

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 535 N Main Clawson, MI 48017	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 535 N Main Clawson, MI 48017	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #'s 2688115 and 2682315. Based on observation, interview and record review, the facility failed to appropriately assess, supervise and ensure an environment was free of sexual abuse for two legally incapacitated residents with severely impaired cognition (R909 and R910) of ten residents reviewed for abuse, resulting in R909 and R910 being found unsupervised involved in a sexual encounter in R909's bed, both unclothed from the waist down, with R910 in between R909's legs with R909's legs up in the air. Applying the reasonable person concept standard, this deficient practice resulted in the increased likelihood of serious psychosocial harm, serious injury and/or death to occur. Findings include: The Immediate Jeopardy (IJ) began on 11/29/25 when the facility staff failed to ensure an environment free of sexual abuse. The IJ was identified on 12/23/25 and the Administrator was notified of the Immediate Jeopardy on 12/23/25 at approximately 4:42 PM. A plan of removal was requested at that time to remove the immediacy. The surveyor team confirmed by Observation, Interview and Record review that the Immediate Jeopardy was removed on 12/23/25 based on the facility's implementation of an acceptable plan of removal. The noncompliance remains at an isolated event with the potential for more than minimal harm that is not immediate jeopardy due to sustained compliance that has not been verified by the State Agency (SA). On 12/23/25 multiple complaints submitted to the State Agency were reviewed that alleged R909 and R910 were left unsupervised and subsequently had a sexual encounter with both resident being severely cognitively impaired. R909 On 12/23/25 at approximately 9:59 a.m., R909 was observed in their room with non-purposeful ambulation. R909 was queried regarding the sexual encounter between them and R910 on 11/29/25. R909 was observed to be unable to follow any of the conversation and had responses with non-sensical statements, which were unrelated to the topic. R909 was then observed to go into their closet and start touching their clothing that was hanging up, staying they were working on it with other incoherent/non-sensical speech. On 12/26/25 at approximately 11:12 a.m., R909 was observed in their room, laying in their bed. R909 was queried if they knew who their legal guardian was and they responded by saying what is that R909 was unable to report what day of the week it was as well as the current year, time of day, who the president was or what they had to eat that morning or who their Nurse was. R909 appeared to continue to present with severe cognitive impairment and was unable to have a sensical conversation and stay on any specific topic. On 12/23/25 the medical record for R909 was reviewed and revealed the following: R909 was initially admitted to the facility on [DATE] and had diagnoses including Post Traumatic Stress Disorder, Dementia with other behavioral disturbance and Impulse Disorders. A review of R909's MDS (minimum data set) with an ARD (assessment reference date) of 9/17/25 revealed R909 needed assistance from facility staff with lower body dressing. R909's BIMS score (brief interview for mental status) was two, indicating severely impaired cognition. A facility document titled Physician Statement of Competency signed by a Psychologist and Physician on 1/19/22 revealed the following: [R909] has been evaluated and deemed incompetent to make medical and financial decisions for the following reason (s) .This person has a current diagnosis of mental illness or [dementia] (dementia circled) .My observations of the above-named person are as follows: Impaired memory and judgement .A legal court document titled Order Regarding Appointment of Guardian of Incapacitated Individual for R909 revealed the following: The court finds: 3. Upon the presentation of clear and convincing evidence, the individual named above [R909], by reason of [x] mental illness .[x] mental deficiency .[x]Physical illness or disability .is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual. [x] 4. Upon the presentation of clear and convincing evidence, appointment of guardian is necessary as a means of providing continuing care and supervision of the individual. [x] 5. The individual is [x] totally without the capacity to care for himself/herself 8. The petition for guardian is granted A review of R909's care plan revealed the following: Focus-I have the potential to exhibit behavioral symptoms - including verbal outbursts, care resistance, intrusive behaviors, difficulty with boundaries, and attempts to invite male residents into my room related to cognitive impairment, dementia, psychosis with delusions and hallucinations, mood instability, and impaired judgment. I may become irritable, hyperverbal, confused, or impulsive, which can affect my ability to recognize social cues, maintain personal boundaries, and engage safely with others. These symptoms increase my risk for unsafe or inappropriate interactions and require supportive interventions, monitoring, and redirection to promote safety, dignity, and well-being for myself and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 535 N Main Clawson, MI 48017	

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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 535 N Main Clawson, MI 48017	
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	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to incident: 2647112. Based on observation, interview and record reviews the facility failed to prevent a preventable fall for one (R901) of one resident reviewed for falls with injury, resulting in a preventable closed fracture of the distal end of the left femur and pain. Findings include: On 12/23/25 at 10:10 AM, R901 was observed laying in bed with a white sheet covering their head. The resident was unable to be awoken by verbal stimuli. A review of the medical record revealed R901 was initially admitted to the facility on [DATE] with diagnoses that included- dementia and required assistance from staff for all activities of daily living (ADLs). A review of a Facility's investigation documented the following in part, . On 9/28/2025, CNA (certified nursing assistant) staff turned Resident (R901 name) in bed toward her during care. Resident threw his left leg over and fell from the bed, landing on his left side. On 9/30/25, resident was again sent to the hospital for left leg pain and swelling. On 10/2/2025, facility was notified that the resident sustained a distal femur fracture. Facility investigation identified that the CNA misunderstood the difference between bed mobility and toileting assistance, contributing to the incident. A review of the progress notes revealed the following: An incident note dated 9/28/25 at 8:52 AM, documented in part . At approximately 0530 nursing assistant notified writer while rendering care resident had rolled off the bed on to the floor. When writer entered the room writer observed resident on the floor next to his bed laying on his left side. Writer and nursing assistant transferred resident back to bed. Skin tear to right elbow, left elbow, and skin tear to the left wrist, and redness at the scalp of head noted. Injuries were cleansed and treated as ordered. Order given to transfer resident to the hospital. A Nursing note dated 9/28/25 at 12:52 PM, documented in part . Resident returned to the hospital. The laceration sites are sealed with transparent dressings. He is dependent on assistance for bowel and bladder care. A Nursing note dated 9/28/25 at 5:05 PM, documented in part . Post Fall Note. Resident stated pain in his lower extremity bilaterally. Tylenol 500 mg (milligram) administered. A Nursing note dated 9/29/25 at 9:04 AM, documented in part . Noted right cheek bone in front of right ear abrasion and right toe abrasion lifted toenail. Informed. PA (physician assistant). Treatment order put in place. A change in condition note dated 9/30/25 at 12:49 PM, documented in part . Fall Resident. Does the resident/patient have pain? Yes. send to ER (emergency room) r/o (rule out) fracture left hip/knee/ankle. A PA note dated 10/2/25 at 8:41 PM, documented in part . readmit from (hospital name), noted to have leg swelling/bruising, found to have L (left) distal femur fx (fracture). Seen by ortho, non operative management as non ambulatory, had recent fall. unable to stand and walk. multiple skin tears ext (exterior)/face. BLE (bilateral lower extremities) weakness with decreased movement. L femur fx/immobilizer. L knee with swelling/effusion. Mild tenderness. A review of a hospital After Visit Summary dated 10/2/25, documented in part . START taking. HYDROcodone-acetaminophen (NORCO). every 4 hours as needed for Moderate Pain (pain 4-6) or patient description for up to 3 days. Admitting Diagnosis: Closed Fracture of Distal End of Femur. A review of the October, November & December 2025 Medication Administration Records revealed the Norco pain medication was consistently being administered to the resident for pain. A review of a care plan titled I am long term care due to confusion and extensive assist with adls r/t (related to) Alzheimer's Dementia. Initiated 3/8/23, documented the following interventions: Bed Mobility- Extensive assist 2 staff (revised 6/9/25). Further review of the modifications of the care plan revealed R901 was noted as an extensive assist since admission in 2023. Toileting- Two caregivers at all times to complete incontinence care. I am an extensive/total assist with toileting (revised 6/9/25). Another intervention implemented on the care plan noted the following . Dependent with 1 staff, size medium white (initiated 6/9/25). revealing contradicting information. A review of R901's Kardex Report for 9/28/2025, documented in part . TOILETING- Two caregivers at all times to complete incontinence care. I am an extensive/total assist with toileting. BED MOBILITY- Extensive assist 2 staff. Further review of the Kardex noted multiple documentation of the resident to be extensive assistance for mostly all ADLs. On 12/23/25 at 11:04 AM, the Physical Therapy (PT) & Occupational Therapy (OT) assessments last completed before R901's fall on 9/28/25 was requested from Physical Therapist (PT) B and the facility's Administrator. A review of a PT Discharge Summary dated 6/10/2025-8/6/2025, documented in part . Bed Mobility. Baseline (6/10/2025)- Total Dependence w/o (without) attempts to initiate. Previous (6/24/25)- Total Dependence w/o (without) attempts to initiate. Discharge (8/6/2025)- Max (A)- (maximum assistance). Discharge Recommendations: 24 hour care. On 12/23/25 at 12:13 PM CNA A (the CNA that provided care for R901 at the time of the fall) was interviewed</p>		