

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45410</p> <p>Based on observation, interview, and record review, the facility failed to perform a resident assessment for self-administration of prescription medication for 1 resident (R73), of 1 resident reviewed for self-administration of medication.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed R73 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and chronic obstructive pulmonary disease.</p> <p>Review of a Minimum Data Set (MDS) (a tool used for assessing a resident's care needs) assessment for R73, with a reference date of 12/23/2024 revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 5, out of a total possible score of 15, which indicated R73 was severely cognitively impaired.</p> <p>In an observation and interview on 4/1/2025 at 10:00 AM in R73's room, two medication cups containing a white cream were on R73's television stand. R73 reported staff leave the cream for him to apply to the rash on his chest. R73 reported he did not know the name of the cream.</p> <p>In an interview on 4/2/2025 at 8:02 AM, Registered Nurse (RN) J reported R73 had an order for staff to apply hydrocortisone cream to the rash on his chest. RN J reported R73 demanded to apply this himself, and she had been leaving it in his room for him to apply. RN J reported the interdisciplinary team had not discussed this or determined R73 was safe to self-administer topical hydrocortisone.</p> <p>Review of R73's Physician's Orders active 4/2/2025 at 4:00 PM revealed an order for staff to apply hydrocortisone external gel to R73's left side topically. Further review of the electronic medical record (EMR) revealed no documentation that staff evaluated R73 and determined him safe to self-administer topical hydrocortisone.</p> <p>In an interview on 4/2/2025 at 4:04 PM, the Director of Nursing (DON) reviewed R73's EMR and reported staff had not assessed R73 to determine whether he was safe to self-administer topical hydrocortisone. The DON reported residents should not self-administer medication until they assessed them and determined them safe to do this.</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:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy/procedure Resident Self-Administration of Medication, revised 6/2023, revealed .It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure call lights were within reach for five of six resident's reviewed (Resident #294, Resident #32, Resident #70, Resident #14, and Resident #9) who had been care planned or assessed for the use of a call light.</p> <p>Findings:</p> <p>Resident #294 (R294)</p> <p>Review of an Admission Record revealed R294 was a [AGE] year old female, originally admitted to the facility 03/10/25, with pertinent diagnoses of Alzheimer's, moderate protein-calorie malnutrition, unsteadiness on feet, degenerative macular eye disease, irritable bowel syndrome with diarrhea, and generalized muscle weakness. R294 was dependent on one staff person for all activities of daily living.</p> <p>During an observation on 04/02/25 at 7:44 AM, R294 laid in bed resting with her eyes open, the door to the room was closed, and the room was situated as the last room down the hallway on the right. The call light hung from the cord to the over bed light and was located behind the head board, out of sight and out of reach of R294.</p> <p>During an observation on 04/02/25 at 10:57 AM, R294 was sitting up in a rocking chair in her room, an unfinished breakfast tray sat on the over bed table and the call light remained attached to the over bed light cord, out of reach of the resident.</p> <p>Review of a Care Plan for R294 reflected the following safety interventions .(a) be sure my call light is within reach, and (b) reduce my risk for falls by providing an accessible working call light.</p> <p>Review of R294's EHR (electronic health record) revealed that a call light assessment had not been completed.</p> <p>Resident #32 (R32)</p> <p>Review of an Admission Record revealed R32 was a [AGE] year old male, last admitted to the facility on [DATE], with pertinent diagnoses of Alzheimer's, seizure disorder, and glaucoma.</p> <p>During an observation on 04/01/25 at 9:38 AM, R32 laid in bed resting with his eyes closed and the call light and cord were wrapped in a tight coil and hung over the edge of the over bed light, out of reach of the resident.</p> <p>During an observation on 04/02/25 at 8:38 AM, R32 laid in bed resting with his eyes open and the call light and cord hung over the right edge of the over bed light, out of reach of the resident.</p> <p>During an observation on 04/02/25 at 2:17 PM, R32 laid in bed resting with his eyes closed and the call light hung over the right edge of the over bed light, out of reach of the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 04/03/25 at 8:23 AM, R32 laid in bed resting with his eyes closed and the call light remained wrapped up on the right edge of the over bed light, out of reach of the resident.</p> <p>Review of a Care Plan for R32 reflected the following safety intervention .I need an environment with my call light and personal items within reach.</p> <p>Resident #70 (R70)</p> <p>Review of an Admission Record revealed R70 was a [AGE] year old female, originally admitted to the facility on [DATE], with pertinent diagnoses of history of falls, bilateral cataracts, and neurocognitive disorder. R72 was completely dependent on staff to meet all of her daily needs.</p> <p>During an observation on 04/01/25 at 2:18 PM R70 laid in bed and the call light hung from the over bed light cord behind the head board, out of sight and out of reach of the resident.</p> <p>During an observation on 04/03/25 at 7:39 AM, R70 laid in bed resting with her eyes closed and the call light was attached to the over bed light cord and hung behind the head board, out of sight and out of reach of R70.</p> <p>Review of a Care Plan for R70 reflected no safety interventions that involved the use of a call light.</p> <p>Review of a Call Light Assessment for R70 and dated 01/17/25, revealed the following .resident has a paddle call light due to severe cognitive impairment, staff anticipate residents needs.</p> <p>Resident #14 (R14)</p> <p>Review of an Admission Record revealed R14 was a [AGE] year old female, last admitted to the facility on [DATE], with pertinent diagnoses of dementia, morbid obesity, seizure disorder, and hearing loss.</p> <p>During an observation on 04/01/25 at 9:22 AM, R14 sat in a wheelchair next to her bed. R14 indicated that if she needed assistance she would use her call light that was wrapped around the bed rail behind her over her left shoulder. When asked if R14 could reach the call light at this time if needed, R14 attempted to reach the call light and could not.</p> <p>During an interview on 04/03/25 at 11:58 AM, Certified Nurse Aide (CNA) G indicated that the expectation for staff was to ensure that call lights were within reach of the resident's each time they entered a residents room.</p> <p>Review of the facility policy Call Lights System last reviewed 06/23, reflected .with each interaction in the resident's room or bathroom, staff will ensure the call light is within reach of the resident and secured, as needed.</p> <p>45410</p> <p>Resident #9 (R9)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of an Admission Record revealed R9 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and anxiety.</p> <p>Review of R9's Call Light Assessment, dated 3/7/2025, revealed R9 was able to use her call light appropriately.</p> <p>In an observation and interview on 4/1/2025 at 1:57 PM in R9's room, R9 was sitting in a bedside chair, and her call light was under her bed, out of sight and out of reach. R9 was not able to tell me where her call light was located.</p> <p>In an observation and interview on 4/2/2025 at 10:00 AM in R9's room, R9 was sitting in a bedside chair, and her call light was resting at the head of her bed. R9 was not able to tell me where her call light was located.</p> <p>In an observation and interview on 4/2/2025 at 1:32 PM in R9's room, R9 was sitting in a bedside chair, and her call light was resting at the head of her bed.</p> <p>In an interview on 4/2/2024 at 1:44 PM, CNA R reported R9 was able to use her call light.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39056</p> <p>Based on interview and record review, the facility failed to follow professional standards of nursing practice for treatment and medication administration for 4 residents (Residents #48, #35, #83, and #69) out of 9 residents reviewed for the provision of nursing services.</p> <p>Findings:</p> <p>Resident #48 (R48)</p> <p>Review of an Admission Record revealed R48 was a [AGE] year-old male, admitted to the facility on [DATE].</p> <p>Review of R48's Order Summary dated 2/14/25 revealed, Skin prep to bilateral heels for protection in the evening.</p> <p>Review of R48's March Treatment Administration Record revealed absent entries (blank boxes) on 3/2/25, 3/20/25, 3/21/25, and 3/28/25 indicating the treatment was not completed.</p> <p>Review of R48's Order Summary dated 3/8/25-3/11/25 revealed, Coccyx/right buttocks: Cleanse discoloration, pat dry, apply skin prep and allow to dry. Cover with bordered foam dressing .every day shift.</p> <p>Review of R48's Order Summary dated 3/12/25-3/26/25 revealed, Coccyx/right buttocks: Cleanse discoloration, pat dry, apply skin prep and allow to dry. Cover with bordered foam dressing .in the afternoon.</p> <p>Review of R48's March Treatment Administration Record revealed absent entries (blank boxes) on 3/8/25, 3/13/25, and 3/22/25 indicating the treatment was not completed.</p> <p>Resident #35 (R35)</p> <p>Review of an Admission Record revealed R35 was a [AGE] year-old female, admitted to the facility on [DATE].</p> <p>Review of 35's Order Summary dated 2/28/25 revealed, Hydrocodone-Acetaminophen (Norco) Tablet 5-325 MG *Controlled Drug* Give 1 tablet by mouth three times a day for Pain. To be administered in the morning, noon, and evening.</p> <p>Review of R35's Norco Controlled Substance Proof-Of-Use Record revealed that on 3/22/25 R35's Norco was administered at 9:12 AM and at 6:20 PM. A noon dose was not documented as dispensed.</p> <p>Review of R35's March Medication Administration Record revealed on 3/22/25 the noon administration box was left blank indicating the Norco was not administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R35's Electronic Medical Record revealed no documentation for the withholding of R35's Norco or that the provider was notified that the medication was not administered.</p> <p>Resident #83 (R83)</p> <p>Review of an Admission Record revealed R83 was a [AGE] year-old male, admitted to the facility on [DATE].</p> <p>Review of R83's Order Summary dated 3/3/25-3/31/25 revealed, LORazepam (Ativan) Oral Tablet 0.5 MG *Controlled Drug* Give 0.5 tablet by mouth one time a day for Anxiety and agitation. To be administered at 1:00 PM.</p> <p>Review of R83's Norco Controlled Substance Proof-Of-Use Record revealed that on 3/22/25 R83's Ativan was not documented as dispensed.</p> <p>Review of R83's March Medication Administration Record revealed on 3/22/25 the 1:00 PM administration box was left blank indicating the Ativan was not administered.</p> <p>Review of R83's Electronic Medical Record revealed no documentation for the withholding of R83's Ativan or that the provider was notified that the medication was not administered.</p> <p>Resident #69 (R69)</p> <p>Review of an Admission Record revealed R69 was a [AGE] year-old male, admitted to the facility on [DATE].</p> <p>Review of R69's Order Summary dated 3/3/25-3/25/25 revealed, Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously in the morning for DM2 Hold for BS &lt;100 (blood sugar less than 100).</p> <p>Review of R69's March Medication Administration Record revealed:</p> <p>*On 3/11/25 the insulin was administered with a blood sugar of 96</p> <p>*On 3/12/25 the insulin was administered with a blood sugar of 94</p> <p>Review of R69's Order Summary dated 3/26/25 revealed, Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 10 unit subcutaneously in the morning for DM2 (diabetes mellitus type 2) Hold for BS &lt;120 (blood sugar less than 120).</p> <p>Review of R69's March Medication Administration Record revealed:</p> <p>*On 3/26/25 the insulin was administered with a blood sugar of 108</p> <p>*On 3/27/25 the insulin was administered with a blood sugar of 111</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/3/25 at 8:43AM, Director of Nursing (DON) reported the Unit Managers were expected to run reports every morning to identify and medication or treatments that had been missed the previous day and follow up as needed. DON reported that education was provided to the licensed nurses that administered medications outside parameters and change in the insulin orders for all residents receiving long-acting insulin was implemented to prevent licensed nurses from administering medications outside of parameters. DON reported that R35 and R83 did not receive their scheduled medication on 3/22/25 due to an internet outage and inability to utilize the Electronic Medical Record and identify residents due for medications. DON provided Ad-Hoc QAPI meeting minutes dated 4/3/25 which revealed, Any time there is an internet outage and (electronic) MARs (Medication Administration Records) and TARs (Treatment Administration Records) are not available as soon as the EMR (Electronic Medical Record) system/Internet is restored the nurse manager on call needs to be notified so that they can complete an audit of documentation ensuring that all meds and treatments are completed.</p> <p>Review of the facility policy, MEDICATION ADMINISTRATION ????GENERAL GUIDELINES dated June 2019 revealed, .B. Administration . 2) Medications are administered in accordance with written orders of the prescriber . 9) A schedule of routine medication administration times is established by the facility, and unless otherwise specified by the prescriber, routine medications are administered according to this schedule. 10) Medications are administered within 60 minutes of the scheduled time .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39056</p> <p>Based on interview and record review, the facility failed to 1.) implement a physician's order for daily weights, 2.) administer as needed medication for weight increase, and 3.) ensure the provider was notified of weight gain for residents with Congestive Heart Failure (CHF) for 2 residents (Residents #17 and #89) out of 11 residents, reviewed for quality of care.</p> <p>Findings:</p> <p>Resident #17 (R17)</p> <p>Review of an Admission Record revealed R17 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: acute on chronic combined systolic and diastolic congestive heart failure.</p> <p>Review of R17's Care Plan initiated 1/15/25 revealed, Report any significant weight changes I have to my physician .</p> <p>Review of R17's Order Summary dated 2/5/25 revealed, Ensure daily weights are charted every day shift.</p> <p>Review of R17's Cardiology Consult dated 3/5/25 revealed, .Patient presents today post 3 hospitalization s since last office visit. admitted ,d+[DATE] acute CHF .and subsequent admission 3 days after discharge for flash pulmonary edema, CHF .I have asked that (facility) weihh (sic) daily and send patient with written log next office visit. Indicating R17 required increased monitoring for CHF due to multiple hospitalization s pertaining to her CHF diagnosis.</p> <p>Review of R17's Cardiology Consult dated 3/19/25 revealed, .Please weight daily and bring weight log to next appointment.</p> <p>Review of R17's Weight Summary revealed weights were not obtained on 3/3/25, 3/10/25, 3/17/25, and 3/24/25.</p> <p>Further review of R17's Weight Summary revealed:</p> <p>*On 3/1/25 a weight of 180 pounds and on 3/2/25 a weight of 183.6 pounds (increase of 3.6 pounds).</p> <p>*On 3/7/25 a weight of 185 pounds and on 3/8/25 a weight of 189.2 pounds (increase of 4.2 pounds)</p> <p>*On 3/15/25 a weight of 180.8 pounds and on 3/16/25 a weight of 184.6 pounds (increase of 3.8 pounds).</p> <p>*On 3/18/25 a weight of 185.6 pounds and on 3/19/25 a weight of 188.6 pounds (increase of 3 pounds).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R17's Electronic Health Record revealed no documentation that the provider was notified of the weight increase of greater than 2-3 pounds in 1 day. (According to the American Heart Association, weight gain of 2-3 pounds within 24 hours, or at least 5 pounds within a week, could be a sign of worsening heart failure.)</p> <p>Resident #89 (R89)</p> <p>Review of an Admission Record revealed R89 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: chronic combined systolic and diastolic congestive heart failure.</p> <p>Review of R89's Order Summary dated 3/17/25 revealed, Lasix Oral Tablet 20 MG (Furosemide) Give 1 tablet by mouth every 24 hours as needed for weight gain 2 pounds per day or 5 pounds per week per heart failure clinic. Indicating a weight was to be obtained daily.</p> <p>Review of R89's Weight Summary revealed to weights were obtained on 3/12/25-3/16/25, 3/22/25, or 3/24/25.</p> <p>Further review of R89's Weight Summary revealed:</p> <p>*On 3/18/25 a weight of 127 pounds and on 3/19/25 a weight of 131.4 pounds (increase of 4.4 pounds)</p> <p>*On 3/19/25 a weight of 131.4 pounds and on 3/20/25 a weight of 134.8 pounds (increase of 3.4 pounds).</p> <p>Review of R89's March Medication Administration Record revealed the as needed Lasix was not administered on the above dates.</p> <p>Review of R89's Electronic Health Record revealed no documentation that the provider was notified of the weight increase of greater than 2 pounds in 1 day or a rationale for not administering the as needed Lasix.</p> <p>During an interview on 4/3/25 at 8:43AM, Director of Nursing (DON) confirmed R89 and R17 did not have their weights obtained daily. DON reported licensed nurses were to ensure weights were obtained daily and were also expected to monitor the weight trends and follow the providers treatment orders. DON reported the Unit Managers were expected to run reports every morning to identify and medication or treatments that had been missed the previous day and follow up as needed.</p> <p>During an interview on 4/3/25 at 11:22 AM, DON reported that she had identified that the inconsistencies with obtaining weights was due to nursing staff assuming the weights had been obtained by certified nursing assistants and not verifying the completion. DON reported that she had initiated education on caring for residents with CHF. DON reported the facility did not have a policy or procedure specific to residents with CHF.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, Daily weights are an important indicator of fluid status. Each kilogram (2.2 lb) of weight gained or lost overnight is equal to 1 L of fluid retained or lost .Weigh patients with heart failure daily . [NAME], [NAME] A.; [NAME], [NAME] G.; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 1059). Elsevier Health Sciences. Kindle Edition.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 11th edition revealed, A weight gain of 0.9 to 1.4 kg (2-3 lb) in 1 day indicates fluid-retention problems . daily weight is measured at the same time of day and on the same scale (Ball et al., 2019). This allows an objective comparison of subsequent weights. Accuracy of weight measurement is important because health care providers base medical and nursing decisions (e.g., drug dosage, medications) on changes . [NAME], [NAME] A.; [NAME], [NAME] G.; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 558). Elsevier Health Sciences. Kindle Edition.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39056</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were transferred following care planned interventions for 2 residents (Residents #66 and #78) out of 3 residents reviewed for falls.</p> <p>Findings:</p> <p>Resident #66 (R66)</p> <p>Review of an Admission Record revealed R66 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: Huntington's Disease and history of falling.</p> <p>Review of R66's Care Plan revealed, I am at an increased risk for falls r/t (related to) Confusion, Huntington's Disease with Gait/balance problems, History of Falls .Unaware of safety needs secondary to HD (Huntington's Disease) with spontaneous chorea (involuntary) movements .TRANSFERRING: 2 person assist Please use gait belt, as he allows. Date Initiated: 08/15/2024 .Revision on: 10/17/2024.</p> <p>Review of R66's Nursing Progress Note dated 2/15/25 and written by Registered Nurse (RN) P revealed, This nurse heard a noise and heard a CNA (Certified Nursing Assistant) calling out for assistance. Upon entering the room, resident was observed laying partially on top of CNA and partially on the floor. Resident had laceration to forehead and another on bridge of nose, abrasions to bilateral knuckles and an abrasion to right knee. All areas cleansed, pressure applied to forehead and steri-strips applied to forehead and bridge of nose .</p> <p>Review of CNA Q's Incident Follow Up Statement dated 2/15/25 revealed, I transferred (R66) from chair to bed successfully but I had him move up in bed closer to his pillow and he jumped way to quickly and I couldn't get in front of him in time and he went toward the floor and hit his head.</p> <p>Review of education written by RN P revealed, (R66) is a 2 person assist (with) transfers. CNA was transferring resident alone. CNA educated on resident's transfer status + verbalized understanding. Signed by CNA Q and RN P.</p> <p>Review of R66's Nursing: Antigravity Team Note dated 2/18/25 revealed, .Root Cause(s) of Fall: Resident has diagnosis of Huntington's chorea, unable to control body movements. Resident attempting repositioning after transfer. One staff present for transfer .Staff educated regarding kardex (simplified care plan) and importance of having 2 staff present for all transfers and repositioning.</p> <p>During an interview on 04/03/25 at 11:22 AM, Director of Nursing reported that following R66's fall CNA Q was provided 1:1 education. Facility wide education was not completed.</p> <p>45410</p> <p>Resident #78 (R78)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Admission Record revealed R78 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and repeated falls.</p> <p>Review of a Minimum Data Set (MDS) (a tool used for assessing a resident's care needs) assessment for R78, with a reference date of 1/15/2025 revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 4, out of a total possible score of 15, which indicated R78 was severely cognitively impaired. Further review of same MDS assessment revealed R78 required assistance with ambulation.</p> <p>Review of a R78's Kardex, active 4/1/2025, revealed R78 required the assistance of one staff with a wheeled walker and gait belt to ambulate.</p> <p>In an observation on 4/2/2025 at 1:10 PM, R78 was walking independently in the hallway with his wheeled walker outside the television room. Certified Nursing Assistant (CNA) H observed R78 ambulating independently and led him to a chair in the television room by the front of his walker without attempting to place a gait belt around his waist.</p> <p>In an interview on 4/2/2025 at 1:19 PM, CNA H reported he should have applied a gait belt when he assisted R78 to the television room. CNA H reported R78 required staff assistance with a walker and gait belt to ambulate.</p> <p>In an interview on 4/2/2025 at 1:17 PM, Physical Therapy Assistant (PTA) M reported staff were expected to have a gait belt on their person and attempt to apply a gait belt to a resident that required the use of a gait belt when they assisted them with ambulation.</p> <p>In an interview on 4/3/2025 at 11:03 AM, the Director of Nursing (DON) reported staff were required to follow resident care plans and use gait belts when required.</p> <p>Review of facility policy/procedure Use of Gait Belt Policy, revised 10/2024, revealed .It is the policy of this facility to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety . Each nursing department employee will have access to a gait belt . It is the responsibility of each employee to ensure they have a gait belt available for use when at work . Failure to use gait belt properly may result in corrective action and/or termination of employment .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Belding		STREET ADDRESS, CITY, STATE, ZIP CODE  414 E State St Belding, MI 48809	
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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577</b></p> <p>Based on interview and record review, the facility failed to thoroughly explain the arbitration agreement and complete paper work accurately for two of three residents ( Resident #58 and Resident #88) reviewed for arbitration.</p> <p>Findings:</p> <p>Resident #58 (R58)</p> <p>Review of an Admission Record revealed R58 was [AGE] year old cogently intact female, originally admitted to the facility on [DATE] with pertinent diagnoses of glaucoma.</p> <p>During an interview on 04/03/25 at 8:50 AM, R58 stated that she did not recall signing an arbitration agreement at admission. After describing the agreement to R58, she stated that she did not recall anything of that nature. After requesting and receiving a copy of the signed arbitration agreement for R58, it was shown to the resident. R58 indicated that she cannot see, has had multiple eye surgeries, and was unable to see at the time of admission. R58 also indicated that staff sat in a chair in the room and went through the admission paperwork and R58 had given permission for Administrative Personnel (AP) F to electronically initial and sign the forms for her. R58 stated that she was not given the opportunity to choose to listen to an audio recording that explained the arbitration process for visually impaired residents.</p> <p>During an interview on 04/03/25 at 9:18 AM, AP F indicated (a) that the arbitration agreement had only been in use over the past few weeks, (b) that she did not read every paragraph of the arbitration agreement to R58 despite initially for R58 in multiple sections of the agreement, and (c) was advised by corporate to tell Residents, when explaining the agreement, that if the resident had any concerns with the care they received from the facility they would contact a lawyer of talk to another third party. It seemed like they just explained a little bit about the forms but they didn't really explain any of them thoroughly.</p> <p>Review of the Arbitration Agreement for R58 that was electronically signed by AP F on 02/26/25, revealed that the document was signed as accepted but also checked, indicating that R58 declined to sign the agreement.</p> <p>Resident #88 (R88)</p> <p>Review of an Admission Record revealed R88 was a [AGE] year old cognitively intact male, last admitted to the facility on [DATE], with pertinent diagnoses of quadriplegia.</p> <p>During an interview on 04/03/25 at 9:44 AM, R88 could not recall whether or not the arbitration agreement was explained to him thoroughly when he signed the documents on 09/13/24. R88 indicated that he does know what an arbitrator is however cannot recall any of the details. After explaining the arbitration agreement to R88 he stated if it had been explained to me like that I might have taken more time to consider signing it.</p>		