

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/25/2025
NAME OF PROVIDER OR SUPPLIER  Mission Point Nursing & Physical Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE  1881 E Grand Blvd Detroit, MI 48211	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure one resident room (R62) of nine residents was in good repair. R62. On 8/25/2025 at 11:23 a.m., R62's room was noted with a loud unpleasant odor. Observed chipped paint and holes in the wall over the bed and a fan hanging near the bed with thick dust particles blowing from the fan. The bathroom was observed with multiple areas of black residue on the wall and behind the toilet. The vent was covered with thick dust particles, holes in the wall near the tissue holder and brown stains and scuff marks on the bathroom door. On 8/25/2025 at approximately 11:30 a.m. during an interview R62 stated, The bathroom is filthy and uncomfortable. I have no control over it. I have to wait until they get to it, I guess. R62 confirmed the facility was aware of the repairs and cleaning needed for a long time. On 8/25/2025 at 11:55 a.m., Maintenance Director (MD) J was asked during an interview in R62's bathroom what was the black areas on the wall? MD J stated, Oh yes, it got worse, but I don't think its mold. I think the black spots are from when we used mud to seal the cracks and holes and it just got black. MD J was asked had any staff member written any repair orders? MD J stated, The staff suppose to report that and document in TELS (a system used for staff to report repair needs) for a work order to be repaired. MD J was asked who was responsible for dusting and cleaning the residents' vents and fans MD J stated, The housekeepers supposed to dust the vents, and fans. The fans and vents should not have been that dusty. On 8/25/2025 at 11:55 a.m. while observing R62's room and bathroom, Regional Director of Operation (RDO) A confirmed R62's bathroom and room needed to be cleaned and in need of repairs. RDO A stated, I have not been here long, but this is something I see needs to be done. According to the electronic health record (EHR), R62 was readmitted into the facility on [DATE] with diagnoses of chronic obstruction pulmonary disease, hypertension, multiple sclerosis, and Parkinsonism. R62's 7/2/32025 quarterly Minimum Data Set (MDS) assessment revealed R62 had intact cognition with a BIMS (brief interview for mental status) score of 15/15. According to the facility's 1/23/2024 Safe and Homelike Environment policy: In accordance with resident 's rights, the facility will provide a safe, clean, comfortable and homelike environment. Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the resident's room, bathroom.</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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