

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 12/22/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nursing & Physical Rehabilitation Ce		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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (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

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>This citation pertains to Intake #2617411. Based on observation, interview, and record review, the facility failed to effectively clean and maintain two common resident bathrooms, resulting in unsanitary and unsafe conditions and the potential for dissatisfaction of the residents' living area. Findings include: It was reported to the State Agency that resident bathrooms were not properly maintained. On 12/22/25 at 8:30 AM, observations of the first-floor common bathrooms were conducted with Certified Nurse Aide (CNA) D. The following items were noted: Back hall bathroom: A small wash basin containing used soiled towels was observed on the floor. The towels appeared to be dry. Four irregular streaks of solid brown matter were observed on the wall above and to the right of the wash basin on the floor. CNA D indicated resident showers had not yet been given on the day shift. CNA D added that CNAs were to remove soiled towels after use. Front hall bathroom: The soap dispenser near the handwashing sink was empty. A disposable razor was observed on the shelf above the handwashing sink. CNA D said the razor appeared to be used because the safety cover had been removed. CNA D added that housekeeping staff were responsible for ensuring the bathrooms have handwashing soap available. During an interview on 12/22/25 at 10:57 AM, Housekeeping Supervisor (HS) F said the first floor back hall bathroom should have been cleaned and sanitized after use, and staff should have brought it to the attention of the housekeeper on that floor for proper cleaning and sanitizing before the next use. HS F said the brown streaks on the wall may have occurred when a towel soiled with feces was tossed towards the wash basin, hit the wall, and that is what caused the smear of feces. HS F said the razor should have been put in the receptacle used to dispose of sharp items. HS F added that when soap dispensers are low on soap, housekeepers know to fill them. Housekeeping staff work during the week and on weekends. On 12/22/25 at 3:10 PM, the Nursing Home Administrator (NHA) and Director of Nursing (DON) were interviewed. The NHA said the brown stains on the walls and the used towels should have been removed. NHA expected that when the soap dispenser was low on soap, it should have been refilled. The DON said all used linen should be removed out of the shower room after the shower was given. All razors should be discarded in the appropriate container after use. The DON added there should always be soap in the dispensers. A facility policy titled, Routine Cleaning and Disinfection, dated February 2025 was reviewed and documented the following: -It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. -Cleaning refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water and detergents or enzymatic products. -Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge. -Horizontal surfaces with infrequent hand contact (windowsills and hard surface flooring) in routine resident-care areas should be cleaned: On a regular basis. When soiling and spills occur. -Cleaning of walls, blinds and window curtains will be conducted when visibly soiled. During the exit conference on 12/22/25 at 4:10 PM, the NHA and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey and no new information was provided.</p>		