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	02/05/2024

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 - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation is related to intakes #'s: MI00-141306, MI00-141353, MI00-141884, MI00-142008, MI00-141471, and MI00-142016. Based on observation, interview, and record review, the facility failed to ensure (a) call lights were answered and resident needs were met in a timely manner, (b) that call lights were within reach and accessible, and (c) that fluids were available or within reach for 6 of 6 residents (Resident #127, Resident #100, Resident #101, Resident #104, Resident #119, and Resident #116), reviewed for accommodation of needs, resulting in delays for staff to meet the residents needs and residents unable to hydrate with or without staff assistance. Findings: Resident #127 (R127) Review of an admission record revealed R127 was a [AGE] year old female, admitted to the facility on [DATE] with pertinent diagnoses of high blood pressure, diabetes mellitus type 2, atrial fibrillation, congestive heart failure, and history of a stroke without residual affects. Review of care plans for R127 identified the following needs: (a) require 1 staff participation with personal hygiene and oral care, (b) anticipate my need for pain relief and respond immediately to any complaint of pain, (c) may need assistance with bed mobility if in pain, (d) need prompt response to all requests for assistance, and (e) encourage me to report pain on onset. During an interview on 01/29/24 at 9:15 AM, R127 indicated that an hour long wait for the call light to be answered was not uncommon. R127 was independent to the restroom however reported delays when needing pain medications or something to drink. Resident #100 (R100) Review of an admission record for R100 reflected that R100 was a [AGE] year old female, last admitted to the facility on [DATE] following an incident of aspiration, with pertinent diagnoses of dementia, dysphagia (difficulty swallowing), chronic kidney disease, and a recent Covid-19 infection. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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 - Some	During an interview on 01/29/24 at 9:25 AM, R100's DPOA I (durable power of attorney) indicated that call light wait time was an issue and the wait time usually takes 40-50 minutes, but has taken over an hour on a few occasions. DPOA I visits the facility everyday, usually twice daily to assist with the feeding of R100. During an observation on 01/30/24 at 7:09 AM, no fluids that staff could offer to and assist R104 with, were located in the room. Resident #101(R101) Review of an admission record revealed R101 was a [AGE] year old male, originally admitted to the facility on [DATE], with pertinent diagnosis of cerebral palsy, epilepsy, paraplegia, gastrostomy with tube feed for hydration and nutrition, and non dominant side monoplegia of upper limb (cannot use his left arm). Review of a Brief Interview for Mental Status (BIMS) dated 01/03/24, revealed a score of 4 out of 15 which indicated R101 had severe cognitive impairment. R101 is dependent on staff to meet all of his needs. During an observation on 01/30/24 at 8:54 AM, R101's call light was located near his left elbow. R101 stated that he cannot use his left hand and that the call light was out of sight and out of reach. During an observation on 01/31/24 at 7:00 AM, R101's call light touch pad was placed near and just above his left elbow. When asked to find the call light, R101 could not. After telling R101 where the call light touch pad was located, he could not reach it. R101 stated that he prefers to have things placed on his right side where he can see them and easily reach them with his right hand. Review of the care pans for R101 reflected there was no intervention in place to accommodate R101's inability to use his left arm. Resident #104 (R104) Review of an admission record reflected R104 was a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of Alzheimer's, high blood pressure, and chronic obstructive pulmonary disease. Review of a BIMS dated 12/20/23 revealed a score of 4 out of 15, which indicated R104 had severe cognitive impairment. During an interview on 01/29/24 at 12:06 PM, family member (FM) E reported that R104 doesn't use the call light and has not been able to use it for quite a while. FM E also reported that the family worried about this because staff did not frequently check on the resident. Review of R104's care plan reflected: . be sure the call light is in place and encourage me to use it. It was not clear in the EHR (electronic health record) when R104 was last assessed for her ability to use the call light. Additionally, when the family visits almost daily and per FM E, often times there was not water within reach of R104. During an observation on 01/30/24 at 7:15 AM, the cups of fluids on the over bed table were positioned out of reach of R104. (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	02/05/2024

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 - Some	During an interview on 01/30/24 at 9:32 AM, FM E reported upon arrival to the room this morning, the cup of fluids sat underneath the television and was warm. R104 can drink from the cup independently if it is placed in front of her. During an observation on 01/31/24 at 10:30 AM, R104 laid in bed resting with eyes closed and the cup of fluids sat out of reach of the resident. During an observation on 02/01/24 at 12:04 PM, R104 laid in bed resting with eyes closed and the cup of fluids sat empty and out of reach of the resident. R119 Review of an admission record revealed R119 was an [AGE] year old female, last admitted to the facility on [DATE], with pertinent diagnoses of dementia, history of falls, anxiety disorder, and constipation. During an observation on 01/30/24 at 7:07 AM, the kiosk (computer monitor that lists call light activation and wait time) indicated that R119's call light activated 1 minute ago. During an observation on 01/30/24 at 7:17 AM, Unit Manager (UM) T responded to R119 call light, the resident reported a need to be changed, UM T told R119 that staff would be notified. During an interview on 01/30/24 at 7:34 AM, R119 indicated that staff changed her brief and while being changed felt like she could move her bowels and asked to be placed on the bedpan. Staff informed R119 that another resident needed to be attended to first and that staff would return to assist R119 onto the bedpan. R119's call light was not activated at this time. During an interview on 01/30/24 at 7:53 AM, R119 reported still waiting for staff to return and place her on the bedpan. During an observation and interview on 01/30/24 at 8:45 AM, R119 sat up in bed eating breakfast and reported that staff had not returned to place her on the bedpan. 39056 Resident #116 (R116) Review of an Admission Record revealed R116 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: muscle weakness, chronic pain, and dysphagia (difficulty swallowing). Review of a Minimum Data Set (MDS) assessment for R116, with a reference date of 11/19/23 revealed a Brief Interview for Mental Status (BIMS) score of 10, out of a total possible score of 15, which indicated R116 was moderately cognitively impaired. Review of R116's Nursing Progress Note dated 1/30/24 revealed, .alert & oriented x3 baseline . (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	02/05/2024

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 - Some	Review of R116's Care Plan revealed, 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. Date Initiated: 04/12/2022. Review of R116's Practitioner Progress Note dated 1/4/24 revealed, .continue supportive cares, be sure patient always has call light within reach and needs are met in timely manner . During an observation on 01/30/2024 at 9:10 AM, R116 was lying in bed with her call light out of reach. R116's call light was clipped to the sheet above her head and was hanging over the right side of the bed (the left side of R116's bed against the wall). During an observation on 01/30/2024 at 11:17 AM, R116 was lying in bed with her call light out of reach. R116's call light was clipped to the sheet above her head and was hanging over the right side of the bed (the call light was in the same position as the previous observation.) During an observation on 01/31/2024 at 9:13 AM, R116 was lying in bed with her call light out of reach. R116's call light was clipped to the sheet above her head and was hanging over the top of her bed. During an observation on 01/31/2024 at 11:45 AM, R116 was lying in bed with her call light out of reach. R116's call light was clipped to the sheet above her head and was hanging over the top of her bed (the call light was in the same position as the previous observation.) R116 stated she needed help as she had been incontinent of urine and required assistance with incontinence care. R116 reported she did not know where her call light was and stated, it's probably on the floor or something. During an interview on 01/29/2024 at 10:17 AM, Licensed Practical Nurse (LPN) HH reported resident call lights would be left on for hours due to staffing shortages. LPN HH reported there were not enough staff to answer resident call lights in a timely manner and meet resident needs. LPN HH reported R116's call light would go unanswered for an extensive amount of time because at times she would call just to call. LPN HH stated, just because you have a needy patient doesn't mean their call light shouldn't be answered. LPN HH reported she felt the staff were neglectful to the residents and would sit on their phones doing nothing instead of performing routine cares. During an interview on 01/31/2024 at 10:10 AM, LPN GG reported CNAs would not perform timely resident care, ensure the call lights were answered, and were constantly on their phones, on facetime, and had ear pods in. LPN GG reported there were insufficient staff to meet resident needs and stated, it was impossible to get everything done with 2 aides. Theres just no way. During an observation on 01/30/2024 at 11:20 AM, Certified Nursing Assistant (CNA) LL was observed sitting in the hallway/TV area next to the residents on her cell phone. Review of the facility policy Call Lights System lasted reviewed 6/23 revealed, .5. With each interaction in the resident's room or bathroom, staff will ensure the call light is within reach of resident and secured, as needed .8. All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified.

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	02/05/2024

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 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** 39056 This citation pertains to intakes: MI,d+[DATE] and MI,d+[DATE] Based on interview and record review, the facility failed to address and resolve grievances for 1 of 4 residents (Resident #108) reviewed for grievances. Findings: Resident #108 (R108) Review of an Admission Record revealed R108 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: dementia. During an interview on [DATE] at 11:15 AM, Guardian (G) JJ reported R108 was to have a (colon cancer screening test name omitted) completed approximately 2 years ago. There was an attempt made to submit the test, but it was cancelled due to the facility submitting the specimen outside the guidelines (24 hours). A second test was attempted but that test was also cancelled due to a facility error. G JJ reported that facility has not made any additional attempts to get the test completed. Review of R108's Order Summary revealed (colon cancer screening test name omitted) with a start date of [DATE] and end date of [DATE]. The status of the order was completed. (colon cancer screening test name omitted) was ordered (start date) and discontinued on 5 other occasions beginning on [DATE]-[DATE]. There were no additional orders or follow-up orders for (colon cancer screening test name omitted). Review of R108's Resident Assistance Form dated [DATE] revealed, .still waiting for (colon cancer screening test name omitted) .Is this an ongoing concern? (months) .Have you contacted us in the past about this concern? (wrote out several assistance forms) .Facility Response .Steps taken to investigate the concern . (colon cancer screening test name omitted)? did we redo it? Review of R108's Nursing Progress Note dated [DATE] revealed, (colon cancer screening test name omitted) rep. (representative) contacted and will reach out with communication within 24h (24 hours). Review of R108's Progress Notes and Medication Administration Note from [DATE]-to [DATE] revealed no documentation that the specimen was collected. On [DATE] at 9:40 AM a request for R108's (colon cancer screening test name omitted) follow up was made to Nursing Home Administrator (NHA) via email. (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	02/05/2024

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an unnamed and undated form received via email on [DATE] at 11:33 AM revealed, Concerns: (colon cancer screening test name omitted) not completed. Supplies/test kit no longer in room. (G JJ) reached out to (colon cancer screening test name omitted), they did not receive a specimen from us. The order with (colon cancer screening test name omitted) expires on [DATE]. (G JJ) stated she has been waiting almost 2 years for this to get completed .Follow-up: Order in (electronic health record) for (colon cancer screening test name omitted) expired and nursing staff did not complete collection. As of [DATE] (Facility) is collaborating with (name omitted) Health for Labs. (Facility) will be able to complete this testing utilizing (name omitted) Health Lab processing which will be a more efficient process with a faster turnaround time for results. Will have (Nurse Practitioner (NP) H) enter the order for lab testing. R108's Electronic Health Record reviewed on [DATE] at 9:00 AM revealed no order for a colon cancer test. There was no documentation that NP H was notified of the incomplete order for (colon cancer screening test name omitted) or a request for NP H to order the test. During an interview via email on [DATE] at 9:12 AM, NHA reported that Director of Nursing was responsible for the follow-up of the laboratory order/grievance. During an interview on [DATE] at 10:55 AM, NP H reported that she had not been notified of any concerns regarding R108 or laboratory/diagnostic testing requests. NP H reported she would immediately follow up.

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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056 This Citation pertains to Intake Number MI00142207. Based on interview and record review, the facility failed to protect Resident #103's (R103) right to be free from neglect, which resulted in R103's physical deterioration and subsequent death. Immediate Jeopardy: The Immediate Jeopardy began on [DATE] when Resident #103 (R103) was admitted to the facility from the hospital for short-term rehab following a left arm fracture and a Urinary Tract Infection (UTI). An admission nursing assessment identified only a pressure injury on the right heel. The facility failed to follow hospital discharge instructions, physician's orders, and did not obtain follow-up consults for wound care which resulted in the worsening of and development of wounds on the right 5th toe, right heel, right lateral foot, right lateral lower leg, sacrum, coccyx and thoracic spine. The facility failed to ensure hydration and nutrition were accessible, and provide needed assistance to drink and eat. The facility left the resident in the wheelchair for an extended period of time and the resident fell and hit his head. Multiple staff were made aware of concerns related to R103's care and overall decline and failed to act, including but not limited to, being made aware: that the resident could not call for help if needed, that the resident was found sitting in urine soaked bedding, the resident's broken arm was not cared to facilitate healing, and pain and swelling reduction. The resident was placed in a room with a Covid-positive resident and subsequently developed Covid 19. R103 was admitted to the hospital on [DATE] with septic shock, malnutrition, a 25-pound weight loss since admission on [DATE], a Stage 3 thoracic injury, a Stage 4 sacrococcygeal injury, unstageable pressure injuries to the right leg, right heel, and right 5th toe and deep tissue injuries to the left leg and left heel. On [DATE] R103 was placed on hospice care and died on [DATE]. The death certificate stated that R103 died of sepsis. Findings: Resident #103 (R103): Review of an Admission Record revealed R103 was an [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: left arm fracture, acute cystitis with hematuria (a bladder infection with blood in the urine), diabetes, and heart disease. Review of a Minimum Data Set (MDS) assessment for R103, with a reference date of [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, out of a total possible score of 15, which indicated R103 was cognitively intact. Review of a hospital discharge summary reflected R103 was discharged to the facility on [DATE] in the following condition .confusion improved and back to baseline .follow up with orthopedics in ,d+[DATE] weeks for left arm fracture . (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	wound care: buttocks-liberally apply Desitin twice per day and PRN (as needed) until skin is healed. Right heel-paint with betadine and cover with dry gauze daily .follow up with wound healing center within 7 days. Review of R103's Hospital Medical Nutrition Therapy - RD Chart Review note dated [DATE] revealed, No weight loss seen in chart during these visits . R103's weight had remained stable. Review of R103's facility Admission assessment dated [DATE] revealed: (a) R103 was alert and oriented to person, place, and time (no cognitive impairments), had no behavioral symptoms, and had no diagnoses affecting his cognitive status or memory, (b) admission weight-178.9, (c) R103 had a right heel pressure injury measuring 3 cm x 6.5 cm and was staged as unstageable, (d) R103 had an abrasion on his left gluteal fold measuring 6 cm by 3.5 cm with a depth of 0.1 cm, (e) R103's pedal pulses were palpable, equal, and weak/thready, indicating R103 had poor/impaired blood flow to bilateral feet. (Impairments in blood flow to the feet increase the risk for heel pressure injuries). Review of R103's Electronic Health Record revealed no documentation that the provider was notified of R103's wounds identified on the admission assessment. Review of R103's Order Summary revealed the wound care treatment for R103's right heel was not ordered, initiated, or completed upon admission to the facility per the hospital discharge orders. (An order for wound treatment for R103's right heel was not ordered until [DATE].) Review of R103's Order Summary revealed the wound care treatment for R103's buttocks was not ordered, initiated, or completed upon admission to the facility per the hospital discharge orders. (An order for wound treatment for R103's buttocks was not ordered until [DATE].) Review of R103's Electronic Health Record revealed no order and/or appointment scheduled for a wound consult following his admission to the facility per the hospital discharge orders. (A wound care consult was not initiated until [DATE] and he was not evaluated by the wound consultant until [DATE]). Review of R103's Care Plan for skin integrity revealed, I have actual impairment to skin integrity r/t left buttock abrasion and right cheek abrasion Date Initiated: [DATE] .Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, s/sx (signs and symptoms) of infection, maceration etc. to MD (physician). Date Initiated: [DATE]. It was identified that R103 had poor BLE perfusion (pedal pulse assessment-weak/thready) during the admission assessment which increased R103's risk for the worsening of the right heel pressure injury and the development of additional wounds on R103's feet. There were no interventions implemented in R103's Care Plan to prevent the worsening of R103's right heel pressure injury and/or the development of new pressure injuries to R103's feet. Review of R103's Social Service Admission Note dated [DATE] revealed, .Resident was admitted from hospital for a fall that resulted in a broken shoulder .Resident plans to gain strength and heal through P/T (physical therapy), O/T (occupational therapy) and S/T (speech therapy) .Resident is able to communicate verbally and answer questions .Resident is their own person .BIMS-14. The admission note revealed R103 did not have any behavioral concern or a history of trauma requiring follow-up. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's Social Work Discharge assessment dated [DATE] revealed, 1. Resident's Discharge Plan: Gain strength in order to safely discharge home .Prior to coming to the SNF (skilled nursing facility), where was he/she living? Independent living .is this living arrangement still available to them? Yes .Discharge Potential: Fair. Review of R103's Care Conference Summary dated [DATE] at 10:04 AM revealed, IDT (interdisciplinary team) met with resident to discuss resident's stay at the facility. Resident is hopeful about gaining strength and healing in order to safely discharge back home. Resident does live alone and is open to home health care needs, if necessary, upon discharge .Discharge Potential: Fair. Confirming R103 was admitted to the facility for rehab services and had the potential to return to his home. Review of R103's Care Plan revealed, I am here for a short term stay and will be offered therapeutic activities that support my rehab goals. Date Initiated: [DATE]. Confirming R103 was expected to return home following the completion of therapy. Review of R103's Occupational Therapy Treatment Encounter Note dated [DATE] at 6:23 PM revealed, Pt (patient) supine needed full bed change and to be changed, pt in room for Covid precautions and door is shut. Nursing notified of pt needing full bed change. Review of R103's Practitioner Progress Note completed by Nurse Practitioner (NP) B and dated [DATE] at 9:00 PM revealed, (R103) is discharged to (facility) for SAR (subacute rehab) [DATE]. Today he is seen in his room in no apparent distress, endorses minimal use of left arm with significant swelling .Is hoping for therapy evaluation today so he can get out bed. A/O x 4 (alert and oriented to person, place, time, and situation). R103's wounds identified during the admission assessment were not addressed confirming the provider was not notified at the time the wounds were identified. Review of R103's Physical Therapy Treatment Encounter Note(s) dated [DATE] at 8:30 AM revealed, .rolling two assist to max assist to get changed and new sheets as current sheets were soiled, patient declined to sit up, stated he was too fatigued. Review of R103's Nursing Progress Note dated [DATE] at 9:21 AM revealed, Called and spoke to RN on the ER operating line to give nurse to nurse report. I stated the following. Upon entering the room the author noticed that (R103) was acting strange unable to speak, labored breathing diaphoretic and lethargic. He was responding inappropriately and BGL (blood glucose level) at 9:04 was 40 and received 1 mg IM (intramuscular) of glucagon and at 9:12 am his BGL was retested and was at 42 he was unable to swallow the oral Glucose 15. Review of R103's Hospital Discharge Documents dated [DATE] at 10:06 AM revealed, Patient seen and examined by myself for a chief complaint hypoglycemia prior to arrival . Patient states he felt okay and does not know exactly why his blood sugar went down but that he thinks maybe he had missed a meal. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's Practitioner Progress Note completed by NP B and dated [DATE] at 8:26 PM revealed, Today he is seen in his room in no apparent distress, endorses minimal use of left arm with significant swelling secondary to non-surgical fracture of left arm .He was sent to ED (emergency department) yesterday am by facility staff for hypoglycemic episode, bg (blood glucose) 40 per EMR (electronic medical record), apparently facility did not administer glucagon, EMS did upon arrival. He was evaluated in ED, he said he had not been getting food or much to drink the day prior, suspect hypoglycemia secondary to poor intake. Today he has no fluids at his bedside, states has not had anything to drink since yesterday. I did discuss this with his nurse and unit manager .He thanked me and states I just want to go home. NP B documented that at the time of the assessment R103 was alert and oriented x 4. Review of R103's Care Plans revealed there were no new interventions initiated to ensure R103 had water/fluids and adequate food/snacks to prevent hypoglycemic events following NP B's discussion with the nurse and unit manager. Review of R103's Skilled assessment dated [DATE] revealed no assessment of R103's pedal pulses. Review of R103's Nutrition Summary Note dated [DATE] revealed, (R103's) nutritional status was evaluated and food preferences were obtained. My appetite is good. My nutrition goals while here are: maintain weight. Met with resident, who reports an okay appetite. Denies issues with chewing or swallowing. Review of R103's Occupational Therapy Treatment Encounter Note dated [DATE] revealed, Pt (patient) found with LUE (left upper extremity) thumb and palm under leg, LUE elevated and STM (soft tissue mobilization) to shoulder joint to open lymph pathway. Review of R103's Care Plans revealed no interventions for elevating R103's left upper extremity to reduce swelling. Review of R103's Occupational Therapy Treatment Encounter Note dated [DATE] revealed, OTA (Occupational Therapy Assistant) observed blisters on Pt's back and had DON (Director of Nursing) assess. OTA and DON coordinated to have pt (patient) get air mattress .OTA directed pt in brief change, noting pt soiled upon arrival. Review of R103's Nursing Progress Note completed by DON and dated [DATE] at 7:19 PM revealed, This nurse was called to room by therapy to assess resident's skin. Therapist had noted areas of concern. Resident found to have blisters on his back, a DTI (deep tissue injury) to thoracic spine and stage 2 pressure injury to his coccyx. Care plan updated and order for air mattress. Maintenance care submission to switch out mattress. Please see detailed wound assessment for measurements. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's Wound Assessment completed by the DON and dated [DATE] revealed: Wound #1: right heel suspected deep tissue injury measuring 5 cm x 2.5 cm. Treatment/Changes/Notifications: Continue current treatment. Wound #2: vertebrae (upper-mid) suspected deep tissue injury measuring 1.5 cm x 1 cm. Acquired in-house. Treatment/Changes/Notifications: Air mattress ordered. Wound #3: left scapula blister measuring 4 cm x 0.5 cm. This was not documented as a pressure injury. Acquired in-house. Treatment/Changes/Notifications: Air mattress ordered. Wound #4: right scapula blister measuring 16.5 cm x 4.0 cm. This was not documented as a pressure injury. Acquired in-house. Treatment/Changes/Notifications: Air mattress ordered. Wound #5: coccyx Stage II pressure injury measuring 7 cm x 4.5 cm with a depth of 0. 1 cm. Acquired in-house. Note: hospital discharge order dated [DATE] for liberally apply Desitin twice per day and PRN (as needed) until skin is healed which had not been initiated since R103's admission. Review of R103's Care Plan revealed new interventions to prevent the worsening of R103's pressure injuries discovered on [DATE]. Encourage good nutrition and hydration in order to promote healthier skin and I need air mattress and pressure relieving boots to protect the skin while in bed. The intervention to apply house barrier cream was not included until [DATE]. Review of R103's Order Summary revealed: No order for the treatment of Wound #1: right heel suspected deep tissue injury measuring 5 cm x 2.5 cm. (An order for wound care for R103's right heel was not ordered until [DATE].) No order for the treatment of Wound #2: vertebrae (upper-mid) suspected deep tissue injury measuring 1.5 cm x 1 cm. (An order for wound care for R103's vertebrae was not ordered until [DATE].) Wound #3 and #4: WOUND CARE: Blisters bilateral back. Cleanse gently with soap and water or house wound cleanser. Apply skin prep BID (twice a day) if blisters are intact. Cover with non-adherent dressing ONLY if blisters are open. Change dressing BID. two times a day- Start Date [DATE]. Wound #5: WOUND CARE STAGE II - until healed Cleanse the area with soap and water or saline and dry. Apply hydrocolloid dressing, change q 3d (every 3 days) and prn if dressing soiled or for accidental removal. one time a day every 3 day(s) for Stage II Coccyx -Start Date [DATE]. Review of R103's Occupational Therapy Treatment Encounter Note dated [DATE] at 9:52 AM revealed, Pt with increased edema on this date due to sitting in wc (wheelchair) for extended amount of time without arm elevated. Review of R103's Practitioner Progress Note completed by NP B and dated [DATE] at 12:51 PM revealed . resident had appointment with Ortho today who gave orders for PT/OT and reinforced elevation of LUE (left upper extremity) to decrease swelling. He is observed laying in bed, states he has not gotten up for meals since arrival to facility. NP B documented that at the time of the assessment R103 was alert and oriented x 4. R103's 5 pressure injuries/wounds were not addressed during NP B's assessment. Review of R103's Order Summary revealed, Orthopedic follow-up recommendation- Encourage patient to elevate left arm above the level of the heart ,d+[DATE]x/day for ,d+[DATE] minutes order date [DATE]. Review of R103's Care Plans revealed no intervention to elevate R103's left upper extremity to decrease swelling recommended by the facility provider and orthopedic provider. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R103 did not have a Weekly Skin Sweep completed on [DATE] following the facility's policy and procedure Skin and Pressure Injury Risk Assessment and Prevention for a skin assessment to be completed upon admission and weekly thereafter. Review of R103's Care Plan revealed no intervention for timed (every 2 hour) repositioning. Noting only Assist me to turn &/or reposition routinely during CNA (Certified Nursing Assistant) rounds while in bed and frequently redistribute my weight if/when I am up in my chair, (not initiated until [DATE]). Review of R103's Practitioner Progress Note completed by NP B and dated [DATE] at 3:03 PM revealed, resident is seen in his room in no apparent distress, unfortunately he tested + (positive) for COVID yesterday, of note this pt. was tested during recent ED visit with negative results, he was placed in room in facility with COVID + roommate upon return from ED. He reports frustration with this and states I just want to go back to my home .He is here for SAR (subacute rehab), he states he is almost always in bed and wishes to be up for meals, this is communicated verbally to facility staff. R103's pressure injuries were not addressed during NP B's assessment. Review of R103's Care Plans revealed there were no new interventions initiated to ensure R103 was assisted out of bed for meals. Review of the COVID outbreak Line List confirmed R103's roommate tested positive for COVID with the 1st COVID test obtained on [DATE]. R103 received treatment for hypoglycemia in the emergency department on [DATE] and per the Hospital Discharge Summary tested negative for both COVID. Upon return to the facility, R103 returned to his room (where his COVID positive roommate continued to reside) and tested positive for COVID on [DATE]. Review of R103's Occupational Therapy Treatment Encounter Note dated [DATE] revealed, OTA provided positioning in bed to elevate LUE to decrease edema. Patient not feeling well. Patient with change in medical status with new illness and demonstrating fatigue and decreased alertness during session on this date .Upon arrival pt with soiled brief and bed pad .Pt with blood in brief and visible wound on bottom, noting OTA updated DON on visual appearance of wound. OTA inquired with contract wound nurse if pt was on her schedule for this date and he was not .Complexities/Barriers Impacting Session: Change in medical status, pain from wound. Confirming DON was notified of a change in R103's medical status change and the need for a wound consult. Review of R103's Wound assessment dated [DATE] revealed: Wound #1: sacrum Stage II pressure injury measuring 8 cm x 3 cm. Documented as a new skin condition. No other wounds were addressed in the wound assessment (previous assessment on [DATE] included 5 pressure injuries/wounds.) Review of R103's Care Plans revealed the intervention/education notified aides to have more frequent turning and cleaning was not added to R103's Care Plan until [DATE]. Review of R103's Skilled assessment dated [DATE] revealed no assessment of R103's pedal pulses. Review of R103's Weekly Skin Sweep dated [DATE] revealed, sacrum-open area, treatment in place for pt. The documentation of the areas of impairment did not include the type of wound, measurements, color, type of tissue in wound bed, drainage, odor, and/or pain (as required in the facility policy Skin and Pressure Injury Risk Assessment and Prevention.) (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's Weekly Skin Sweep dated [DATE] revealed: Sacrum-open area noted to sacrum. Macerated edges discolored .Discoloration noted to BLE (bilateral lower extremities).Left arm swollen and discolored. The documentation of the areas of impairment did not include a pedal pulse assessment (pertinent assessment with the discoloration of BLE), the type of wound, measurements, color, type of tissue in wound bed, drainage, odor, and/or pain (as required in the facility policy Skin and Pressure Injury Risk Assessment and Prevention.) Review of R103's Electronic Health Record revealed no documentation that the provider was notified of the deterioration of the sacral wound (macerated edges) or the discoloration of R103's BLE, left arm, or sacrum which was a change from R103's baseline. There was no follow up from the DON/Wound Team following the [DATE] Weekly Skin Sweep and no follow up from the facility providers. Review of R103's Behavior Management Program Review and Symptom Analysis dated [DATE] revealed, Resident is not showing any behaviors at this time. IDT (interdisciplinary team) will continue to monitor this resident. Confirming R103 did not have a history of refusing care and/or treatment. R103 did not have a Wound Assessment completed on [DATE] following the facility's policy and procedure Wound Treatment Management and Documentation (last wound assessment was on [DATE]). Review of R103's Skilled assessment dated [DATE] revealed no assessment of R103's pedal pulses. Review of R103's Skilled assessment dated [DATE] revealed R103's left pedal pulse was weak and thready and his right pedal pulse was normal. Review of R103's Nursing Progress Note dated [DATE] at 5:03 PM revealed, Event occurred on [DATE] 4:30 PM. author alerted that patient slid out of his wheelchair and stated that he hit his head. DON came and got nurse assigned to patient, but cena's (Certified Nursing Assistants) on hall placed patient back in bed prior to a nursing assessment. Order from (NP B) to send patient out for eval and CT of head. Review of R103's Care Plan did not reflect the use of a high back/reclining wheelchair or resident focused interventions for the use of the high back/reclining wheelchair to ensure resident safety and prevent falls. Review of R103's Antigravity Team Note dated [DATE] revealed, Date of Fall: [DATE]. Root Cause(s) of Fall: Resident was up in wheelchair for an extended period of time upon returning from an appointment. During an interview on [DATE] at 2:32 PM, Director of Therapy (DT) J reported that R103 required extensive assistance with sitting up because he was non weight bearing to his left arm and was receiving therapy services for weakness. DT J reported that a high back wheelchair was obtained for R103 due to his weakness and fractured left arm. DT J reported that R103 fell from his chair because staff left him sitting straight up and down at a 90-degree angle for an extensive period of time following his appointment. DT J reported staff should have reclined the high back wheelchair for his safety and comfort. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's Practitioner Progress Note completed by NP B dated [DATE] at 7:13 PM revealed, Patient seen today in his room for fall occurring 1 day ago in facility. NN reviewed, per NN patient slid out of his wheelchair and stated that he hit his head. Today he is observed laying in his bed, appears uncomfortable. He states he is thirsty, breakfast tray noted to be on table untouched, patient is laying down in bed unable to reach call light. He states his head hurts, facility nurse manager notified. R103's wounds were not addressed during the provider assessment. Review of R103's Care Plan revealed, Offer resident fluids with every interaction was not initiated until [DATE]. The nurse manager did not update the care plan to reflect that R103 required meal set-up. Review of R103's Wound Assessment completed by DON dated [DATE] at 9:21 PM revealed: Wound #1: sacrum suspected deep tissue injury measuring 14 cm x 12 cm x 0.2 cm depth. Treatment/Changes/Notifications- Tx (treatment) in place. Referral to (contracted wound consulting company) sent [DATE]. R103's sacral pressure injury had a significant increase in size from previous assessment on [DATE]. There was no documentation that the provider was notified of the worsening of the wound. Wound #2: vertebrae (upper-mid) suspected deep tissue injury measuring 5.5 cm x 5.0 cm. Treatment/Changes/Notifications- Tx (treatment) in place. Referral to (contracted wound consulting company) sent [DATE]. R103's vertebral pressure injury had a significant increase in size from previous assessment on [DATE]. No other pressure injuries/wounds were addressed in the wound assessment. There was no documentation that the provider was notified of the worsening of the wound. Review of R103's Electronic Health Record revealed no documentation that the provider was notified that R103 was too weak to sign his own name which was a deviation from his baseline. Review of R103's Weekly Skin Sweep dated [DATE] revealed: Hydration Screen .Mucous membranes-Dry. Mucous Membrane color-Pale. Indicating R103 was exhibiting signs of dehydration. Review of R103's Electronic Health Record revealed no documentation that the provider was notified that R103 was exhibiting signs of dehydration (dry and pale mucous membranes) or the nursing management team to ensure appropriate on-going assessments. Review of R103's Care Plans revealed the care planned intervention initiated on [DATE] to Offer resident fluids with every interaction was ineffective. There were no new interventions initiated to prevent continued and/or worsening dehydration. Review of R103's Order Summary revealed, Elevate left arm d/t (due to) edema in left hand/ arm every shift for swelling order date [DATE]. This order was not reflected in R103's Care Plans. Review of R103's Physical Therapy Treatment Encounter Note dated [DATE] revealed, Left UE (upper extremity) very swollen and hanging off bed. Review of R103's Dietary Note dated [DATE] at 12:50 PM revealed, Following resident r/t new wound. Resident with stage II open wound on coccyx. Wound developed in LTC (long term care). The dietary assessment did not include R103's multiple new facility acquired pressure injuries, weight loss/weight assessment, or his dehydration. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's IDT Review Note completed by DON and dated [DATE] at 4:14 PM revealed, Note: Resident was seen in consultation with (contracted wound consulting company) (Wound Consultant Physician assistant (WCPA) D on [DATE] and the following 6 wounds were noted: Wound #1: R (right) Upper Back Stage II Pressure Ulcer. Initial measurements were 2.9 x 4.1 x 0.1 cm. Wound #2: Unstageable Pressure Injury with full thickness skin and tissue loss. Initial measurements were 22 x 15 x 0.1 cm. WCPA D opted not to perform debridement due to evolving status of the wound, eschar was not amenable to debridement (sacrococcygeal area). Wound #3: R Lateral Lower Leg Unstageable Pressure Injury. Initial measurements were 2.5 x 4.2 x 0 cm. Wound #4: R heel DTI (deep tissue injury). Initial measurements 2.54. 2. Wound #5: R Lateral foot Unstageable Pressure injury. Initial measurements 4.8 x 1.5 x 0.1 cm Wound #6: R fifth toe DTI. Initial measurements 1.1 x 1 cm. Mechanical debridement was performed to wound #5 with a blade and forceps. Pain control was achieved with 4% lidocaine spray. Post debridement measurements were 5.8 x 1.5 x 0.2 cm Note: R103 received a surgical debridement and not a mechanical debridement (surgical debridement uses a scalpel/blade where mechanical debridement uses moist to wet dressings and/or hydrotherapy). Review of R103's IDT Review Note dated [DATE] at 4:37 PM revealed, Note: Correction: Measurements to wound #3, R lateral lower leg are 22.3 x 3.9 cm. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R103's Contracted Wound Consultants Progress Note Detail completed by WCPA D and dated [DATE] revealed, Associated Signs and Symptoms: Complains of pain and drainage. Patient admitted with a pressure injury of his right heel. Patient has developed several additional wounds. Patient is non-ambulatory and incontinent of bowel and bladder. Facility DON reports patient has been overall declining with poor appetite, little PO (oral) intake, and increased weakness .Physical Exam .Cardiovascular: the DP (dorsalis pedis) and PT (posterior tibial) pedal pulses are not palpable bilaterally (indicating significantly diminished and/or absent blood flow to feet) (last pedal pulse assessment was completed on [DATE] with noted irregularities).Wound #1 Right Upper Back is a Stage 2 Pressure Injury Pressure Ulcer and has received a status of Not Healed. Initial wound encounter measurements are 2.9 cm length x 4.1 cm width x 0.1 cm depth, with an area of 11.89 sq cm (square centimeters) and a volume of 1.189 cubic cm. There is a small amount of serous drainage noted which has no odor. Wound#2 Sacral is an Unstageable Pressure Injury Obscured full-thickness skin and tissue loss Pressure Ulcer and has received a status of Not Healed. Initial wound encounter measurements are 22 cm length x 15 cm width x 0.1 cm depth, with an area of 330 sq cm and a volume of 33 cubic cm. There is a small amount of serosanguineous drainage noted which has no odor. General Notes: Extensive sacral wound extending to the bilateral buttocks and lower back. Debridement not performed due to: Wound is still evolving, and eschar is not amenable to debridement at this time. Wound #3 Right, Lateral Lower Leg is an Unstageable Pressure Injury, Obscured full-thickness skin and tissue loss pressure ulcer and has received a status of Not Healed. Initial wound encounter measurements are 22.3 cm length x 3.9 cm width with no measurable depth, with an area of 86.97 sq cm. There was no drainage noted. General Notes: Wound along the fibula. Small area of dry, stable eschar distally. Superior area with deep tissue pressure injury. Wound #4 Right Heel is a Deep Tissue Pressure Injury Persistent non-blanchable deep red, maroon or purple discoloration, Pressure Ulcer and has received a status of Not Healed. Initial wound encounter measurements are 2.5 cm length x 4.2 cm width with no measurable depth, with an area of 10.5 sq cm. There was no drainage noted. Wound #5 Right, Lateral Foot is an Unstageable Pressure Injury Obscured full-thickness skin and tissue loss Pressure Ulcer and has received a status of Not Healed. Initial wound encounter measurements are 5.8 cm length x 1.5 cm width x 0. 1 cm depth, with an area of 8.7 sq cm and a volume of 0.87 cubic cm. There is a Scant amount of serous drainage noted which has no odor. Wound #6 Right Fifth Toe is a Deep Tissue Pressure Injury Persistent non-blanchable deep red, maroon or purple discoloration Pressure Ulcer and has received a status of Not Healed. Initial wound encounter measurements are 1.1 cm length x 1 cm width with no measurable depth, with an area of 1.1 sq cm. There was no drainage noted. Additional Orders .Turn in bed at least once every 2 hours if able (specific turn schedule of every 2 hours was not initiated on care plan during entire length of stay). During an interview on [DATE] at 2:35 PM, WCPA D reported she was consulted to assess R103 due to multiple wounds. WCPA D reported that she had not been consulted on R103 until the week before and he was not on my radar. WCPA D reported that per her company's policy the wound care providers cannot perform wound assessments and treatment recommendations on a resident until a consult order is received and the resident becomes an established patient by their office. WCPA D reported that R103 had multiple extensive wounds and was told by DON that R103 wasn't eating or drinking, had increased weakness, and had a sudden decline medical status. WCPA D reported that based on the DON's report of R103's condition she believed R103's wounds were a result of end of life skin failure. WCPA D only had 1 appointment with R103 on [DATE] before he passed away and was unable to provide any additional information related to his wound care/treatments. WCPA D reported that from [DATE]-[DATE] she did not receive any calls with concerns, or requests for treatment changes on R103. (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	02/05/2024

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R103's wound clinic consult was not initiated until [DATE]. R103's Hospital Discharge Documentation dated [DATE] recommended a wound care consult to be completed within 7 days of discharge. During an interview via email on [DATE] at 3:32 PM, Nursing Home Administrator (NHA) confirmed that R103 did not have any wound appointments or wound consults before the WCPA D's evaluation on [DATE]. (30 days after admission to the facility). Review of R103's Nursing Progress Note dated [DATE] 11:41 AM revealed, Upon assessment, this RN (Registered Nurse) noted resident had decreased LOC (level of consciousness), resident pale and lethargic. NP (Nurs[TRUNCATED]

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	02/05/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056 This citation pertains to intake #s: MI00-141471 and MI00-142016 Based on interview and record review the facility failed to follow professional standards of nursing practice for medication administration for 4 residents (Resident #111, #112, #113, and #114), out of 6 residents reviewed for the provision of nursing services, resulting in medication not administered following the physician order and medications administered outside of the physician ordered parameters. Findings: Resident #111 (R111) Review of an Admission Record revealed R111 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: hypotension. Review of R111's Physician Order with a start date of 1/6/24 revealed, Midodrine HCl (anti-hypotensive) Tablet 5 MG Give 1 tablet by mouth three times a day for Hypotension Hold if BP (blood pressure) is greater than 130/70. This medication was ordered to be administered at 7:00 AM, 12:00 PM, and 5:00 PM. R111's blood pressure was to be assessed prior to each administration of Midodrine. Review of R111's January Medication Administration Record from 1/1/24-1/29/24 revealed beginning on 1/6/24 at 12 PM until 1/29/24 (ending at the 12:00 PM dose) midodrine was held 3 times (1/13/24 at 7:00 AM, 1/16/24 at 12:00 PM and 1/20/24 at 5:00 PM). Out of 70 opportunities for administration, Midodrine was administered 67 times. Review of R111's Blood Pressure Summary from 1/6/24-1/29/24 revealed R111's blood pressure was assessed a total of 40 times (out of the 70 required assessments). Resident # R112 (R112) Review of an Admission Record revealed R112 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension. Review of R112's Physician Order with a start date of 10/17/23 revealed, Isosorbide Mononitrate ER (anti-hypertensive) Tablet Extended Release 24 Hour 30 MG Give 1 tablet by mouth in the morning for angina prophylaxis. Hold is SBP (top number of blood pressure) less than 100. R112's blood pressure was to be assessed prior to each administration of Isosorbide Mononitrate. Review of R112's January Medication Administration Record from 1/1/24-1/29/24 revealed R112's Isosorbide Mononitrate was administered 29 times. Review of R112's Blood Pressure Summary from 1/1/24-1/29/24 revealed R112's blood pressure was assessed a total of 10 times with 2 assessments on 1/8/24 (out of the 29 required assessments). (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	02/05/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #113 (R113) Review of an Admission Record revealed R113 was an [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension. Review of R113's Physician Order with a start date of 12/13/23 revealed, Carvedilol Tablet 25 MG Give 1 tablet by mouth two times a day for Hypertension HOLD IF BP less than 90 HR (heart rate) less than 60. Review of R113's January Medication Administration Record revealed on 1/21/24 R113's blood pressure was 86/64 and his evening dose of carvedilol was administered (indicated by a checkmark in the administration box) and on 1/25/24 R113's blood pressure was 88/54 and his morning dose of carvedilol was administered. Resident #114 (R114) Review of an Admission Record revealed R114 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension. Review of R114's Physician Order with a start date of 12/15/23 revealed, Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 30 MG Give 1 tablet by mouth in the morning for Prevention of anginal chest pain associated with CAD (coronary artery disease) Hold is SBP less than 100. R114's blood pressure was to be assessed prior to each administration of Isosorbide Mononitrate. Review of R114's January Medication Administration Record from 1/1/24-1/29/24 revealed R114's Isosorbide Mononitrate was administered 29 times. Review of R114's Blood Pressure Summary from 1/1/24-1/29/24 revealed R114's blood pressure was assessed a total of 8 times with 2 assessments on 1/26/24 (out of the 29 required assessments). During an interview on 02/05/2024 at 10:55 AM, Nurse Practitioner (NP) H reported her expectations were that the staff were obtaining vitals as ordered and reassessing vital signs when needed. NP H reported that she also expected the facility nurses to follow basic nursing standards of practice for medication administration. During an interview on 01/29/2024 at 10:17 AM, Licensed Practical Nurse (LPN) HH reported that facility nurses did not follow the physician orders for medication administration as ordered and medications were administered late, and parameters not followed. During an interview on 01/31/2024 at 10:10 AM, LPN GG reported the facility nurses should be following physician ordered parameters and should review the physician order to determine if parameters were ordered prior to administering medications. LPN GG stated, I've noticed lately nurses have been giving meds with ordered parameters without assessing blood pressures and reported it was due to the medication being ordered in the Electronic Health Record without the prompt to assess vital signs. (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	02/05/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy Administration Procedures for All Medications effective 09/2018 revealed, .III. 5 Rights (at a minimum) At a minimum, review the 5 rights at each of the following steps of medication administration. 1. Prior to removing the medication package/container from the cart/drawer: a. Check the MAR/TAR (Medication Administration Record/Treatment Administration Record) for the order .d. Check for vital signs or other tests to be done during or prior to medication administration .IV. Administration . 6. Obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to medication administration .

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	02/05/2024

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This Citation is related to Intake Number MI00141306 Based on observation, interview, and record review, the facility failed to provide quality care to 3 of 5 residents (Resident #17, Resident #101, and Resident #126) reviewed for quality of care, resulting in untreated sepsis and septic shock for R17. Findings include: Resident #17 (R17) Review of an admission record showed R17 was a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of Huntington's disease, diabetes mellitus, gastrostomy with tube feed for hydration and nutrition. R17 was completely dependent on staff for all activities of daily living. Review of a Nursing Progress Note (NPN) for R17 dated 09/05/23 revealed .resident with dyspnea (difficulty breathing). Oxygen saturation (02 sat) on 2 liters 85%, provider notified, stat chest x-ray ordered as well as labs in the am. Chest x-ray showed no acute disease process. Review of a NPN for R17, dated 09/07/23, indicated Bowel Movement Protocol was initiated due to no bowel movement or only small bowel movement for past 3 days. Nursing to assess for bowel sounds, distention, complaints of pain, nausea and vomiting. Only the bowel sounds assessment was noted in the NPN. No additional notes described if and or when the bowel situation was resolved. The next NPN located in R17 EHR (electronic health record), that described R17's physical well being was dated 09/11/23, (4 days later) and revealed R17 was .clean, and appropriate. Physical assessment WNL (within normal limits) lung sounds clear and bowel sounds active x 4. The next NPN to document a physical assessment of R17 was dated 09/18/23 (7 days since the last assessment) .diarrhea alert-there were 3 or more loose stools in 24 hours recorded. If continues, notify provider. Review of a NPN for R17, dated 09/19/23, reflected .PULSE WARNING, value-111, high of 100 exceeded. No documentation found that stated the provider was notified. The next NPN to document a physical assessment for R17 was dated 09/22/23 (3 days later) and revealed . diarrhea alert-there were 3 or more loose stools in 24 hours recorded. No documentation found that the provider was notified. Review of a NPN dated 09/27/23 (5 days after the last nursing note that described any assessment of R17, recorded .(R17) found with vomit all over her this am. Pharmacy was contacted about delivery of famotidine (a medication that reduces the amount of acid that the stomach produces) and physician aware that resident did not receive one dose on 09/26. The NPN did not indicate that lung sounds were assessed nor was a residual from the tube feed checked. (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	02/05/2024

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 0684 Level of Harm - Actual harm Residents Affected - Few	Review of R17's Electronic Medication Administration Record (Emar) for September 2023 revealed R17 missed prescribed doses of famotidine on 9/3, 9/4, 9/5, 9/6, 9/7, 9/8, 9/11, and 9/26. No documentation found that indicated the physician was made aware of the missed doses 9/3 through 9/11. Review of a NPN for R17 dated 09/28/23 reiterated that the resident had a large emesis (vomit) yesterday and a chest X-ray was done and was negative for disease process. The NPN did not indicate that lung sounds were assessed nor was a residual from the tube feed checked. Review of a NPN for R17 dated 10/01/23 indicated that the tube feed was clogged, multiple attempts were made to unclog it and eventually resident was sent to the Emergency Department (ED) to have the tube feed unclogged. R17 returned to the facility later that afternoon. Review of a NPN for R17 dated 10/03/23 at 1:37 PM revealed .BLOOD PRESSURE WARNING, value 129/58, low of 60 exceeded. Review of a NPN for R17 dated 10/04/23 at 12:48 AM specified .nursing noticed resident vomited and had watery bowel movement. Review of a Discharge Emergent Nursing Note, dated 10/04/23 at 8:34 AM, reflected R17 was sent to the ED for possible ileus (bowel blockage) no bowel sounds. Review of an eINTERACT Transfer Form (used to communicate to the hospital recent and relevant information related to the need for emergency care) dated 10/04/23 at 8:30 AM, listed most recent blood pressure, pulse, temperature, and respirations were from 09/29/23. The oxygen saturation listed was obtained at 4:45 AM that morning. Review of an ambulance run sheet for R17, dated 10/04/23 reflected: (a) patient (PT) was reported to have had uncontrollable diarrhea and vomiting, possibly aspirating, (b) PT was pale, hot and sweaty and had some vomit around her bottom lip-attempted suctioning, (c) staff was unsure of her baseline orientation, (d) PT had copious amounts of feces noted when moving her over from their bed to the stretcher, it appeared dark with a green tinge and liquid, (e) PT legs were very wet, unsure if it was sweat or urine, and (f) placed on 4 liters of oxygen, pulse ox 89% (amount of oxygen in the blood). Review of ED physician notes for R17, dated 10/04 23, revealed R17: (a) had a temperature of 102.6, (b) blood pressure was 108/60, (c) pulse was 115, (d) respirations were 25, (e) white blood count of 27.6, (f) CT scab found bibasilar pneumonia worse on the right side, (f) was sent to the ED for 1 1/2 days of uncontrollable diarrhea, some vomiting, lethargy, and possible dehydration, (g) was diagnosed with sepsis due to a urinary tract infection and found to be in septic shock. The Professional Standards of Quality for Staff Roles and Responsibilities in Monitoring Patients with Acute Changes of Condition for the nurse includes recognizing condition change early and assessing the patient's symptoms and physical function and document detailed description of observations and symptoms. (Process Guidelines for Acute Change of Condition, AMDA Clinical Process Guidelines, 2013). Resident #101(R101) (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	02/05/2024

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 0684 Level of Harm - Actual harm Residents Affected - Few	Review of an admission record revealed R101 was a [AGE] year old male, originally admitted to the facility on [DATE], with pertinent diagnosis of cerebral palsy, epilepsy, paraplegia, gastrostomy with tube feed for hydration and nutrition, and non dominant side monoplegia of upper limb (cannot use his left arm). Review of a Brief Interview for Mental Status (BIMS) dated 01/03/24, revealed a score of 4 out of 15 which indicated R101 had severe cognitive impairment. R101 is dependent on staff to meet all of his needs. Review of a Nursing Progress Note for R101, dated 01/14/24, revealed .Upon dressing change writer observed green, yellowish secretion coming form penis .physician notified and will send of prescription for an antibiotic. Will continue to monitor closely. Review of an Electronic Medication Administration Record (Emar) for R101, dated January 1 2024 through January 31 2024, showed an order for Diflucan (fluconazole) an antifungal medication, 150 milligrams give one tab one time. The medication was documented as given on 01/15/24. Diflucan's common side effects include headache, nausea, abdominal pain, diarrhea, and indigestion. The Emar did not list any instructions or orders for the monitoring of side effects. Review of the Nursing progress Notes for R101 showed no documentation of nursing follow up regarding the penile infection (had the penile discharge continued, was the medication effective, etc) for 01/15/24 through 01/17/24. Review of a Nursing Progress Note for R101, dated 01/18/24, reflected .aide reported while doing cares that resident had a green milky discharge coming out of the penis. Reported to oncoming nurse and Director of Nursing (DON). Review of a Nursing Progress Note for R101, dated 01/19/24, revealed .this nurse called provider to notify of penile discharge, orders to monitor resident and have resident seen by in-house Nurse Practitioner. Review of all progress notes for R101, completed on 01/30/24, showed no follow up notes documenting any assessments or findings regarding the penile discharge. A provider note dated 01/19/24 to 1/30/24 could not be located in the EHR (electronic health record). According to The Legal and Ethical Issues In Nursing, Sixth Edition, By [NAME] (2019), Standards of care must have and use the knowledge and skill ordinarily possessed and used by nurses actively practicing in the nurses's specialty area. 39056 Resident #126 (R126) Review of an Admission Record revealed R126 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: urinary retention. Review of R126's Physician Order with a start date of 2/2/24 revealed, Bladder scan every 6 hours. Straight cath (catheterization) if >350ml (greater than 350 milliliters of urine in the bladder) every 6 hours for Urinary Retention. (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	02/05/2024

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 0684 Level of Harm - Actual harm Residents Affected - Few	Review of R126's February Treatment Administration Record revealed: On 2/3/24 at 12:00 PM-bladder scan result of 446 ml On 2/3/24 at 6:00 PM-bladder scan result of 500 ml On 2/4/24 at 6:00 AM-bladder scan result of 927 ml Review of R126's Electronic Health Record revealed no documentation that R126 received a straight catheterization and/or the results of the straight catheterization on the above dates. During an interview via email on 2/5/24 at 2:26 PM, Nursing Home Administer (NHA) confirmed there was no documentation for when R126 was catheterized and the output resulting from the catheterization. It should have been part of the administration note. We have updated the order to include if he was cathed, and if so, how much so this doesn't happen again.

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	02/05/2024

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 - Minimal harm or potential for 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** 39056 This citation pertains to intakes: MI00-141465 and MI00-141884 Based on observation, interview and record review, the facility failed to 1.) provide care following the comprehensive care planned interventions and facility policy to prevent the development and worsening of avoidable pressure injuries and 2.) assess, monitor, and provide ordered treatment for residents with new/worsening pressure injuries/wounds for 2 residents (Resident #116 and #117) out of 6 residents reviewed for pressure injuries/wounds resulting in increased pain, skin impairment, and the worsening of a wound. Findings: Resident #116 (R116) Review of an Admission Record revealed R116 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: muscle weakness, chronic pain, and dysphagia (difficulty swallowing). Review of a Minimum Data Set (MDS) assessment for R116, with a reference date of 11/19/23 revealed a Brief Interview for Mental Status (BIMS) score of 10, out of a total possible score of 15, which indicated R116 was moderately cognitively impaired. Review of R116's Nursing Progress Note dated 1/30/24 revealed, .alert & oriented x3 baseline . Review of R116's Physician Order dated 10/16/23 revealed, Skin, Pressure Ulcer &Wound Treatment Protocol -May follow facility protocol . Review of R116's Care Plan revealed, Assist/encourage me to elevate my heels off the bed. Date Initiated: 11/16/2022. During an observation on 01/30/2024 at 9:10 AM, R116 was in bed, the head of the bed was at 45 degrees, and a pillow was behind her right shoulder down to her right lower back (the pillow was not offloading pressure to R116's buttocks). R116's heels were resting directly on top of a folded blanket. During an observation on 01/30/2024 at 11:17 AM, R116 was in bed, the head of the bed was at 45 degrees, and a pillow was behind her right shoulder down to her right lower back (the pillow was not offloading pressure to R116's buttocks). R116's heels were resting directly on top of a folded blanket. During an observation on 01/30/2024 at 12:23 PM, R116 was sitting up in bed eating lunch. R116's heels were resting directly on top of a folded blanket. During an observation on 01/31/2024 at 9:13 AM, R116 was lying in bed on her back (no pillows/offloading devices in place) and both of her heels were resting directly on the mattress (not floating off of mattress). (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	02/05/2024

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 - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 01/31/2024 at 11:45 AM, R116 was lying in bed on her back (no pillows/offloading devices in place) and both of her heels were resting directly on the mattress (not floating off of mattress). R116 stated she needed help as she had been incontinent of urine and required assistance with incontinence care. R116 reported she did not know where her call light was and stated, it's probably on the floor or something. R116 reported that she had not been provided incontinence care since early morning and stated (I) need it bad indicating her brief was saturated with urine. R116 reported she was experiencing significant pain in her heels and had intermittent pain in her buttocks. R116 reported she was unable to reposition herself in bed and required staff assistance for all incontinence care and repositioning. R116 stated it was a bummer that she had to rely on staff for care. Review of R116's Weekly Skin Sweep dated 1/19/24 revealed R116's skin was intact. A Weekly Skin Sweep should have been completed on 1/26/24 per the facility policy Skin and Pressure Injury Risk Assessment and Prevention. Review of R116's Weekly Skin Sweep dated 1/29/24 revealed, Coccyx-Resident's coccyx red but blanchable due to resident wet briefs and unwillingness to get up and ambulate and change positions. Resident encouraged to attempt to get up and change positions frequently. Right heel-Resident's heel is red but blanchable. RN (Registered Nurse) placed foam dressing on heel and wrapped heel. Left heel-Resident's heel is red but blanchable. RN placed foam dressing on heel and wrapped heel. Review of R116's Electronic Health Record revealed no documentation that R116's Durable Power of Attorney (DPOA) was notified of the skin impairment identified on 1/29/24. Review of R116's Practitioner Progress Note dated 1/4/24 revealed, .Awake, alert, and orientated .currently A & O x 3 (alert and oriented to person, place, and time) .chronic pain, generalized weakness, non-ambulatory .Functional: prefers to stay in bed per pt., needs assist and wc if up, non-ambulatory . Review of R116's Nurse Practitioner Note dated 1/10/24 revealed, .Difficult to assess as resident spends days in bed, usually asleep when approached . Review of R116's Care Plan revealed: INCONTINENT: Check me every 2 hours and as needed during HS (evening) hours for episodes of incontinence .Date Initiated: 04/13/2022. R116's Care Plan did not reflect her need for incontinence care during daytime hours or her preference of staying in bed as identified in the Practitioner Progress Notes dated 1/4/24 and 1/10/24. Assist me to position body with pillows/support devices, protect bony prominences, as I allow. Date Initiated: 11/16/2022. R116's Care Plan did not reflect she required a turn schedule or the frequency for turning. R116's Care Plan did not reflect R116's unwillingness to get up (refusing care) as indicated in R116's Weekly Skin Sweep dated 1/29/24. (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	02/05/2024

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 - Minimal harm or potential for actual harm Residents Affected - Few	Review of R116's Care Plan was updated on 1/30/24 to include, .Patient prefers to spend all of her time in her bed. She has been offered to go the dining room in the past but prefer to stay in her room for all meals. No other new interventions to prevent pressure injuries were implemented. During an observation on 02/05/2024 at 12:37 PM, R116's heels were observed with Licensed Practical Nurse (LPN) NN. R116 did not have any open areas on her heels but LPN NN reported R116's left heel soft but not boggy (abnormal texture of tissue indicating the development of a deep tissue injury). LPN NN reported right heel was more boggy than the left. LPN NN reported R116's heels would become red (sign of the development of a pressure injury) and would resolve when interventions were implemented (heel floating). During an interview on 01/29/2024 at 10:17 AM, LPN HH reported resident call lights would be left on for hours due to insufficient staffing. LPN HH reported there were not enough staff to answer resident call lights in a timely manner and meet resident needs. LPN HH reported R116's call light would go unanswered for extensive amounts of time because occasionally she would call just to call. LPN HH stated, just because you have a needy patient doesn't mean their call light shouldn't be answered. Resident #117 (R117) Review of an Admission Record revealed R117 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: muscle weakness, difficulty walking, history of falls. Review of R117's (contracted wound company) Progress Note Detail dated 12/21/23 revealed, .This patient was seen today as a consultation for evaluation of the patient's wound .after seeing patient on the secured memory unit, informed by DON (Director of Nursing) that patient also has new vascular wound of her anterior left lower leg. Reviewed photos of wound and appears wound is covered by scab without drainage. Provided verbal recommendations to paint wound with betadine once daily and may leave open to area (air). Plan to formally assess wound at next visit. Review of R117's December Treatment Administration Record revealed no documentation that the recommended wound treatment paint wound with betadine once daily and leave open to air was ordered or completed. Review of R117's January Treatment Administration Record revealed, Left lower anterior leg; cleanse with NS, pat dry and paint with betadine, leave open to air. every day shift for wound care -Start Date-01/04/2024 Review of R117's (contracted wound company) Progress Note Detail dated 1/4/24 revealed, On 12/20/23, nursing staff identified a wound on patient's left anterior lower extremity. She completed a 10 day course of cephalexin (antibiotic) on 12/30/23 per PCP (primary care physician) for suspected infection of this wound. Nursing staff reports a soft, scab-like area remains. Etiology of wound is unclear .Wound #1 Left Shin . Venous Ulcer .Initial wound encounter measurements are 3.3 cm length x 2.5cm width with no measurable depth, with an area of 8.25 sq cm (Square centimeters) .Wound Orders: Cleanse wound with Normal Saline or Wound Cleanser .Apply betadine-paint once daily, may leave open to air . R117's wound deteriorated from a scab to open area approximately the diameter of a D battery). (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	02/05/2024

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 - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/01/2024 at 2:35 PM, Wound Consultant Physician Assistant (WCPA) D reported that she notified on 12/21/23 of the wound on R117's left lower extremity and made a treatment recommendation. WCPA D was not aware that that treatment was not ordered or implemented until 1/4/24 (the next time WCPA D assessed R117's wound). WCPA D reported she would expect that she would be notified if a recommended treatment wasn't implemented. WCPA D reported she would give a verbal order for treatment and the facility nurses would order the treatment in the Electronic Health Record. During an interview on 01/29/2024 at 10:17 AM, Licensed Practical Nurse (LPN) HH reported there were insufficient staff on the dementia unit to meet the needs of the residents (R116 resident on the dementia unit) to provide frequent repositioning, incontinence care, and activities of daily living. LPN HH reported the dementia unit was typically staffed with 1 aide and one nurse and stated that was not safe. LPN HH reported the dementia residents required a lot of care and attention in order to maintain health and humanity. During an interview on 01/31/2024 at 10:10 AM, Licensed Practical Nurse (LPN) GG reported CNAs would not perform timely resident care or ensure the call lights were answered. LPN GG reported there was insufficient staff to meet resident needs and stated, it was impossible to get everything done with 2 aides. Theres just no way (repositioning, toileting, incontinence care). Review of the facility policy, Skin and Pressure Injury Risk Assessment and Prevention last reviewed/revised 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 .1. A skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission and weekly thereafter .11. Residents determined as at risk for developing pressure injuries will have interventions documented in plan of care based on specific factors identified in the risk assessment. 12. Interventions for Prevention and to Promote Healing a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions .13. Modifications of Interventions a. Interventions on a resident's plan of care will be modified as needed . Review of the facility policy, Wound Treatment Management and Documentation last reviewed/revised 3/23 revealed, Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Mission Point Health Systems utilizes the [NAME] & [NAME] Clinical Nursing Skills/Techniques and National Pressure Ulcer Advisory Panel. Policy Explanation and Compliance Guidelines: 1. Wound treatments will be provided in accordance with physician orders. 2. In the absence of treatment orders, the licensed nurse will notify the physician to obtain treatment orders .6. Treatments will be documented on the Treatment Administration Record. 7. The effectiveness of treatments will be monitored through ongoing assessment of the wound. Considerations for needed modifications include: a. Lack of progression towards healing. b. Changes in the characteristics of the wound. c. Changes in the resident's goals and preferences, such as at end-of-life or in accordance with his/her rights. 8. Wound assessments are documented upon admission, weekly, and as needed if the resident or wound condition deteriorates. Wound treatments are documented at the time of each treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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 - Minimal harm or potential for actual harm Residents Affected - Few	9. The following elements are documented as part of a complete wound assessment: a. Type of wound (pressure injury, surgical, etc.) and anatomical location b. Stage of the wound, if pressure injury (stage 1, 2, 3, 4, deep tissue) c. Measurements: height, width, depth, undermining, tunneling d. Description of wound characteristics: i. Color of the wound bed ii. Type of tissue in the wound bed (i.e., granulation, slough, eschar, epithelium) iii. Condition of the peri-wound skin (dry, intact, cracked, warm, inflamed, macerated) iv. Presence, amount, and characteristics of wound drainage/exudate v. Presence or absence of odor vi. Presence or absence of pain

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	02/05/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 Based on observation, interview, and record review, the facility failed to monitor and assess 1 of 2 residents (Resident #101) reviewed for positioning. Findings: Resident #101(R101) Review of an admission record revealed R101 was a [AGE] year old male, originally admitted to the facility on [DATE], with pertinent diagnosis of cerebral palsy, epilepsy, paraplegia, gastrostomy with tube feed for hydration and nutrition, and non dominant side monoplegia of upper limb (cannot use his left arm). Review of a Brief Interview for Mental Status (BIMS) dated 01/03/24, revealed a score of 4 out of 15 which indicated R101 had severe cognitive impairment. R101 was dependent on staff to meet all of his needs. During an observation on 01/30/24 at 7:26 AM, R101 laid in bed with no protective boots on, and his feet were rolled in and pressed against each other. R101 stated that he is not able to move his legs to reposition his feet apart. During the same observation the foley collection bag hung (almost full with 1400 milliliters of urine) from the bedrail on the left side of the bed and the tubing that connected from the foley collection bag to the suprapubic catheter (a catheter to drain urine directly from the bladder) laid under both of R101's legs, came out on the right side of the body and connected to the suprapubic catheter just outside of the brief on the resident's right side. A blue plastic clip used to help secure the tubing also laid just under R101's left leg and and left and indentation (the shape of the plastic clip) into the skin on the back part of the left leg. During an observation on 01/30/24 at 8:54 AM, R101 laid in bed with no protective boots on, feet rolled in and pressed together. Foley collection bag (contained 1400 milliliters of urine) hung from the bedrail and the collection tubing remained under both legs and came out the right side of the body and connected to the suprapubic catheter just outside the brief on the resident's right side. The blue plastic clip remianed under R101's left leg, pressed into the skin. During an observation on 01/30/24 at 11:20 AM, R101 attended activities, sat straight up in the broda chair with feet down, no protective boots on, and a pillow behind his head that pushed his head forward. During an observation on 01/30/24 at 12:08 PM, R101 sat in the broda chair near the entry way and the following was noted about R101's positioning: (a) slid down in chair (back not staright against the back rest), (b) feet were internally rotated, pressed against each other and also pressed down against the foot rests with no protective boots on, (c) trunk was out of alignment (shoulders off to the right and hips off to the left of midline), and (d) the left buttock sat partially positioned on top of the left arm rest. (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	02/05/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/30/24 at 12:10 PM, the Director of Therapy services (J) was summoned to observe R101's current positioning and stated he should not be positioned like this.

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	02/05/2024

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 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 This citation pertains to Intake Numbers: MI00-141372, MI00-141306, MI00-142123, MI00142-230, and MI00142-016 This citation has two DPS statements. Statement #1 Based on interview and record review, the facility failed to provide adequate supervision based on current medical concerns for 2 of 2 residents (Resident #107 and Resident #104) reviewed for falls, and failed to communicate the falls to therapy staff for 1 of 1 residents (Resident #107), resulting in fractures for both Resident #107 and Resident #104. Findings: Resident #107 (R107) Review of a an admission record revealed R107 was an [AGE] year old male, admitted to the facility on [DATE], following a 2 day hospital stay, after presenting to the emergency department (ED) with increased weakness in the lower extremities and multiple falls at home. Relevant diagnoses at admission included weakness, falls sequela (a condition resulting from a previous injury), and insomnia. Review of hospital notes for R107, dated 11-23-23 through 11-25-23 , reflected the following information: (a) Physician note dated 11-24-23: patient had multiple new falls over last 1-2 weeks, x3 this week, family reported progressive lower extremity weakness that is worse in the morning, urinary frequency, monitor PVR (post void residual) for incomplete emptying, (b) OT (occupational therapy) treatment note dated 11-24-23 recorded: patient demonstrating minimum to moderate assist needed for ambulation, needs constant assistance with walker as patient tends to keep walker way out in front of him, (c) PT (physical therapy) treatment note dated 11-24-23 reflected: patient requiring increased level of assist to minimum of 1 assist for transfer and gait, fatigued significantly with only 35 feet of ambulation, patient with moderate forward flexion posture and difficulty maintaining walker at appropriate distance as patient tends to push the walker too far forward, and (d) nursing note dated 11-25-23 patient up to the bathroom x 2, unsteady gait, PVR (the amount of urine left in the bladder after a person urinates) indicated a need for straight cath x1 (nursing used a catheter to drain the rest of the urine from the bladder due to incomplete emptying). Review of a facility nursing admission assessment, dated 11-25-23, documented the following assessment of R107: (a) uses glasses to aid vision, (b) temperature 99.4 and respirations 22, (c) devices used for mobility-wheelchair, (d) recent and frequent falls, (e) orthostatic blood pressures not obtained, (f) not independent with mobility with or without an assistive device, (g) currently taking an anticoagulant, (h) and last bowel movement 11-24-23, reported normal bowel movement frequency was daily. The assessment did not include any concerns with PVR and R107 being straight cathed that morning at the hospital, nor any interventions to monitor for PVR. (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	02/05/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	Review of Care Plans for R107 revealed that interventions to prevent falls were initiated 11/26/23. No care plan was developed regarding R107's urinary frequency, inability to completely empty the bladder, and potential need for straight cath. Review of an Incident Report that documented an unwitnessed R107 fall on 11-25-23 at approximately 7:20 PM revealed the resident was trying to go to the bathroom with the use of a wheeled walker. R107 was put back into bed by staff, without assisting the resident to go to the bathroom. The incident report did not implement a new intervention to help ensure the residents safety. Review of an :Incident Report that documented a witnessed R107 fall on 11-25-23 at approximately 9:45 PM revealed the resident was assisted to the bathroom by certified nurse aide (CNA) FF and was using a 4 wheeled walker. R107 became weak and the right leg buckled. The incident report did not implement a new intervention to help ensure the residents safety. Review of a statement given by CNA FF on 11/28/23, pointed out that CNA FF had obtained a 4 wheeled walker for R107 and placed it in his room, the evening of 11-25-23, without the resident assessed first by therapy to ensure that the resident could use the walker safely. Review of a Occupational Therapy Eval for R107, dated 11-26-23, revealed COTA (certified occupational therapy assistant) W met with R107 the morning of 11-26-23 to complete an evaluation, and was not notified by nursing that the resident had 2 falls the evening before. Pain assessment at rest was 5/10 constant in right hip, and with movement was 9/10 constant in right hip. COTA W alerted nursing of R107's pain assessment and at that time nursing made therapy aware of the two falls from the previous evening. R107 was sent back to the ED for further evaluation of right hip pain. Review of a physician hospital note for R107, dated 11-26-23, revealed: discharged to skilled rehab less than 24 hours ago, last night patient got up to go to the bathroom unsupervised, fell and experienced hip pain, patient was put back into bed and this morning complained of severe hip pain, and was brought back to the ED for evaluation. X-rays show a right femoral neck fracture. Resident #104 (R104) Review of an admission record reflected R104 was a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of Alzheimer's, high blood pressure, and chronic obstructive pulmonary disease. Review of a BIMS dated 12/20/23 revealed a score of 4 out of 15, which indicated R104 had severe cognitive impairment. Review of a Fall Risk Assessment completed on 12/19/23 for R104, revealed the resident was a high risk for falls due to inpart .easily distracted/short attention span .altered perception/awareness of surroundings . periods of restlessness and/or impulsivity .decreased level of consciousness (sleepy, lethargic) .mental function varies over the course of the day .incontinent of bowel and bladder .unsteady gait .and wanders. (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	02/05/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	Review of a facility Incident Summary revealed R104 sustained an unwitnessed fall, in her room on 01/05/24, at approximately 8:15 PM. The summary further revealed that R104 had a significant history of falls, had been out with family earlier that day, and had been restless upon returning to the facility on [DATE]. Certified Nurse Aide (CNA) Fs written statement reflected the following: (a) heard a loud crash and responded to it, (b) observed R104 laying on the floor on her left side near the bathroom door with the wheelchair positioned behind the resident, (c) called for nursing assistance, (d) noted R104 was very confused, (e) resident was assisted by CNA F and Licensed Practical Nurse (LPN) CC back into the wheelchair, (f) resident was then moved to the recliner, (g) R107 was holding her left arm close to her body and had a bump on the left side of her head, and (h) R107 was left in the recliner unattended when staff left the room. The written statement by LPN CC confirmed that once R107 was in the recliner, both staff exited the room leaving the resident unattended, despite documented reports of confusion. R107 was sent to the ED for further evaluation. Review of Nursing Progress Notes for R104 reflected resident returned from the ED on 01/06/24 around 5:00 AM, with diagnoses of fractured distal left radius (wrist), a contusion to the head, and a neck sprain due to the fall. 39056 Statement #2 Based on observation and record review, the facility failed to implement documented care interventions for 1 resident (Resident #116) out of 3 residents reviewed for accidents and hazards. Findings: Resident #116 (R116) Review of an Admission Record revealed R116 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: muscle weakness, chronic pain, and dysphagia (difficulty swallowing). Review of R116's Care Plan revealed: Feeding Techniques I require: Safe-swallowing strategies: alternate liquids and solids, small bites/sips, double swallow, and slow rate of intake. Date Initiated: 04/18/2022 .My diet orders are: general, soft and bite sized textures, thin liquids. No straws . Revision on: 11/21/23 .EATING- encouragement, cues as needed after set up .Revision on: 9/27/23 . Bed: I need the following room accommodations: Low Bed, Mats on the Floor, Bed against the wall. Date Initiated: 01/03/2024. 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. Date Initiated: 04/12/2022. Review of R116's Nutrition Summary Note dated 10/31/23 revealed, .Currently on a general diet .no straws . (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	02/05/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	Review of R116's Meal Ticket placed on meal trays revealed, .Alerts: NO STRAWS . Review of R116's Nursing: Antigravity Team Note dated 1/3/24 at 9:56 AM revealed, Date of Fall: 1/3/24 . Root Cause(s) of Fall: Resident was confused and attempted to transfer out of bed without asking for assistance .Prior Interventions: Call light within reach .New Interventions: Low bed. Fall mat beside bed while resident is in bed . Review of R116's Speech Therapy Evaluation and Plan of Treatment note (evaluation date 5/15/23-6/13/23) revealed Recommendations .Liquids-Nectar thick liquids, cup drinking (Okay to have thin water, NO straws per informed consent . Review of R116's Informed Consent dated 6/2/23 and signed by R116 revealed, It is understood that (R116) has a swallowing problem that puts him/her at risk for medical complication .The recommended diet is: IDDSI 6-soft and bit size/IDDSI 2-mildly thick liquids. IT is understood that the following diet will be given despite the risks explained below: Regular solids/thin liquids . The Informed Consent did not include the use of straws. Review of R116's Statement of Ability/Inability for Decision Making dated 6/5/23 deemed R116 unable to make his/her own decisions. (R116 was her own person at the time the Informed Consent was signed. During an observation on 01/30/2024 at 9:10 AM, R116 was lying in bed, there was no fall mat in place on the right side of her bed (the left side of R116's bed against the wall), and her bed was not in the low position (close to the ground). During an observation on 01/30/2024 at 11:17 AM, R116 was lying in bed, there was no fall mat in place on the right side of her bed, and her bed was not in the low position. During an observation on 01/30/2024 at 11:37 AM, R116 was lying in bed, there was a mug of water with a straw on her tray table within arm's reach (R116 able to independently drink from the mug). There was an additional unused (wrapped) disposable straw on R116's tray table. During an observation on 01/30/2024 at 12:36 PM, R116 was sitting up in bed eating lunch. R116 had a mug of water with a straw on her tray table and there was a drink with a straw that was on her lunch tray. There was no fall mat in place on the right side of her bed, and her bed was not in the low position. During an observation on 01/31/2024 at 9:13 AM, R116 was lying in bed, there was a mug of water with a straw on her tray table within arm's reach and there was no fall mat in place on the right side of her bed. During an observation on 01/31/2024 at 11:45 AM, R116 was lying in bed, there was a mug of water with a straw on her tray table within arm's reach and there was no fall mat in place on the right side of her bed. During an observation on 02/05/2024 at 10:10 AM, R116 was lying in bed, there were 2 mugs of water with straws on her tray table within arm's reach and there was no fall mat in place on the right side of her bed. (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	02/05/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	During an observation on 02/05/2024 at 12:37 PM, R116 was lying in bed, there was a mug of water with a straw on her tray table within arm's reach and there was no fall mat in place on the right side of her bed. During an interview on 01/31/2024 at 10:10 AM, Licensed Practical Nurse (LPN) GG reported the kitchen would provide residents straws on their meal trays even when it is care planned and on their meal ticket that they are not to use straws. LPN GG reported the floor CNAs (Certified Nursing Assistants) would put the straws in the drinks without double checking the meal ticket or care plan assuming that since a straw arrived on the meal tray the resident could use it. LPN GG reported when the CNAs pass waters to the residents on the units, they do not check the care plans or the resident guides for the residents that are to have thickened liquids or no straws, they just fill them (the cups) all up, put straws in, and go room to room. Review of the Resident Assistance Form completed following the Resident Council Group Meeting dated 1/17/24 revealed, .Summary of Findings or Conclusions regarding the concerns: educated staff on importance of reading tray card correctly (and) giving residents what is ordered .Any Corrective Action taken or to be taken: more tray line audits to ensure accuracy signed by the grievance officer 1/22/24.

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	02/05/2024

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 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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 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	02/05/2024

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** 39056 This citation pertains to intake #s: MI00-141465 and MI00-142016 Based on interview and record review, the facility failed to maintain clear and concise controlled substance counts and failed to accurately document administration of controlled substances for 4 residents (Resident #101, #122, #123, and #124). Resident #101 (R101) Review of an Admission Record revealed R101 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent diagnoses which included: epilepsy and neuralgia (nerve pain.) Review of R101's Physician Order with a start date 12/5/23 revealed, PHENobarbital Oral Tablet 64.8 MG (Phenobarbital) Give 1 tablet via NG-Tube at bedtime for Seizure. Review of R101's Controlled Substance Log (narcotic count sheet) revealed Phenobarbital was not administered at bedtime on 1/16/24 or 1/23/24. Review of R101's January Medication Administration Record revealed the Phenobarbital was documented as administered on 1/16/24 or 1/23/24. Review of R101's Physician Order with a start date 12/6/23 revealed, Gabapentin Solution 250 MG/5ML (Gabapentin) Give 6 ml via PEG-Tube two times a day for Neuralgia. Review of R101's Controlled Substance Log revealed Gabapentin was not administered in the evening of 1/7/24, 1/14/24, and 1/16/24. Review of R101's January Medication Administration Record revealed the Gabapentin was documented as administered in the evening of 1/7/24, 1/14/24, and 1/16/24. Resident #122 (R122) Review of an Admission Record revealed R122 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: chronic pain syndrome. Review of R122's Physician Order with a start date of 10/16/23 revealed, Gabapentin Capsule 100 MG (Gabapentin) Give 1 capsule by mouth every 8 hours for neuropathy (to be administered at 12:00 AM, 8:00 AM, and 4:00 PM. Review of R122's Controlled Substance Log revealed: The first entry on the log was dated 1/13/24 at 11:52 PM. An entry was made on 1/9/24 and was crossed out. (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	02/05/2024

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	There were no other entries until 1/20/24 at 4:21 PM. R122's January Medication Administration Record revealed the Gabapentin was administered. 1/20/24 Gabapentin was administered at 4:21 PM 1/20/24 Gabapentin was administered at 8:(illegible) AM (note the afternoon dose documented prior to the morning dose.) The 1/20/24 4:00 PM dose was not signed out of the log but was signed out of the January MAR. The 1/21/24 12:00 AM dose was not signed out of the log but was signed out of the January MAR. The 1/21/24 8:00 AM dose was not signed out of the log but was signed out of the January MAR. The 1/21/24 4:00 PM dose was not signed out of the log but was signed out of the January MAR. The 1/21/24 12:00 AM dose was not signed out of the log but was signed out of the January MAR. Review of R122's January MAR revealed Gabapentin was not administered 7 times and was coded as 7=Sleeping. On 1/31/24 at 12:07 PM a copy of R122's Gabapentin Controlled Substance Log (referenced above) was sent to Regional Director of Operations MM to review with management team with concerns related to the Controlled Substance Log outlined for management to review. A request for clarification for an order to hold if sleeping as well as a copy of the Controlled Substance Log from 1/13/24-1/20/24 was requested at that time (request typed on the Controlled Substance Log sent to the management team). Requested documentation was not received prior to survey exit on 2/5/24. Resident #123 (R123) Review of an Admission Record revealed R123 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: fracture of lumbar vertebrae. Review of R123's Physician Order with a start date of 1/16/24 revealed, HYDROcodone-Acetaminophen (Norco) Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth three times a day for Chronic Back Pain Hold if patient showing signs/symptoms of sedation or if unarousable. Norco to be administered at 8:00 Am, 1:00 PM, and 8:00 PM. Review of R123's Controlled Substance Log revealed that on1/27/24 the 8:00 AM, 1:00 PM, and 8:00 PM dose of Norco was administered. There was no documentation that any dose of Norco was wasted (requires the signature of an additional nurse on the log) and the ending count was correct. Review of R123's January Medication Administration Record revealed that on 1/27/24 the 8:00 PM dose of Norco was refused (indicated by a 2=Drug Refused). (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	02/05/2024

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	Resident #124 (R124) Review of an Admission Record revealed R124 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent diagnoses which included: chronic pain. Review of R124's Physician Order with a start dated of 1/12/24 revealed, Gabapentin Capsule 300 MG (Gabapentin) Give 1 capsule by mouth at bedtime for Pain Management. To be administered at 9:00 PM). Review of R124's Controlled Substance Log revealed the 9:00 PM dose of gabapentin was not administered on 1/16/24, 1/20/24, or 1/23/24. Review of R124's January Medication Administration Record revealed documentation that the 9:00 PM dose of gabapentin was administered on 1/16/24, 1/20/24, or 1/23/24. During an interview on 01/29/2024 at 10:17 AM, Licensed Practical Nurse (LPN) HH reported the facility nurses do not follow the standards of practice for narcotic administration, documentation, and storage. LPN HH reported that facility nursing staff would share the narcotic keys (the nurse responsible for the medication is not to share the key to the controlled substances as part of the nursing standard of nursing practice). LPN HH reported that she observed facility nurses signing out all controlled substances administered during their shift in the narcotic book and the end of their shift (controlled substances are to be signed out/documented at the time they are administered.) During an interview on 01/29/2024 at 1:08 PM, LPN GG reported that the facility nurses do not maintain accurate documentation for the administration of controlled substances. LPN GG reported that frequently facility nurses will sign it (controlled substance) out in the books (Controlled Substance Log) but not put it in the computer to show that it was administered. During an interview on 02/05/2024 at 10:55 AM, Nurse Practitioner (NP) H reported her expectations were for facility nurses to follow basic nursing standards of practice for medication administration. During an interview on 1/31/24 at 1:00 PM, Regional Director of Operations (RDO) MM confirmed the errors identified on the above Controlled Substance Logs. Review of the facility policy Controlled Substances effective 09/2018 revealed, Medications classified as controlled substances by the Drug Enforcement Administration (DEA) are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with state and federal laws and regulations . Procedures- 1. The Director of Nursing and the consultant pharmacist collaborate to maintain the facility's compliance with federal and state laws and regulations regarding the handling of controlled medications. Only authorized, licensed nursing and pharmacy personnel have access to controlled medications . 5. Accurate inventory of all controlled medications is maintained at all times. When a controlled substance is administered, the licensed nursing personnel administering the medication immediately enters the following information on the accountability record and the Medication Administration Record (MAR): a. Date and time of administration (MAR and Accountability Record) b. Amount administered (Accountability Record) (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	02/05/2024

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	c. Remaining quantity (Accountability Record) d. Signature of the nursing personnel administering the dose (Accountability Record) e. Initials of the nurse administering the dose, completed after the medication has been administered (MAR) .

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	02/05/2024

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation is related to intake # MI,d+[DATE] and MI,d+[DATE] Based on observation, interview, and record review, the facility failed to follow established procedures regarding the storage of medication and controlled substances in 3 of 5 medication carts, 1 of 2 medication store rooms and, 1 of 1 refrigerators used to store controlled substances, reviewed for the labeling and storage of drugs. Findings: During an observation on [DATE] at 10:40 AM, the medication cart sitting outside of room [ROOM NUMBER] contained 7 loose pills in the bottom of the top drawer that held medication cards. During an interview at the time of the observation, the Director of Nursing (DON) indicated that there should not be any loose pills in the medication carts and that there was no way to tell if those medications had actually been given to the resident(s) that they were prescribed to. The pills were given to the DON for identification, however they were inadvertently disposed of. During an observation on [DATE] at 10:46 AM, the medication cart designated as Lakeshore #1 contained 2 loose pills in the bottom of the top drawer that held medication cards. These pills were later identified through webmd.com/pill identification as Baclofen 20 mg (milligrams) used as a muscle relaxant and Eliquis 2.5 mg used to prevent blood clots. During an interview at the time of the observation, Licensed Practical Nurse (LPN) R stated that there was no way of knowing if these 2 medications were seen by the nurse to have popped into the drawer and replaced with another pill, and actually dispensed to the intended resident. During an observation on the Garden Unit on [DATE] at 10:54 AM, Unit Manager/LPN (UM) L carried several boxes of medications to the nursing office. When questioned about the boxes of medications, UM L indicated that they came from the medication cart and were expired or not correctly labeled. During an observation on the Garden Unit on [DATE] at 10:57 AM, the medication cart contained 5 loose pills in the bottom of the top drawer that held medication cards. These pills were later identified through webmd.com/pill identifier as hyoscyamine sulfate 0.125 mg (used to treat stomach and intestinal problems such as cramps or irritable bowel syndrome), quetiapine fumarate 50 mg (an antipsychotic medication), Levothyroxine 25 mcg (micrograms) (used to treat an underactive thyroid), Donepazil 5 mg (used to treat dementia), and Haloperidol 1 mg (an antipsychotic medication). After completing the observation of the medication cart, UM L walked away from the medication cart without locking it. During an observation on [DATE] at 2:25 PM, the medication store room outside the Garden Unit was not secured and accessed without having to put in a code. (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	02/05/2024

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	During an observation on [DATE] at 7:40 AM, the refrigerator in the medication room outside the Garden unit was unlocked. Inside the refrigerator, in a box on the top door rail, contained an unsecured bottle of liquid Lorazepam (Ativan) a benzodiazipine and controlled substance. Review of the facility policy Storage of Medications, last revised on ,d+[DATE], reflected the following: Medications and biological's are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .Medication rooms, carts, and medication supplies are locked when they are not attended by persons with authorized access .Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity .Controlled substances that require refrigeration are stored within a locked box within the refrigerator that is attached to the inside of the refrigerator or in accordance with state regulations and facility policy.

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	02/05/2024

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 - Some	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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 - Some	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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 - Some	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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	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	02/05/2024

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235039	A. Building B. Wing	02/05/2024

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.