

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg Phy Rehab Ctr of Madison Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 31155 Dequindre Madison Heights, MI 48071	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208</p> <p>This citation pertains to intake #MI00149911</p> <p>Based on observation, interview, and record review, the facility failed to implement appropriate interventions and update Certified Nurse Aide (CNA) care guides after a fall for one resident, (R602) of three residents reviewed for accidents, resulting in the potential for additional falls. Findings include:</p> <p>On 2/11/25 at 10:20 AM, R602 was observed in their bed asleep with a fall mat to the right side of their bed. Their right hand and bilateral legs appeared to contracted.</p> <p>A review of R602's clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: unspecified protein calorie malnutrition, cerebrovascular disease, flaccid hemiplegia, dysphagia, diabetes, vascular dementia, epilepsy, and falls. A review of R602's progress notes revealed a nursing note entered into the record by Nurse 'C' on 2/9/25 at 1:07 PM read, .Aid <sic> alerted the writer that the resident was on the floor and needed extra assistance. As the writer approached, the resident was laying calmly on the mat on the right side of the bed. Aid <sic> explained that they lowered the resident to the floor .Aid <sic> stated, I couldn't hold him any longer, so I lowered him to the mat beside the bed.</p> <p>On 2/11/25 at 11:18 AM, an interview was conducted with Nurse 'C' regarding R602's fall. They said the aide had been changing his brief by themselves and when they turned them he rolled out of bed.</p> <p>On 2/11/25 at 11:58 AM, an interview was conducted with CNA (Certified Nurse Aide) 'D', R602's assigned CNA for the day shift on 2/11/25. They were asked about R602's transfer bed mobility status, and reported R602 required two staff for bed mobility related to bilateral knee contractures. They were asked what they referenced to determine the status and said it was on their CNA Kardex (care guide).</p> <p>On 2/11/25 at 12:05 PM, a telephone interview was conducted with CNA 'E', who was assigned to R602's care on 2/9/25, when the fall occurred. They said they were positioned on the left side of the bed with R602 positioned on their right side facing away from them. They said R602 began to lean off the bed to the right side and they were unable to hold them so they lowered them to the ground onto the floor mat. They were asked if they had any assistance and said they did not. They were then asked about R602's bed mobility status and said they were a one person assist for bed mobility.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A follow-up review of R602's clinical record on 2/11/25 revealed a the CNA kardex that documented .Mobility *BED MOBILITY-Total assist with 1 person . R602's care plan was reviewed and indicated a new intervention to the fall care plan added 2/10/25 that read, .2 person assist with transfers and adl's (activities of daily living) . however; the care plan for ADL's revealed the following intervention, .BED MOBILITY-Total assist with 1 person ., initiated 10/25/23. Further review of the record revealed a CNA task for bed mobility with a look-back of 30 days that documented R602 as being a one person assist on some days/shifts, and also a two person assist on some days/shifts.</p> <p>On 2/11/25 at 12:52 PM, an interview was conducted with the facility's Assistant Director of Nursing (ADON) regarding R602's fall. They said in the interdisciplinary team meeting after the fall they changed R602's status from a one person assist for cares to a two person assist. They were asked if cares included bed mobility and said it did. They were then asked why the CNA Kardex and the care plan for ADL's documented R602 was a one person assist for bed mobility. They said it should be changed agreeing it was not clear what was meant by making R602 a two person assist for ADL's.</p> <p>A review of a facility provided policy titled, Fall Reduction Policy revised 2/2025 was conducted and read, . Each resident will be assess for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls .6. When any resident experiences a fall, the facility will .e. Review the resident's care plan and update as indicated .</p>		