

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Warren		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 E Ten Mile Rd Warren, MI 48089	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>34851</p> <p>This citation pertains to Intake MI00145065.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable, homelike environment for one (R803) of five residents reviewed for homelike environment. Findings include:</p> <p>On 7/3/24 at 10:15 AM, R803 was observed lying in bed and was asked about their stay at the facility and stated, Yesterday was the first time I got a shower at this new room. I have not had the bed linen changed since getting to this room. R803's was observed with a gown on that material had been worn that cause the gown to be see through. R803 pillowcase was observed stained with a yellow ring around it. R803 reported the facility had a lack of linen.</p> <p>During this same time, observation of R803's bathroom revealed, the toilet was observed with water that dripped to the floor. The floor was observed with black and gray substance that appeared to be mold along the crease of the wall. The bathroom vent was observed with a thick layer of a buildup of dust and debris.</p> <p>On 7/03/24 at 9:15 AM and 10:00 AM, the two linen closets were observed without towels, wash cloths, fitted sheets, and gowns.</p> <p>On 7/03/24 at 10:20 AM, the Laundry aide (LA B) was asked about the washing machines at the facility. LA B explained the facility only had one washer of two that worked and two out of three dryers that worked. LA B was asked about the linen and stated, I have no towels, or fitted sheets. We put them out and we don't get them back. During the interview the clean storage in the laundry room was observed with approximately eight gowns, 14 flat sheets, four fitted sheets, and 16 mattress pads/under pads. LA B was asked if this was all the linen and stated, I have a couple of towels in the dryer and a couple in the washer. Not many at all.</p> <p>On 7/03/24 at 10:30 AM, the Maintenance/Housekeeping/Laundry Director was asked about the linen and stated he was going to pull some out and place them on the units. The Director was asked the reason he was refilling the units and he stated, The staff was asking for it.</p> <p>At this time, the Director was asked about R803's bathroom and explained that he wasn't aware of the problem.</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: 235259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Warren		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 E Ten Mile Rd Warren, MI 48089	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/03/24 at 1:00 PM, the Director of Nursing (DON) was asked about the staff and the lack of linens at the facility. The DON explained that there has been a lot of cuts to the housekeeping, laundry, and maintenance departments.</p> <p>On 7/03/24 at 1:27 PM, the Nursing Home Administrator (NHA) was asked about the washing machine. The NHA stated they have purchased a larger washer but is not able to fit into the building. The NHA also stated they are providing ongoing education regarding the linen storage.</p> <p>A review of the facility's policy titled, Handling Clean Linen, dated 1/11/2021, Purpose: To ensure that clean linen is handled properly to the units and in the laundry . The policy did not address how often to restock the closets or ensure that the facility had enough linen available for the residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Warren		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 E Ten Mile Rd Warren, MI 48089	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>34851</p> <p>This citation pertains to Intake MI00145065.</p> <p>Based on observation and interview the facility failed to provide a safe and functional environment for the facilities census of 133 residents. Findings include:</p> <p>On 7/03/24 at 10:20 AM, the floor tile in the basement were observed to be broken and missing in multiple areas of the basement.</p> <p>On 7/03/24 at 10:30 AM, the Maintenance/Housekeeping/Laundry Director was asked about the basement floor and stated, They are asbestos, corporate knows and we are to not touch it.</p> <p>On 7/03/24 at 11:36 AM, during another observation in the basement the Maintenance/Housekeeping/Laundry Director was asked about the asbestos tile and now stated, I'm not sure if it's asbestos. The Director was asked about the statement prior that it was asbestos and he said that because of how the tile looked and the size of them. The Director was asked if the tile problem was reported to corporate. The Director reported, They don't know, I will tell them today.</p> <p>On 7/03/24 at 1:27 PM, the Nursing Home Administrator (NHA) was asked about the basement floor tile being asbestos. The NHA explained that he was not aware of the floor tile being asbestos.</p> <p>On 7/03/24 at 12:03 PM, a request was made to the NHA for the environment policy that addressed floor tiles. The facility did not provide a policy by the end of this survey.</p>		