STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235461	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clarkston	4800 Clintonville Rd Clarkston, MI 48346

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 This citation pertains to intake #'s MI00146644 and MI00146449. Based on observation, interview and record review, the facility failed to ensure liquids were provided according to their prescribed therapeutic diet texture for one resident (R57) of four residents reviewed for nutrition. Findings include: On 9/9/24 at approximately 9:03 a.m., R57 was observed in their room, up in their wheelchair attempting to eat their breakfast. R57 was observed to be coughing while eating cereal and drinking their juice. Both the milk and juice appeared to be thin. A review of R57's meal ticket revealed they were supposed to have been provided nectar thick liquids for their meals. On 9/9/24 at approximately 9:07 a.m., Nurse C was informed that R57 was coughing while drinking their juice and eating their cereal. Nurse C was observed going into R57's room and assessing them and indicated that their liquids including the milk and the juice were not thickened and they indicated that R57 should have thickened liquids and was then observed pouring in thickener into the liquids. On 9/9/24 the medical record for R57 was reviewed and revealed the following: R57 was initially admitted to the facility on [DATE] and had diagnoses including Dysphagia, Mild-Protein-Calorie Nutrition and Parkinson's disease. A Physician's order dated 12/29/23 revealed the following: General diet 6-Soft and bite sized texture, Mildly thick/Nectar consistency, Plate guard for all meals A review of R57's care plan revealed the following: I have the potential for a nutritional/hydration problem r/t (related to) PMH (past medical history) of UTI (urinary tract infection), Parkinson's, hernia, restless leg syndrome, prostatic hyperplasia. For my advanced age and or cognition. For my mechanically altered diet & hx (history) of diff chewing/swallowing. Wt (weight) & appetite fluctuations may be anticipated r/t medical dx (diagnosis) and/or age maturation. I receive supplements for added nutritional support Interventions-My diet order is: Reg (regular), Soft/Bite size, Mild/Nectar Thick liquids (Bread products okay) . A nutritional assessment dated [DATE] revealed the following: Diet and Notifications-2. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235461	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clarkston	4800 Clintonville Rd Clarkston, MI 48346

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Type of Diet: Reg, Soft/Bite Sized, Mild/Nectar Thick .At Nutritional Risk due to: PMH: UTI, Parkinson's, hernia, restless leg syndrome, prostatic hyperplasia. Res (resident) receives a mechanically altered diet & thickened liquids .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235461	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clarkston	4800 Clintonville Rd Clarkston, MI 48346

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 This citation pertains to intake #MI00146644. Based on interview and record review the facility failed to administer pain medication for one resident (R273) of three residents reviewed for pain management. Findings include: On 9/9/24, a concern submitted to the State Agency was reviewed and alleged R273 was not administered pain medication per physicians orders. On 9/10/24 the medical record for R273 was reviewed and revealed the following: R273 was initially admitted to the facility on [DATE] and had diagnoses that included Mild Protein-Calorie malnutrition and Multiple Sclerosis. A review of R273's MDS (minimum data set) with an ARD (assessment reference date) of 8/17/24 revealed R273 needed assistance from facility staff with their activities of daily living. R273 BIMS score (brief interview for mental status) was 13 indicating intact cognition. A review of R273's careplan revealed the following: Focus-I have a terminal illness, and I am at the end of life receiving Hospice services through [name of hospice] Hospice agency. Date Initiated: 08/20/2024 . Interventions-Observe me closely for signs of pain, administer pain medications as ordered, and notify physician immediately if there is breakthrough pain. Date Initiated: 08/20/2024 . A review of R273's pain scale assessment documentation for 8/19/24 revealed the pain level was a seven (out of 10) during the 7a-7p shift. A review of R273's Physician ordered medications for pain management revealed the following: Norco Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 6 hours as needed for pain -Start Date- 07/01/2024 1300 -D/C Date- 08/19/2024 1310 Morphine Sulfate (Concentrate) Solution 20 MG/ML Give 0.25 ml by mouth every 1 hours as needed for Pain -Start Date- 08/19/2024 1311 -D/C Date-08/22/2024 1344 A review of R273's August 2024 medication administration record (MAR) revealed no pain medication was administered on 8/19/24 when the pain scale was documented as a seven out of 10. On 9/11/24 at approximately 12:15 p.m., during an interview with the Director of Nursing (DON), the DON indicated that they had no documentation that R273 had been administered any pain mediation on 8/19/24 when they had transferred to hospice. The DON indicated that since the hospice orders had been put in during the afternoon, the medications would not arrive until the evening on 8/19/24 or the next day and that the previous pain medication (Norco) had been discontinued. The DON indicated they had reviewed the controlled substance log and reported that two Norco pills had been removed from the container on 8/19/24 but they had no documentation that they had been administered to R273 to control their pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235461	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clarkston	4800 Clintonville Rd Clarkston, MI 48346

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/11/24 at approximately 1:10 p.m., during a follow-up conversation with the DON, the DON indicated that the morphine that was ordered by hospice was not available in the backup supply to administer while waiting for it to be delivered by pharmacy. The DON indicated that the Nurse should have called the Physician and gotten a one time order for morphine to be (crushed or sublingual) or something else to ease R273's pain while waiting for the delivery. No further documentation was provided by the facility that R273 had pain medication administered on 8/19/24 by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235461	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clarkston	4800 Clintonville Rd Clarkston, MI 48346

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 This citation pertains to intake #'s MI00146644 and MI00146449. Based on observation, interview and record review, the facility failed to ensure enhanced barrier precautions were applied for one residents (R12) of two residents reviewed for Pressure Ulcers . Findings include: On 9/9/24 a concern submitted to the State Agency for review indicated the facility staff were not following infection control procedures. On 9/9/24 at approximately 9:52 a.m., R12 was observed in their room, up in their wheelchair. R12 was queried about having any open pressure ulcers/wounds and they indicated they had multiple open wounds on their heel and leg. At that time, R12's room was observed with no signage that indicated staff should be utilizing enhanced barrier precautions (EBP) when providing care to R12. On 9/10/24 at approximately 1:52 p.m., Nurse C was observed in R12's room providing treatment to their wound without a gown on. On 9/10/24 at approximately 2:03 p.m., Nurse C was queried regarding PPE (personal protective equipment) they used while changing R12's wound dressing and they indicated they used gloves. Nurse C was queried if they used a gown and they indicated they did not. Nurse C was queried if R12 required EBP due to their chronic wound and they indicated they did not and that there was nothing on R12's door indicating they should have used EBP. On 9/10/24 the medical record for R12 was reviewed and revealed the following: R12 was initially admitted to the facility on [DATE] and had diagnoses including Bipolar and Schizoaffective disorder. A review of R12's MDS (minimum data set) with an ARD (assessment reference date) of 7/23/24 revealed R12 needed assistance from facility staff with most of their activities of daily living. R12's BIMS score (brief interview for mental status) was 12 indicating moderately impaired cognition. A wound evaluation completed on 9/5/24 revealed the following: Wound #5 Right, Lateral Ankle is a Stage 3 (Full-thickness skin loss) Pressure Injury that was Not Healed. Further review of the medical record did not reveal any Physician orders for EBP. On 9/10/24 at approximately 2:30 p.m., during an interview with the infection control Nurse (ICN F) and the Director of Nursing (DON), ICN F was queried if staff should have been using enhanced barrier precautions including the donning of a gown when providing direct care and they indicated they should have been. ICN F was queried about why R12 did not have signage on their door indicating staff were to use EBP during care and they reported they would have to put up a sign so staff would be aware and place a PPE bin in their room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235461	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clarkston	4800 Clintonville Rd Clarkston, MI 48346

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. 48680 Based on interview and record review the facility failed to operationalize an antibiotic stewardship program which consistently ensured appropriate clinical indication for use of antibiotic medications for three (R4,R8 and R63) of five residents reviewed for antibiotic stewardship program, resulting in the potential for increased antibiotic resistance. Findings include: On 9/11/24 at 10:30 AM an overview of the facility's infection control program was discussed with the Director of Nursing (DON) and the facility's Unit Manager(UM). And asked what was their process. The UM stated she makes sure the infection meets Mcgeers (a system that identifies if signs and symptoms meet the criteria of an infection and qualifies for an antibiotic) then placed the infection in the book. If it does not meet criteria, they would reach out to the provider and let them know that the criteria is not met (to discontinue the medication) and then do a line listing and mapping. The UM was then asked if these conversations were documented somewhere and if the provider declined to discontinue the medication were they to write a progress note stating the rationale for the continued antibiotic use. The UM stated, Yes, the provider is supposed to create a progress note that stated the benefits verse risk for prescribing an antibiotic that has no clinical indication for use and does not meet McGeers criteria. A review of the line listing with the UM revealed that R4, R8 and R63 did not meet McGeers The UM was asked to provide supporting documentation for three residents R4, R8 and R 63 as to why they were still on an antibiotic despite not meeting criteria (including labs, and symptoms). The UM was not able to locate any physician notes as to why they would continue the medications with no clinical indications. There was no additional information provided at the end of survey.