

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 09/17/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation pertains to Intake MI00146878 and MI00146890.</p> <p>Based on interview, and record review, the facility failed to ensure physician was timely provided notification off an abnormal blood sugar (glucose) for one resident (R901) of three reviewed for a change in condition. Findings include:</p> <p>A physician order documented, sliding scale insulin order for humalog revised 01/28/24 revealed 401 to 450 give 12 units, greater than 450 call doctor for further coverage orders .</p> <p>The blood glucose results documented for 09/09/24 revealed:</p> <ul style="list-style-type: none"> - a blood glucose of 450 documented at 9:56 AM, - a blood glucose of 550 documented at 11:57 AM and, - a blood glucose of 550 documented at 3:53 PM. <p>All documented by Licensed Practical Nurse (LPN) A. Further review of the record revealed no notification to the physician for the abnormal 450 blood glucose levels at 9:56 AM and 11:57 AM.</p> <p>A progress note dated 9/9/24, by Licensed Practical Nurse (LPN) A at 16:01 (4:01 PM after third high blood glucose reading): Alert Note Text: Resident was observed lethargic with a unreadable blood sugar. Vital signs were also obtained and (oxygne saturation) spo2 read 66 (out of 100 percent). Physician was notified and gave an order for Resident to be sent to hospital 911. Resident was transported via ambulance to (hospital name) .Emergency contact #1 was notified and understood report given by writer. R901 was discharged to the hospital on 09/09/24.</p> <p>R901 was admitted into the facility on [DATE]. Diagnoses included Stroke with Paralysis of one side and Diabetes.</p> <p>The care plan included Insulin Dependent Diabetes .I will be free of any (signs/symptoms) of hyper (high)/hypo (low) glycemia (blood sugar level) .follow hyper/hypglycemia protocol .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Minimum Data Set (MDS) assessment date 08/21/24 indicated moderately impaired cognition and dependence for care of at least one person for all activities of daily living except eating.</p> <p>On 09/17/24 at 3:00 PM, Physician B reported the medical practice has a provider in the facility every day but they personally had not been aware of the 450 glucose number earlier in the day. The physician reported they were notified of the 550 and unresponsiveness and that is when the resident was sent out. The physician further noted the blood sugar at the hospital emergency room was over 1200 and questioned how the glucose elevated so fast. The physician commented they may need to ask for a print out of all the glucose number for other diabetic residents.</p> <p>On 09/17/24 at 4:13 PM, the Director of Nursing (DON) reported nurses are to use their judgement to notify the provider when the glucose number is at the top end of the scale and document.</p> <p>On 09/17/24 at 4:47 PM, LPN A was asked about the glucose numbers for R901 and reported the 450 glucose reading was taken around 8:15 AM to 8:30 AM and coverage was given and the provider was not contacted at this time. When LPN A went back to do the lunchtime glucose check (around 11:30) she reported the meter read high and R901's hear rate was elevated.</p> <p>A review of the undated facility Change of Condition Physician Notification documented, (greater than) 430 (milligrams/deciliter) mg/dl or machine regiters high, in diabetic patient using sliding scale insulin . as the number to notify the physician.</p> <p>A review of the facility plicy titled, Diabetic Management: Hyper/Hypoglycemic Events revised 01/2024 revealed, .Hyperglycemic Event: Notify physician if blood sugar reading is over 400mg/dl or the threshold established by the physician. Signs and symptoms of hyperglycemia (any, all, or none may be present) include:</p> <p>a. Blurred Vision b. Dehydration c. Increased Thirst d. New or increasing confusion e. Lethargy f. Polydipsia or polyphagia g. Weight loss h. Worsening incontinence.</p> <p>A review of the facility policy titled, Change in Condition revised 07/2024 revealed, Policy: It is the policy of this facility to inform residents/legal representative, attending physician or designee of a</p> <p>change in the resident ' s condition. Policy Explanation and Compliance Guidelines: 1. The organization utilizes an interactive platform in the electronic health record to recognize and manage a potential change in condition. 2. The facility will inform the resident, consult with the resident ' s provider, and notify, consistent with his or her authority, the resident representative(s) when there is . A significant change in the resident ' s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); c. A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or d. A decision to transfer.</p>		