

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Woodward		STREET ADDRESS, CITY, STATE, ZIP CODE 9146 Woodward Ave Detroit, MI 48202	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41423</p> <p>Based on observation, interview and record review the facility failed to provide timely personal care for one of (R15) four residents reviewed for ADL's resulting in untimely assistance with bathing, dressing, and transferring to their wheelchair and the resident verbalizing feelings of frustration and anger.</p> <p>Findings include:</p> <p>On 10/2/24 at 08:56am, R15's call light was on, and the resident was observed lying on their back, sheet and blanket was not covering the right side of R15's body, wearing a soiled brief and a faded black t-shirt with food stains across the front of the shirt. There was an odor of stool. R15 lips were dry with skin peeling. In addition, the resident face had dried food within their beard. R15 indicated they needed to be cleaned up due to an accident in their brief.</p> <p>On 10/2/24 at 09:40am, an unknown certified nurse aide (CNA) was observed with R15 changing their brief. During this time of care, staff did not perform bathing nor dressing the resident. R15 stated that they were waiting for the CNA to come back with the Hoyer lift.</p> <p>On 10/2/24 at 10:45am, R15 was observed in bed, wearing a brief and the same stained black t-shirt. The resident denied being bathed at this time.</p> <p>On 10/2/24 at 11:33am, R15 was observed in bed, wearing a brief and the same stained black t-shirt. R15 said, I'm waiting for the aide to wash me and get me up.</p> <p>On 10/2/24 at 11:51am, Licensed Practical Nurse LPN A was interviewed and asked if R15 was going to be dressed and assisted out of bed. LPN A said, (R15) has diarrhea and need to stay in bed because it doesn't make sence to keep getting (R15) in and out of bed.</p> <p>On 10/2/24 at 2:54pm, R15 was observed in bed with their eyes opened. R15 was wearing a brief and the same stained black t-shirt. The resident said, I'm getting mad now.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/3/24 at 08:06am, R15 was observed in bed, wearing a brief and the same stained black t-shirt. R15 lips were dry with skin peeling. In addition, the resident face had small pieces of dried food within their beard. R15 stated that staff never assisted with bathing and dressing. R15 stated, I'm frustrated because they never got me out of bed and they didn't helped me wash-up .I'm tired of laying in this bed .and I'm mad because I forgot to call my brother yesterday to wish him happy birthday because I was so upset trying to get somebody to help me get up.</p> <p>On 10/3/24 at 09:55am, R15 was observed in bed with their eyes closed. R15 was wearing the same stained black t-shirt.</p> <p>A review of R15's medical record indicated that the resident was initially admitted to the facility on [DATE] with the diagnosis of Peripheral vascular Disease, Cerebral Infarction, Hypertension, Immunodeficiency, and Non-Pressure Chronic Ulcer.</p> <p>A review of R15's Quarterly Minimum Data Set (MDS) assessment, dated 7/5/24, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 (cognition is intact). MDS Section GG - Functional Abilities.</p> <p>A review of R15's care plan noted I have an ADL (Activities of daily living) self-CVA care deficit secondary to history of CVA (Stroke) with impaired mobility. Date Initiated: 02/19/2024. Interventions noted the following:</p> <p>BATHING- I need 1 person assist to bath.</p> <p>Bed Mobility- I need 2 person assist.</p> <p>Personal Hygiene/Oral Care: I require (1) staff participation with personal hygiene and oral care.</p> <p>Dressing: I require (assistance with choices, physical assistance) to dress.</p> <p>Transfer- Hoyer lift for transfers X 2 person.</p> <p>Mobility: I use a wheelchair for locomotion.</p> <p>Bed Mobility-Extensive assistance.</p> <p>On 10/03/24 at 11:36am, the Nursing Home Administrator (NHA) was interviewed and informed that R15 was asking to be dressed and get out of bed since yesterday, resident remained in bed with same soiled t-shirt and not wearing pants. The NHA stated The expectation is that staff dress and assist all residents out of bed.</p> <p>A review of the facility's policy Activities of Daily Living dated 2/25/24 noted the following:</p> <p>The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable.</p> <p>Care services will be provided for the following activities of daily living:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> 1. Bathing, dressing, grooming, and oral care; 2. Transfer and ambulation; 3. Toileting.