of children), Triamcinolone 0.1% (external use only), Miconazole 2% cream (warning-if swallowed get medical help or contact poison control center) and the OTC medication hydrocortisone cream 1% (with a warning label-if swallowed get medical help or contact poison control center). During an observation on 11/30/23 at 7:25 AM, the treatment cart located on the short hall, outside the garden unit and near the garden unit sign, and next to the exit door, was unlocked and unattended. Review of the facility policy/procedure Storage of medications, last revised on 08/2020, reflected the following; Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are permitted to access medications. Medication rooms, carts, and medication supplies are locked when they are not attended by persons with authorized access.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Wilson Ave Grandville, MI 49418	

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29073 Based on observation, interview and record review, the facility failed to implement appropriate infection prevention and control practices in 1 of 2 shower rooms reviewed, and 4 residents observed for skin and wounds (Resident #100, #113, #202 and #201) out of 8 residents reviewed for quality care, resulting in cross contamination and the potential for the spread of pathogens throughout the facility affecting all residents. Findings include: Review of a policy Infection Prevention and Control Program dated 1/2024 reflected The facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. The policy specified, Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom. Review of a policy Hand Hygiene last reviewed 1/2024 reflected All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. The policy also reflected The use of gloves does not replace hand hygiene. Resident #100 (R100) Review of an Admission Record reflected R100 admitted to the facility with diagnosis that included psychomotor deficit following cerebral infarction (slowing down or hampering of mental or physical tasks following a stroke), dementia, Type 2 diabetes, mixed incontinence, dysphonia (difficulty speaking), dysphagia (difficulty eating), muscle weakness, dependence on wheelchair and anxiety. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] reflected R100 was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 3/15 and was Dependent - Helper does ALL the effort for toileting hygiene, showers/bathing, dressing, bed mobility and transfers. Section M- Skin Conditions reflected that R100 was at risk for and had one stage 3 pressure ulcer, one unstageable pressure ulcer. During a follow-up observation on 3/19/2024 at 7:40 AM, CNA F and CNA B positioned R100 on her side and removed R100's urine wet brief. Neither CNA B nor CNA F provided incontinent care for R100, prior to applying a clean brief, leaving her skin exposed to moisture from urine and at risk for infection due to inadequate hygiene. During an observation on 3/19/24 at 10:02 AM, CNA B pushed R100 in a shower chair from her room, down the hall and into the shower room on the Lakeshore Hall. Inside the shower room, a shower chair with a damp and feces soiled towel and washcloth were noted on a shower chair adjacent to the resident. CNA B removed a sit-to-stand sling from behind the resident and placed the transfer sling directly on the shower chair on top of the soiled linens. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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	During a follow-up observation on 3/19/24 at 1:23 PM, CNA B and CNA F transferred R100 into bed. CNA B unfastened R100's brief, tucked it between R100's legs and rolled R100 toward CNA F, pulled the back of the brief down and noted R100 had a small bowel movement (BM). CNA B wet the corner of a hand towel and removed the BM from R100's peri-anal area, did not change gloves and re-applied Triad cream to open areas on R100's skin. CNA B placed the wet and soiled hand towel at the top of the bed, next to R100's pillow and resting on a bed control. A dry brief was placed under R100. CNA B and CNA F rolled R100 to position the brief under her and between her legs before fastening the brief. Neither CNA B not CNA F provided complete peri-care for R100 and neither CNA changed their gloves while situating R100's clothes or bed linens before leaving the feces soiled towel at the head of the bed and leaving the room. Resident #113 (R113) Review of an Admission Record reflects R113 admitted to the facility with pertinent diagnoses that included end stage renal disease, prostate cancer, severe protein-calorie malnutrition, type 2 diabetes, non-pressure chronic ulcer of left ankle with fat layer exposed and peripheral vascular disease. Review of a Care Plan reflected R113 had actual impairment to skin integrity related to 1.0 x 0.5 x 0.1 (centimeter) coccyx open area. The goal of the Care Plan was for R113 to experience progressive signs of healing. Interventions included, Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, s/sx (signs/symptoms) of infection, maceration etc. to MD (provider). During an observation on 3/19/2023 at 11:19 AM, LPN E positioned R113 on his side away from her in the bed, exposing his coccyx in order to provide treatment for a stage two pressure ulcer. LPN E wet a gauze pad with wound cleanser and wiped over and around the wound with the same part of the gauze several times before applying Triad cream to the area. Resident #202 (R202) Review of an Admission Record reflected R202 originally admitted to the facility on [DATE] admitted to the facility with pertinent diagnoses that included a stage 4 pressure ulcer of the sacral region, type 2 diabetes, wedge compression fractures of the lumbar and thoracic vertebra, spinal stenosis, pain in right leg, sciatica, muscle weakness, difficulty walking, unsteadiness on feed, lack of coordination, anxiety and severe sepsis. During an observation on 3/19/24 at 3:12 PM, CNA O assisted LPN E position R202 on her side in bed to complete a dressing change and wound care. LPN E noted that R202 had a small amount of BM and wiped it away. LPN E used a gauze pad saturated with wound cleanser to wipe the skin around R202's anus. The same part of the gauze used to wipe around R202's anus was wiped over and around a 2 centimeter (cm) by 1 cm open area on R202's buttock, cross contaminating the area. LPN E then applied Triad cream to the wound. 31771 Resident #201 (R201) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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	Review of the medical record reflected R201 admitted to the facility 12/4/23 with pertinent diagnoses that included diabetes mellitus, protein calorie malnutrition, and anemia. The Electronic Medical Record (EMR) reflected R201 was under treatment for two pressure injuries that required regular dressing changes. One wound was located on the sacral area and received dressing changes every day. The other wound on the right hip had a dressing that was to be changed every three days. On 3/20/24 at 10:00 AM a dressing change observation was conducted in the room of R201. In addition to Registered Nurse (RN) C Medical Director (MD) L was present. R201 laid on her left side exposing the large dressing at the sacral area and exposing the dressing of the right hip. Wearing gloves RN C removed and discarded the soiled dressing from the sacral area. Without changing gloves or performing hand washing RN C retrieved a soapy washcloth from a basin and wiped the exposed sacral wound bed. RN C then pressed on the wound bed with her gloved index finger in several areas as if check for blanching. RN C discarded the gloves and washed her hands at the sink in the bathroom for five seconds. RN C completed the dressing change of the sacral wound and washed her hands at the appropriate intervals, but for only five to seven seconds. Although the right hip dressing was not due to be changed MD L requested the dressing be removed. RN C removed and discarded the dressing from the right hip and reported that she would have to leave the room to obtain additional dressing supplies. Before leaving the room RN C covered the right hip wound bed with the bed sheet from the bed of R201. Upon return RN C folded back the bed sheet off the right hip wound. It was observed that the bed sheet was discolored with wound drainage from where it had contacted the wound bed. RN C proceeded with the dressing change, changing gloves and washing her hands in the bathroom at the appropriate intervals, but washed her hands for five to seven seconds. The policy provided by the facility titled Hand Hygiene last Reviewed/ Revised 1/24 was reviewed. The policy reflected 1. Staff will perform hand hygiene when indicated using proper technique consistent with acceptable standards of practice. And 4 c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. On 3/21/24 at 9:49 AM an interview was conducted with the Director of Nursing (DON) in her office. The observations of RN C and the dressing change with R201 on 3/19/24 were discussed. The DON reported that the nurse should have discard the gloves along with the soiled dressing and thoroughly washed her hands before washing the wound. The DON reported the RN should not have pressed on the wound bed with soiled gloves. The DON reported the right hip wound should have been covered with a clean covering while proper dressing supplies were obtained. The DON reported that hand washing is to be completed in accordance with the facility policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Grandville		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 Wilson Ave Grandville, MI 49418	

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. 29073 Based on interview and record review the facility failed to implement its Antibiotic Stewardship Program for 1 resident (Resident #100) out of 14 residents reviewed for quality care, resulting in the potential for antibiotic resistance. Findings: Review of a policy Antibiotic Stewardship Program last reviewed/revised 1/2023 reflects, It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. The Policy Explanation and Compliance Guidelines specified 1. The infection Preventionist, with oversight from the Director of Nursing, serves as the leader of the Antibiotic Stewardship Program; 2. The Medical Director, Consultant Pharmacist, and Attending Physicians and/or Midlevel Providers support the program via active participation in developing, promoting, and implementing a facility wide system for monitoring the use of antibiotics; 3. Licensed nurses participate in the program through assessments of residents and following protocols as established by the program. 4. The program includes antibiotic use protocols and a system to monitor antibiotic use. A. Antibiotic use protocols: 1. Nursing staff shall assess residents who are suspected to have an infection and notify the physician as applicable. Ii. Laboratory testing shall be in accordance with current standards of practice. Iii. The facility uses McGree's Criteria to define infections. iv. All prescriptions for antibiotics shall specify the dose, duration, and indication for use. V. Whenever possible, narrow-spectrum antibiotics that are appropriate for the condition being treated shall be utilized. Resident #100 (R100) Review of an Admission Record reflected R100 admitted to the facility with diagnosis that included psychomotor deficit following cerebral infarction (slowing down or hampering of mental or physical tasks following a stroke), dementia, Type 2 diabetes, mixed incontinence, dysphonia (difficulty speaking), dysphagia (difficulty eating), muscle weakness, dependence on wheelchair and anxiety. Review of a Nursing Progress Note dated 3/12/2024 at 1:26 PM indicated Resident (R100) continues on Amoxicillin for dx (diagnosis) of ear infection, no adverse reactions noted. Temp 98.7. No c/o (complaint of) pain this shift. Notes from 3/4/24-3/12/2024 were reviewed and no mention of any signs or symptoms of any type of infection were discovered. Review of the Assessments tab in the Electronic Medical Record (EMR) did not reflect any infection monitoring or user defined assessments had been completed for R100 prior to the start of antibiotic therapy. Review of an Audiology Consult dated 2/27/2024 included comments PCP (primary care physician) referral for middle ear fluid. The report was noted by Nurse Practitioner (NP) R but the date was not noted. The audiology consult was 15 days before the initiation of antibiotics. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the EMR from 3/4/2024-3/12/2024 did not reflect the attending physician or provider had seen or assessed R100 prior to initiation of the antibiotic on 3/12/2024. Review of Laboratory Services urine culture report dated 3/15/2024 reflected the results pertained to a urine specimen collected on 3/11/24 and was received on 3/12/2024. The results of the culture revealed the number of bacterial colonies grown was between 10,000-50,000 and did not meet the threshold for treatment. Review of a Nursing Progress Note dated 3/13/2024 at 12:30 AM reflected R100 was taking the antibiotic for a UTI. No signs or symptoms were noted. No reference to the ear infection was noted. Review of a Nursing Progress Note dated 3/13/2024 at 3:45 PM reflected R100 continued the antibiotic and had no complaints of pain or discomfort with urination. Review of a Practitioner Progress Notes dated 3/13/2024 at 11:02 AM reflected NP R evaluated R100 and indicated Resident seen today for infection in the left foot. Podiatry and cut toenails and discovered toe had pus coming out of toenail. Resident toe is red and inflamed, tender to touch. Resident does have decreased LOC (level of consciousness) very tired. Resident on Amoxicillin for ear infection. Daughter (name of daughter) also concerned that her mother is not able to take PO (oral) antibiotics because she has swallowing difficulties. Writer explained I will add Rocephin 1 gram IM (intramuscular) to cover infection. NP R's note also indicated she would order a follow-up urinalysis after the antibiotics were completed. The Provider Progress Note was dictated prior to the results of the urine culture. Review of the March 2024 Medication Administration Record reflected the following orders: -Obtain urine specimen via straight cath (catheter) if urine specimen ordered by MD one time only for Rule out UTI for 1 day -Start Date- 3/11/2024 10:30 AM. The MAR indicated the specimen was collected on 3/12/2024 at 12:33 AM. -Amoxicillin Oral Capsule 500 MG (milligram) (Amoxicillin) Give 1 capsule by mouth two times a day for AOM (acute otitis media)Infection/Ear infection until 3/14/24-Start Date-3/10/24 6:00 PM-D/C (discontinue) Date-3/13/2024 11:27 AM. The medication was started and stopped as indicated. -Amoxicillin Oral Capsule 500 MG (Amoxicillin) Give 1 capsule by mouth two times a day for AOM Infection/Ear infection until 3/21/2024 11:59 PM - Start Date-3/13/24 6:00 PM. The medication was given as ordered. -cefTRIAXone Sodium Injection Solution Reconstituted 1 GM (Ceftriaxone Sodium) Inject 1 gram intramuscularly one time only for UTI/Infection until 3/13/2024 11:59 PM Give now -Start Date-3/13/2024 2:15 PM The MAR reflected the medication was given at 5:20 PM -cefTRIAXone Sodium Injection Solution Reconstituted 1 GM (Ceftriaxone Sodium) Inject 1 gram intramuscularly one time only for UTI/Ear Infection until 3/14/2024 11:59 PM -Start Date 3/14/2024 10:00 AM-D/C Date- 3/15/2024 12:33 AM. The MAR reflected the injection was given at 5:13 PM on 3/14/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Grandville	3400 Wilson Ave Grandville, MI 49418

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-CefTRIAXone Sodium Injection Solution Reconstituted 1 GM (Ceftriaxone Sodium) Inject 1 gram intramuscularly every 12 hours for UTI/Ear Infection until 3/17/2024 11:59 PM -Start Date- 3/14/24 8:00 PM -D/C Date 3/15/2024 12:33 AM. The MAR was noted with the number 9 and initials of the nurse which was a chart code for Other/See Nurse Notes. -cefTRIAXone Sodium Injection Solution Reconstituted 1 GM (gram) (Ceftriaxone Sodium) Inject 1 gram intramuscularly one time a day for UTI (urinary tract infection)/Ear Infection until 3/17/2024 11:59 PM -Start Date-3/15/2024 6:30 AM. The MAR showed the medication was given as ordered. During an interview on 3/20/2024 at 3:15 PM, NP R reported that she had started R100 on an antibiotic for an ear infection, UTI and toothache. NP R did not know the fluid behind the ears had been identified two weeks prior to the start of the antibiotics. NP R said that R100's daughter thought she had a toothache and was not able to take oral antibiotics and that is why she added the IM antibiotic. NP R said she wrote a risk versus benefit statement in the clinical record to justify the prescribed antibiotics and reviewed the clinical record with the surveyor and confirmed there was not a risk versus benefit statement documented. NP R said she always prescribes a repeat urinalysis with culture and sensitivity after a course of antibiotics. NP R did not report the repeat urinalysis would be done if symptoms persisted. During the interview on 3/20/2024 at 3:15 PM, the Director of Nursing (DON) reported that she did not have documentation related to any infection tracking for R100 prior to the start of antibiotics and did not report that the culture results did not represent a treatable infection.