

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Jeffrey Cedar Springs, MI 49319	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the proper use of personal protective equipment (PPE) for a resident on enhanced barrier precautions (EBP) during high-contact resident care activity for 1 (Resident #8) of 4 residents reviewed for EBP, and to have an active and ongoing plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP), resulting in the potential for the spread of infection and an increased risk of respiratory infection among all residents in the facility. Findings include: Resident #8</p> <p>Review of an admission Record revealed Resident #8 was a female, with pertinent diagnoses which included: dependence on renal (kidney) dialysis (procedure that removes excess water, solutes, and toxins from the blood in people whose kidneys cannot perform these functions).</p> <p>Review of a Physician's Order for Resident #8 revealed, Enhanced Barrier Precautions while performing high-contact care activities. Start Date 01/28/2026</p> <p>Review of a current Care Plan for Resident #8 revealed, I require enhanced barrier precautions d/t (due to) increased risk of MDRO (multi-drug resistant organism) acquisition due to port cath (a small medical device placed under the skin to provide long-term easy access to a central vein) site with a date initiated of 1/2/25 and care planned interventions which included ENHANCED BARRIER PRECAUTIONS: [NAME] (sic) / Gloves should be worn during high-contact resident care activities (Dressing, Bathing, Transferring, Hygiene, Linen changes, Toileting/Brief changes, device or wound care) with a date initiated of 1/2/25.</p> <p>During an observation on 2/10/26 at 12:29 PM, Certified Nurse Aide (CNA) Y was seen scratching/rubbing Resident #8's back on bare skin and then assisted to reposition her up in her bed. CNA Y was not wearing gloves or a gown.</p> <p>In an interview on 2/10/26 at 12:31 PM, CNA Y reported Resident #8 was on enhanced barrier precautions and he should have worn gloves and a gown while performing care.</p> <p>In an interview on 2/11/26 at 8:22 AM, Infection Control Preventionist (ICP) F reported Resident #8 was on enhanced barrier precautions because she had a central line (port cath). ICP F reported PPE should be worn during high-contact patient care activity. ICP F reported the CNA should have worn PPE during rubbing/scratching Resident #8's back and repositioning her in bed.</p> <p>On 2/10/2026 at 12:29 PM, an interview with Maintenance Director (MD) NN found that he took over the position about a year ago and the Water Management Plan has been a work in progress. When asked if there were control measures and control limits that he had put in place to reduce risk of the</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>facility developing Legionella or OPPP, MD NN stated that he maintains the ice machines and cleans the fountain in the summertime. When ask if the facility flushes minimal use or unused domestic water fixtures, MD NN stated that he flushes taps every couple of days and has some fixtures he flushes he knows are not used much. When asked if there was any sampling of disinfection levels in the water supply, MD NN stated there was not currently sampling for disinfection performed.</p> <p>On 2/10/2026 at 12:51 PM, observation of the [NAME] Hall soiled utility room found a hopper with an attached hose sprayer, and an over hopper sink. When asked if the hopper is used by staff, MD NN stated he flushes the hopper (flushes like a toilet or commode) but have not flushed the sprayer or the over hopper sink (ran water for minutes to remove stagnation). At this time, brown and discolored water came out of the cold and hot water lines on the over hopper sink as well as the hose sprayer. After finding the discolored water, MD NN stated he would start flushing the full fixture and look at getting the hopper removed if staff do not use it.</p> <p>On 2/10/2026 at 1:10 PM, observation of the south shower room found two capped off water lines protruding from the wall. Observation of the lines found they extended into the ceiling and were at least 6 to 8 feet from the main water line. When the lines were pointed out, MD NN stated he would start flushing or look in to getting them removed.</p> <p>A record review of the facility provided document entitled Water Management Program policy, not dated, found that Control measures will be applied to address potential hazards at each control point. A variety of measures may be used, including physical controls, temperature management, disinfectant level control, visual inspections, or environmental testing for pathogens. The measures shall be specified in the water management program action plan. Further review of the policy found that, Testing protocols and control limits will be established for each control measure. a. Individuals responsible for testing or visual inspections will document findings. b. When control limits are not maintained, corrective actions will be taken and documented accordingly.</p> <p>Further record review of the facilities Water Management Plan binder found a document entitled, Operation, Maintenance, and Control Limits, not dated. The document states that, Flushing is listed under the heading, Control Measures. Listed under the heading Routine Maintenance, Monitoring, and Cleaning, it states that Monthly, hand sinks, showers, and whirlpool baths, should have a disinfectant residual test performed.</p>		