

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 08/13/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102</p> <p>This citation pertains to Intakes MI00145830 and MI00146169.</p> <p>Based on observation, interview, and record review, the facility failed to implement a plan of care for two residents (R700 and 701) of out of two residents reviewed for quality or care care plans.</p> <p>Findings include:</p> <p>R700</p> <p>On 08/13/24 at 10:00 AM, R700 was observed sitting up in electric chair listening to music on their head phones.</p> <p>R700 discussed concerns about care of their (indwelling tube inserted into the bladder to drain urine) catheter.</p> <p>A review of R700's medical record revealed they were admitted into the facility on [DATE] with diagnoses of Paraplegia; Opioid Independence; Major depressive disorder; and Anxiety disorder.</p> <p>A review of R700's Minimum Data Set (MDS) assessment dated [DATE] revealed, R700's Brief Interview for Mental Status assessment score was a 15 indicating intact cognition.</p> <p>Further review of R700's medical record revealed no care plan with goals or interventions for the care of the catheter.</p> <p>R701</p> <p>On 08/13/24 at 11:30, R701 was observed sitting on the side of the bed watching television. R701 discussed recurring teeth pain.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of 701's medical record revealed they were admitted into the facility on [DATE] with diagnoses of Encephalopathy; Atherosclerotic heart disease, Hemaplegia and Schizophrenia. A review of R701's Minimum Data Set (MDS) assessment dated [DATE] revealed, R701's Brief Interview for Mental Status assessment score was a</p> <p>14 indicating intact cognition.</p> <p>Further review of R701's medical record revealed no oral/dental care plan with goals and interventions for care or pain.</p> <p>On 08/13/24 at 01:55 PM, an interview was held with the Director of Nursing (DON) regarding care plans. When asked about 700's and 701's catheter and dental care plans, DON replied, each resident should have care plans to address their care.</p> <p>A review of a facility policy titled, Care Planning revealed The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care.</p>