

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235363 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/05/2025 |
| NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehab Center of F | | STREET ADDRESS, CITY, STATE, ZIP CODE G 3201 Beecher Rd Flint, MI 48532 | |

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation Pertains to Intake#: MI00153447</p> <p>Based on observation, interview and record review, the facility failed to ensure a wheelchair was safe and in good working condition for one resident (#1) of 3 residents reviewed for safety.</p> <p>Findings Include:</p> <p>Resident #1</p> <p>A review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #1 was admitted to the facility on [DATE] with diagnoses: Diabetes, peripheral vascular disease, right and left below the knee amputations, COPD, alcohol abuse, Dementia, absence of 4 right fingers, depression, hypertension, and muscle weakness. The MDS assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status/BIMS score of 15/15- full cognition and the resident needed some assistance with care. He was able to transfer self and motor his own wheelchair.</p> <p>On 6/5/2025 at 1:19 PM, Resident #1 was observed sitting outside in his wheelchair smoking a cigarette with other residents. The resident said he used to have his own wheelchair, but when he came to the facility someone from the Therapy department gave him a wheelchair. He said he didn't like the wheelchair because it didn't have a brake. The resident pointed to the right-side front area of the wheelchair. There was no brake on the right side, but there was a brake on the left side of the wheelchair. The resident was asked why the right-side brake was missing and he said he didn't know. Resident #1 said he was upset about this because he liked to ride the public transportation bus and the bus driver would not let him ride because he was missing a brake. He said the bus driver said his wheelchair wasn't safe. Resident #1 said he liked to ride the bus to visit friends and now he couldn't do that. He was not sure how long it had been broken.</p> <p>On 6/5/2025 at 2:40 PM, Therapist B was interviewed in the therapy gym. She was asked about Resident #1's wheelchair and said the Therapy department provided wheelchairs for resident's who did not already have one. The therapist was asked if she was aware the brake was missing on the right side of Resident #1's wheelchair, and she said she would look it up to see if there was a work order for the wheelchair. Therapist B said the Therapy Manager A might have more information about it.</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: 235363 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/05/2025 |
| NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehab Center of F | | STREET ADDRESS, CITY, STATE, ZIP CODE G 3201 Beecher Rd Flint, MI 48532 | |
| 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>On 6/5/2025 at 3:31 PM, Therapy Manager A was interviewed about Resident #1's wheelchair. She said the therapy department provided wheelchairs for the residents who did not already have one. She said the therapy department provided Resident #1 with his wheelchair. The Therapy Manager was asked if she was aware the wheelchair was missing a brake on the right hand side. She said Therapist B said a work order to fix his wheelchair had been placed. Therapy Manager A said she was not aware that the brake was missing, but she would look at the wheelchair.</p> <p>A review of the Care Plans for Resident #1 identified the following:</p> <p>I am at increased risk for falls related to bilateral amputee, medication side effects; Incident in the community, date initiated 10/8/2024 and revised 6/5/2025 with Interventions including: Educate resident on the importance of using the appropriate wheelchair based on the incident in the community; and Remind me to lock my wheelchair prior to transfer, date initiated 10/8/2024.</p> <p>The Director of Nursing and Administrator were interviewed on 6/5/2025 at 4:40 PM related to Resident #1's wheelchair. They said the Therapy department provided the residents a wheelchair if needed, but they were not sure who inspected the wheelchairs to ensure they were in safe working order.</p> | | |