STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235290	A. Building B. Wing	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Greenville	828 E Washington St Greenville, MI 48838

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation is related to intake # MI00146816 Based on observation, interview, and record review, the facility failed to meet the needs of two residents (Resident #114 and Resident # 112) out of 5 residents reviewed. Findings: Resident #114 (R114) Review of an Admission Record revealed R114 was an [AGE] year old female, admitted to the facility on [DATE], with pertinent diagnoses of muscle weakness, orthostatic hypotension (drop in blood pressure with position changes), chronic pain, and glaucoma. During an observation on 12/23/24 at 1:04 PM, R114's call light was on. R114 sat in a wheelchair next to the bed. During an observation on 12/23/24 at 1:22 PM, R114's call light remained on. R114 stated I want to lay down. During an observation on 12/23/24 at 1:56 PM, R114's call light remained on and R114 stated yes she was still waiting for help to get into bed. During an observation on 12/23/24 at 2:30 PM, R114's call light had been turned off and R114 remained sitting in the wheelchair next to the bed. R114 stated I have been waiting and waiting and waiting, I wish someone would come in and put me into bed. R114 reactivated the call light. During an observation on 12/23/24 at 2:40 PM, staff assisted R114 to bed and provided incontinence care. Resident #112 (R112) (continued on next page)

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: 235290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Greenville	828 E Washington St Greenville, MI 48838

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of an Admission Record revealed R112 was a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of diabetes mellitus and paraplegia. Review of a Minimum Data Set (MDS) assessment for R112, with a reference date of 12/13/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R112 was cognitively intact. During an observation on 12/23/24 at 1:04 PM, R112's call light was on. During an observation on 12/23/24 at 1:20 PM, R112's call light had been turned off. R112 stated that she did not get a lunch tray today and she did not get lunch yesterday either. I've been here too long for them to forget about me. During an observation on 12/23/24 at 1:26 PM, staff brought R112 a lunch tray. During an interview on 12/23/2024 at 1:41 PM, Dietary Aide (DA) A reported that R112 did not have her lunch tray delivered the past 2 days because her meal ticket wasn't printing off. DA A reported there was a computer issue.

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NAME OF PROVIDER OR SUPPLIER: Mission Point Nsg & Phy Rehab Ctr of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE: 828 E Washington St Greenville, MI 48838	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 This citation is related to intake #146816 Based on observation, interview, and record review, the facility failed to implement infection control practices for one resident (R102) who showed signs and symptoms of an infection. Findings: Resident #102 (R102) Review of an Admission Record revealed R102 was a [AGE] year old male, last admitted to the facility on [DATE], with pertinent diagnoses of dementia, lack of coordination, weakness, and repeated falls. Review of a nursing Progress Note dated 12/21/24 at 9:33 AM indicated .(R102) did state he was having loose stools yesterday .will continue to monitor. Review of a nursing Progress Note dated 12/22/24 at 10:24 AM indicated .(R102) reporting diarrhea .will continue to monitor. During an observation on 12/23/24 at 9:00 AM, R102 was in using the bathroom. During an observation on 12/23/24 at 9:11 AM, R102 exited the bathroom, ambulated back to his bed, and turned around and went back into the bathroom. During an interview on 12/23/24 at 9:25 AM, R102 stated that he has had loose stools for several days, has had 3 episodes of loose stools just this morning, that he has told staff about the loose stools, and my stomach hurts so bad, they don't give a damn about me, I just want someone to help me. During an interview on 12/23/24 at 10:30 AM, Nurse Practitioner (NP) H reported getting updates and resident information via stand-up meetings daily, by going to each nurses station and checking with the nurses if there are new concerns, and by receiving secure messages or telephone calls. NP H indicated that she had not been made aware that R102 had been experiencing loose stools since 12/20/24 and would expect to be notified of such information. NP H also stated that given R102 was taking an antibiotic for an oral abscess, R102 should be checked for c-diff (a bacteria that can cause antibiotic associated diarrhea and is easily spread from person to person via health care workers). During an observation on 12/23/24 at 10:35 AM, NP H met with Unit Manger (UM) N and gave a verbal order that R102 be checked for c-diff (Clostridia difficile). During an observation on 12/23/24 at 12:02 PM, R102's door did not have any signage alerting staff to use contact precautions when entering the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/23/24 at 12:06 PM, the Director of Nursing stated that if staff believe there may be a case of c-diff, they would test for it and place the resident in isolation on contact precautions until they received the test results. During an observation on 12/23/24 at 12:21 PM, R102's door did not have any signage alerting staff to use contact precautions when entering the room. During an interview on 12/23/24 at 1:25 PM, UM N indicated that she had placed the order in the computer for R102 to be tested for c-diff but had not yet notified the Infection Control Nurse, had not notified the staff nurse to collect the stool sample, and had not yet placed R102 in contact precautions. UM N stated that she just told the DON. During an observation on 12/23/24 at 1:48 PM, a sign hung on R102's door that indicated R102 was in contact precautions. However, the signage used showed hand hygiene being done with an alcohol based bottle, not handwashing with soap and water. During an interview on 12/23/24 at 1:52 PM, Certified Nurse Aides (CNA) L and P indicated that they had not been notified that R102 was now in contact precautions and was being tested for c-diff. Why are the just testing him now? (R102) has had diarrhea for a few days. Review of the facility policy Management of C. Difficile Infection revealed the following: Risk factors include: antibiotic exposure .Potential complications and risks associated with C.difficile include hospitalization . sepsis, and death .Direct staff shall be alert to signs of C. difficile infection and notify the provider if evident: watery diarrhea, or unexplained diarrhea of new onset with three or more unformed stools in 24 hours . Licensed nurses may implement preemptive contact precautions when C. difficile infection is suspected, pending results of testing .General principles related to contact precautions for c. difficile: all staff are to wear gloves and a gown while providing care for the resident or having direct contact with items in their environment, hand hygiene shall be performed by handwashing with soap and water .encourage/assist residents to wash hands frequently.