STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235405	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	17001 17 Mile Road Clinton Township, MI 48038

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure updated and accurate advance directive (legal documents that allow a person to identify decisions about end-of-life care ahead of time) information was in place for one resident (R57) of one resident reviewed for advance directives. Findings include: A review of R57's medical record revealed they were admitted into the facility on [DATE] with diagnoses which included Cerebral Infarction, Major Depressive Disorder, and Dysphasia. Further review revealed the resident was dependent on staff for transfers and toileting. Upon reviewing the resident's medical record, the resident's code status which was displayed at the top of their medical record revealed the code status of DNR (do not resuscitate). Further review of R57's medical record revealed a document dated and signed by the resident on [DATE] and titled Medical Treatment Decision Form noting a check mark by CPR full resuscitation. I request that in the event my heart and breathing stop, I am given resuscitating measures. On [DATE] at 12:11 PM, an interview was completed with the Nursing Home Administrator (NHA) and was asked about R57's conflicting code status in which the NHA explained the resident changed their mind. On [DATE] at 3:19 PM, an interview was completed with the Director of Nursing (DON) regarding the conflicting code status for R57, and explained the social worker uploaded the new form and failed to notify the nurses so they could update it in the medical record. A review of the facility's Residents' Rights Regarding Treatment and Advance Directives policy revealed the following, .8. Any decision making regarding the resident's choices will be documented in the resident's medical record and communicated to the interdisciplinary team and staff responsible for the resident's care .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a clean and safe environment for one resident (R18) of two residents reviewed for homelike environment. Findings include: On 6/02/25 at 10:00 AM, R18 was observed sitting in the wheelchair watching television in their room. A large approximately 12 inch round dark brown stain was noted on the ceiling tile directly above the head of the bed. R18 was asked about the stain and stated that stain was there when he moved there. R18 stated it needs to be fixed and they had mentioned it to someone but nothing had been done. A record review revealed that R18 was admitted on [DATE] with the following medical diagnoses of Hemiplegia and Hemiparesis following Cerebral Infarction and Chronic Obstructive Pulmonary Disease. A review of the Minimum Data Set assessment (MDS) dated [DATE] noted Brief Interview in Mental Status (BIMS) score of 15/15 which indicates intact cognition. On 06/04/25 at 1:40 PM, an observation of R18's room occurred with the Maintenance Director (MD). When asked about the brown stain on the ceiling tile the MD revealed that there was audit ongoing about rooms with concerns. MD stated that their expectation was that resident rooms are in good shape to provide a home like environment. A review of the policy titled Safe and Homelike Environment implemented on 1/21/21 revealed that the facility will provide a safe, clean comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on observation, interview, and record reviews the facility failed to follow the recommendation of a OBRA (Omnibus Budget Reconciliation Act) Level II Evaluation for one (R61) of five residents reviewed for PASARRs (Preadmission Screen Resident Review). Findings include: A review of R61's medical record revealed they were admitted into the facility on 4/17/23 with diagnoses which included Type II Diabetes, Depression and Hypertension. Further review of the medical record revealed the resident was cognitively intact and independent for transfers. Further review of R61's medical record revealed an OBRA evaluation dated 8/27/24 revealing the following, . O. Recommendations .[R61] would like to move to a senior apartment type setting where [they] could have medical assistance/home healthcare to come in assist [them] with [their] diabetic issues. [R61] appears to have gained insight into the importance of successfully managing [their] diabetes. [R61] wants to live in a less restrictive setting and feels that [they] have gained the skills to be successful. [R61] requires minimal assistance for ADLs (activities of daily living). Lastly, it is recommended that NF (nursing facility) social work staff assist [R61] in searching for a least restrictive setting if the medical team agrees with this plan . Further review of R61's medical record did not reveal documentation that the OBRA recommendations had been addressed or followed up on. On 6/4/25 at 1:25 PM, an interview was completed with R61 regarding their independence and explained that they asked social work about discharging from the facility, and potentially living a more independent life where they would have more freedom. R61 explained that they were, Shot down. R61 explained they feel like everything has been taken from them and would like to experience more joy. On 6/4/25 at 3:21 PM, the Director of Nursing (DON) was asked about the lack of follow-up on the OBRA evaluation recommendations and explained that corporate staff would be looking further into it. No further information was received by the end of the survey. A review of the facility's Resident Assessment - Coordination with PASARR Program policy revealed the following, .b. PASARR Level II - a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determines whether the individual has MD (mental disability), ID (intellectual disability), or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs .7. Recommendations, such as any specialized services, from a PASARR level II determination and/or PASARR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to revise a care plan to reflect the resident's current status for one resident (R61), of one resident reviewed for care plan revision. Findings include: On 6/2/25 at 11:02 AM, R61 was observed sitting up in bed and asked about any concerns they've had in the facility. R61 explained they had a pair of dentures when they first admitted into the facility however, they didn't fit properly. R61 explained they had been seen by the dentist last year in June, in which the dentures were to be realigned however, that has yet to be completed and, they no longer have the dentures. A review of R61's medical record revealed they were admitted into the facility on 4/17/23 with diagnoses which included Type II Diabetes, Depression and Hypertension. Further review of the medical record revealed the resident was cognitively intact and independent for transfers. A review of R61's care plan revealed the following, Focus: I have an ADL (activities of daily living) Self Care Performance Deficit r/t (related to) dx (diagnoses) of mood disorder, DM (Daibetes Mellitus) . type 2, Date Initiated: 04/18/2023 .Inteventions/Tasks: Dentures: I have dentures, please assist me to ensure they fit properly and are securely in place. Date Initiated: 04/18/2023. A review of R61's dental records reveal the following dental exam note dated 6/19/24, .Full impressions taken of ULCD (upper and lower complete dentures) for lab reline .denture was taken to laboratory. Adjust diet PRN (as needed). A review of R61's medical record did not reveal any information regarding the resident's dentures. On 6/4/25 at 3:22 PM, The Director of Nursing (DON) was asked about the resident's dentures, and indicated they had reached out to the previous dental provider and are awaiting a return call. The DON was also asked about the resident's care plan indicating they had dentures but did not, the DON acknowledged the care plan should reflect the resident's current status. A review of the facility's Care Planning policy revealed the following, .5. The comprehensive care plan is developed from the RAI (resident assessment instrument) scheduled and is reviewed and revised by the IDT (interdisciplinary team) as necessary.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide 1:1 feeding assistance for one resident (R47) out of two reviewed for feeding assistance. Findings include: On 6/2/2025 at 12:08 PM, R47 was observed eating lunch, unassisted. R47 was observed leaning to their right side and food was on their gown. A review of the meal ticket stated 1:1 feeding assistance. A review of the medical record revealed R47 admitted into the facility on 4/23/2025 with the following medical diagnoses, Multiple Sclerosis and Dysphagia. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental status score of 3/15 indicating an impaired cognition. R47 also required staff assistance with bed mobility and transfers. Further review of the diet order revealed R47 required 1:1 feeding assistance. On 6/3/2025 at 1:14 PM, R47 was noted to be eating lunch unassisted. On 6/4/2025 at 8:56 AM, an interview was conducted with Registered Dietitian (RD) D. RD D indicated that R47 is a 1:1 feed and that they are being followed by Speech Therapy. RD D indicated R47 can feed themselves but does better with 1:1 assist and encouragement. On 6/4/2025 at 9:55 AM, an interview was conducted with the Director of Nursing (DON). The DON reported R47 sometimes eats in the dining room and sometimes in their room. The DON reported the staff pass trays for people that need to be assisted eating last and then assist them with eating. A review of a facility policy titled, Activities of Daily Living noted the following, .3.A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to implement pressure ulcer (PU) interventions to prevent pressure ulcer reoccurance for one resident (R43) out of two reviewed for pressure ulcers. Findings include: On 6/2/2025 at 9:48 AM, R43 was observed in the bed sleeping. R43 was observed laying on their back, heels laying flat on the mattress, no positioning wedges or pillows were noted in the bed. On 6/2/2025 at 11:48AM, R43 was observed to be laying on their back with no positioning devices in place. On 6/2/2025 at 2:03 PM, R43 was observed with their head of bed (HOB) elevated, in a sitting position and sleeping. A review of the medical record revealed R43 admitted in the facility on 11/15/2024 with the following medical diagnoses, Moderate Protein-Calorie Malnutrition and Pressure ulcer of Left Buttock, Stage IV (4-Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer). A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status assessment of 3/15 indicating an impaired cognition. R43 also required staff assistance for bed mobility and transfers. Further review of the most recent wound care note dated 5/28/2025 noted the following, Category: Pressure. Ulcer/Problem Site: Sacral. MDS (Minimum Data Set) Stage:4. Place Acquired. Size in CM (Centimeters) (LXWXD). 2x1.5x1.5 .Preventative Measure in Place .Heels-Offload with heel protectors or Pillow . Repositioning-in the bed and w/chair (wheelchair) as needed, or per facility protocol, if patient cannot do it. On 6/3/2025 at 9:14 AM, 11:06 AM, 12:02 PM, 1:40 PM, R43 was noted to be laying in bed with a positioning wedge on their right side. R43's heels were noted to be laying flat on the mattress. On 6/4/2025 at 9:44 AM, an observation of the wound was completed. On 6/4/2025 at 10:07 AM, an interview was conducted with Unit Manager (UM) B who was also oversaw the wound care program. UM B reported the wound started off as red and when they admitted they put R43 on an air mattress. UM B reported the wound declined rapidly and they put in supplements and have wedges and pads to assist with turning and repositioning. UM B reported they implemented interventions such as turning and repositioning every two hours and wearing heel boots or floating their heels. UM B was informed of the observations of R43 not being turned and repositioned. UM B indicated their expectation is R43 is repositioned frequently depending on the time of day and meals. UM B reports heels should be elevated as tolerated. A review of the facility policy titled, Wound Treatment Management and Documentation noted the following, Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with the current standards of practice and physician orders .

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to implement dietary restrictions for one resident (R45) out of two reviewed for nutrition. Findings include: On 6/1/2025 at 9:51 AM, R45 was observed laying in bed a water cup with a straw was observed next to them dated 6/1/2025 NTL (Nectar Thickened Liquids). A review of the medical record revealed R45 admitted into the facility on 4/29/2025 with the following medical diagnoses, Dysphagia (difficulty swallowing), and Muscle Wasting and Atrophy. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status score of 9/15 indicating an impaired cognition. R45 also required staff assistance with bed mobility and transfers. A review of the diet order revealed R45 was not to have straws related to Dysphagia. On 6/2/2025 at 10:15 AM, R45 was noted to have a straw in their water cup. On 6/2/2025 at 11:57 AM, R45 was noted to still have a straw in their water cup. A review of their diet ticket also noted no straws. Unit Manager (UM) B was queried as to if R45 should have a straw in their cup. UM B reported they would have to look at the speech orders. On 6/4/2025 at 9:08 AM, an interview was conducted with Occupational Therapist (OT) C. OT C reported R45 is on NTL and can not have a straw and reported if R45 has a straw then they will cough and it's safer to not have a straw to reduce the risk of aspiration (choking). On 6/4/2025 at 9:30 AM, a straw was observed in R45's cup of water. On 6/4/2025 at 9:52 AM, an interview was conducted with the Director of Nursing (DON) and was informed R45 was observed with a straw in their cup. The DON reported they print daily diets and put them on the water carts and they expect for diet orders to be followed. A request for a facility policy addressing special dietary instructions was requested, but not received by end of survey.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to safely secure an oxygen cylinder/tank for one sampled resident (R54) of four review for accidents. Findings include: On 6/02/25 at 12:15 PM, R54 was observed sitting up in their bed, observed next to the bed was a wheelchair. The wheelchair had an oxygen cylinder/tank that sat in the seat of the wheelchair and leaned on the back of the chair. The oxygen cylinder/tank was observed to have a layer of dust and cobwebs (abandoned spider webs) on it. R54 was asked how long the oxygen cylinder/tank had been in the wheelchair as observed. R54 reported that it has been there a while. R54 was asked to explained a while and R54 was unable to provide a timeline. On 6/4/25 at 9:00 AM, the Director of Nursing (DON) was asked if they were aware of the oxygen cylinder/tank that was in R54's wheelchair. The DON stated, Yes. The DON was asked how oxygen cylinders/tank are to be stored, and explained the tank is to be stored secured in a carrier and once done placed in the oxygen storage room. A review of the facility's policy titled, Oxygen Safety - Gas Storage and Handling dated, 2/25, revealed, Policy: It is the policy of this facility to provide a safe environment for residents, staff, and the public. This policy addresses the use and storage of oxygen and oxygen equipment. Policy Explanation and Compliance Guidelines: 4. Oxygen Storage - a. Oxygen storage locations shall be in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors or gates that can be secured against unauthorized entry. b. Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier. Empty cylinders shall be segregated from full cylinders. Empty cylinders will be marked to avoid confusion. c. Cylinders will be properly chained or supported in racks or other fastenings (i.e. sturdy portable carts, approved stands) to secure all cylinders from falling, whether connected, unconnected, full, or empty .

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to ensure nurse staffing postings were completed and readily accessible for all 74 residents, families, and visitors in the facility. Findings include: On 6/4/25 at 2:02 PM, the Nursing Home Administrator (NHA) was requested to provide the daily staff postings for the past 18 months. The NHA provided a 2024 binder and explained they were gathering the 2025 postings. A review of the binder revealed forms dated 11/3/24, 11/6/24, and 7/2/2024 that were incomplete, missing dates, and staffing information. On 6/4/25 at 2:21 PM, the staffing coordinator acknowledged the forms were incomplete. On 6/4/25 at 2:58 PM, the facility provided the 2025 postings for the months of March through June. The postings for January 2025 and February 2025 were not provided by the end of the survey. On 6/4/25 at 2:58 PM, after a review of the postings the NHA was asked about the missing and incomplete forms. The NHA confirmed, the forms were not completed correctly. A review of the facility's policy titled Nurse Staffing Posting Information dated, 3/24, revealed, Policy: It is the policy of this facility to make staffing information readily available in a readable format to residents and visitors at any given time. Policy Explanation and Compliance Guidelines: 1. The nurse staffing information will be posted on a daily basis and will contain the following information: a. Facility name b. The current date c. Facility ' s current resident census d. The total number and the actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift: i. Registered Nurses ii. Licensed Practical Nurses/Licensed Vocational Nurses iii. Certified Nurse Aides 2. The facility will post the nurse staffing data at the beginning of each shift . 5. Nursing schedules and posting information will be maintained in the facility for review for at least 18 months or according to state law, whichever is greater .

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to attempt a Gradual Dose Reduction (GDR) for an Antipsychotic (Seroquel) for one resident (R32) out of one reviewed for GDRs. Findings include: A review of the medical record revealed that R32 admitted into the facility on [DATE] with the following diagnoses, Vascular Dementia and Adjustment Disorder with Anxiety. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) score of 3/15 indicating a severely impaired cognition. R32 also required staff assistance with bed mobility and transfers. Further review of the active physician orders revealed the following, Seroquel (Antipsychotic) 25 mg (milligrams) by mouth one time a day and Seroquel 50 mg by mouth at bedtime. On 6/4/2025 at 9:22 AM, an interview was conducted with the Nursing Home Administrator (NHA) and a request for any documented GDR attempt was requested but not received by the end of survey. A review of a facility policy titled, Gradual Dose Reduction of Psychotropic Drugs noted the following, Resident's who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to be managed at a lower dose or to discontinue these drugs.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, interview, and record review, the facility failed to timely follow-up on dental services related to dentures for one resident (R61) of one resident reviewed for dental services. Findings include: On 6/2/25 at 11:02 AM, R61 was observed sitting up in bed and asked about any concerns they've had in the facility, and explained they had a pair of dentures when they first admitted into the facility however, they didn't fit properly. R61 explained they had been seen by the dentist last year (2024) in June, in which the dentures were to be realigned however, that has yet to be completed and, they no longer have the dentures. R61 explained they were told that a follow-up would occur but hasn't received an update. R61 further explained their jaw has been hurting, making it difficult to chew. A review of R61's medical record revealed they were admitted into the facility on 4/17/23 with diagnoses which included Type II Diabetes, Depression and Hypertension. Further review of the medical record revealed the resident was cognitively intact and independent for transfers. A review of R61's dental records reveal the following dental exam note dated 6/19/24, .Full impressions taken of ULCD (upper and lower complete dentures) for lab reline .denture was taken to laboratory. Adjust diet PRN (as needed). A review of R61's medical record did not reveal any information regarding the resident's dentures. On 6/4/25 at 3:22 PM, the Director of Nursing (DON) was asked about the resident's dentures and indicated they had reached out to the previous dental provider and are awaiting a return call. A review of the Dental Services policy revealed the following, 5. For residents with lost or damaged dentures, the facility will refer the resident for dental services within three days. 6. In the case of an acute dental condition or loss/damage of dentures, the facility will take measures to ensure residents are still able to eat and drink while awaiting dental services. Interventions include, but are not limited to: a. Notifying physician of pain or other needs. b. Modifying diet consistency (i.e. chopped meats). c. Referring to dietician for food preferences during the interim. d. Referral to speech therapist for chewing or swallowing problems .

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to properly store nebulizer masks and a bi-pap mask for three residents (R15, R17, and R25) out of ten reviewed for infection control. Findings include: R15 On 6/2/2025 at 9:53 AM, R15's nebulizer mask was observed sitting on the nightstand with no barrier noted between the mask and the nightstand. R15 explained they use their nebulizer everyday. A review of the medical record revealed that R15 admitted into the facility on 7/9/2024 with the following medical diagnoses, Epilepsy and Personal History of Covid-19. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status assessment score of 14/15 indicating an intact cognition. R15 also required staff assistance with bed mobility and transfers. R17 On 6/2/2025 at 9:39 AM, R17 was observed in the bed. R17's nebulizer mask and bi-pap mask were observed sitting on the nightstand, no barrier noted between the masks and the nightstand. R17 was asked how often they use the nebulizer and the bi-pap and they replied quite often. A review of the medical record revealed that R17 admitted into the facility on 3/15/2024 with the following medical diagnoses, Hypotension and Anemia. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status assessment score of 12/15 indicating an intact cognition. R17 also required staff assistance with bed mobility and transfers. R25 On 6/2/2025 at 10:06 AM, R25's nebulizer mask was observed sitting on the nightstand with no barrier noted between the mask and nightstand. A review of the medical record revealed that R25 admitted into the facility on 4/28/2023 with the following medical diagnoses, Dysphagia and Obstructive Sleep Apnea. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R25 also required staff assistance with bed mobility and transfers. On 6/4/2025 at 10:44 AM, an interview was conducted with the Infection Control Preventionist (ICP) A. ICP A reported that all nebulizer masks should be properly stored in a bag and that bi-pap masks should be cleaned weekly and stored properly in a bag. A review of a facility policy titled, Nebulizer Therapy noted the following, Care of The Equipment .2.Store dry nebulizers mesh bags, clear plastic bag or proper clean storage per the facility's preference.