STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235468	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3001301.Based on interview and record review, the facility failed to ensure staff reported the results of an investigation to the State Agency within five working days of an incident for two of four residents (R15 and R56) reviewed for abuse.Findings include: On 04/21/2026, a Facility Reported Incident of a resident-to-resident abuse allegation was reported to the State Agency. The investigation report was received on 04/30/2026. A review of the facility's abuse investigation summary dated 04/30/2026 documented in part the following: R56 hit R15 on the left side of the face/head area; unprovoked. No injury reported. R56 was sent to the hospital for a psychiatric evaluation. During an interview on 05/15/2026 at 10:55 AM, the Nursing Home Administrator (NHA) was identified as the facility's abuse coordinator. The NHA said he submitted the Facility Reported Incident report and the investigation summary to the State Agency. The NHA was queried regarding the delayed submission of the investigation report. Queried as to the timeline for submittance of an investigation report. The NHA stated, I know it says five days, but the system gives us extra time. Discussed the facilities Abuse Policy and referred the NHA to the federal guidelines regarding the timeline for reporting and submission of an investigation report. The NHA said, I know it should be five days, but I thought I had extra time. During an interview on 05/15/2026 at 12:20 PM, the Director of Nursing (DON) was queried about timelines for reporting abuse allegations. The DON stated, We must report within 24 hours and submit our investigation within five days. Queried as to who is responsible for submitting the investigation report. The DON stated, The NHA is responsible for this submission. Queried about expectations of timely reporting. The DON stated, It's expected that we be in compliance with facility and state guidelines. A review of R15's electronic health record documented an original admission date of 09/12/2018. R15's diagnoses include Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Vascular Dementia and Anxiety Disorder. A Minimum Data Set assessment dated [DATE] documented a Brief Interview of Mental Status score of 0 out of 15 reflecting severe impairment. A review of R56's electronic health record documented an admission date of 12/01/2023. R56's diagnoses include Bipolar, Manic Severe with psychotic features, Traumatic Brain Injury and Adjustment Disorder. A Minimum Data Set assessment dated [DATE] documented a Brief Interview of Mental Status score of 0 out of 15 denoting severe cognitive impairment. A review of the facilities' document titled, Abuse, Neglect and Exploitation, last revised- October, 2024, revealed in part the following: The Administrator will follow up with government agencies during business hours to confirm the initial report was received and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.

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