

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 03/05/2025
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>41423</p> <p>Based on observation, interview and record review, the facility failed to ensure a urinary catheter drainage bag was maintained in a dignified manner for one resident (R4) of two resident reviewed for catheters, resulting in the potential for feelings of diminished self-worth using the reasonable person concept.</p> <p>Findings include:</p> <p>On 03/03/25 at 10:10 AM, R4 was observed in bed, laying slightly towards the left side with their eyes open. R4's right arm appeared contracted, with the arm toward their chest and fingers curled towards their palm. The drainage bag was exposed and revealed cloudy, amber colored urine. The catheter bag was not contained in a dignity bag and/or with a dignity covering. R4 was confused and was able to answer basic questions.</p> <p>On 03/03/25 at 2:28 PM, R4 was observed in bed on their right side. The urinary catheter drainage bag remained in the same place without a dignity bag/cover in place.</p> <p>A review of R4's Electronic Medical Record (EMR) revealed an admission of 09/11/2020 with the diagnosis of Schizophrenia, Contracture of Right Elbow, Muscle Wasting, Multiple Fractures and Muscle Weakness. A review of R4's Brief Interview for Mental Status (BIMS) revealed the resident was unable to complete the interview. A review of R4's Care Plan revealed the following:</p> <p>Focus: I have indwelling catheter r/t (related to) wound management .Dated 1/7/2025 .Interventions/Tasks: Catheter: Position catheter and tubing below the level of the bladder covered for dignity.</p> <p>On 03/04/25 at 12:55 PM, Nurse Manager E was informed that on 3/3/25 R4 did not have a privacy bag for their urinary drainage bag. Nurse Manager E said that it (the dignity cover) probably fell off but should have a cover.</p> <p>On 03/05/25 at 11:49 AM, the Director of Nursing (DON) was asked regarding privacy bags and dignity in the facility. The DON stated that she expects that we have a privacy bag for all urinary drainage bags for dignity.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy Promoting/Maintaining Resident Dignity dated 2/2025 revealed the following: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity .Maintain resident's privacy.</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>	<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 ensure the provision of hygiene and daily care for two residents, (R4 and R8) of two residents reviewed for assistance with Activities of Daily Living (ADL's), resulting in R4 not receiving timely fingernail care and R8 not receiving adequate facial hair care.</p> <p>Findings include:</p> <p>R4</p> <p>On 03/03/25 at 10:10 AM, R4 was observed in bed, laying slightly towards the left side with their eyes open. R4 was confused and was able to answer only basic questions. R4's right arm appeared contracted, with their arm toward their chest and fingers curled into a fist. R4's nail on their first finger of their right hand was long and jagged. R4's other nails on their right hand curled into a fist. When asked if they could open their right hand, R4 replied, No. Observation of the R4's left hand and fingernails revealed the fingernails were long and jagged.</p> <p>A review of R4's Electronic Medical Record (EMR) revealed an admission of 09/11/2020 with the diagnosis of Schizophrenia, Contracture of Right Elbow, Muscle Wasting, Multiple Fractures, and Muscle Weakness. A review of R4's Brief Interview for Mental Status (BIMS) revealed the resident was unable to complete the interview. A review of R4's Care Plan revealed the following:</p> <p>Bathing: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Date Initiated: 10/19/2022 .Personal Hygiene: I am total assistance with personal hygiene care.</p> <p>03/05/25 at 12:23 PM, the Director of Nursing (DON) was queried regarding R4's fingernails and said R4 refuses care at times, its care planned.</p> <p>38208</p> <p>R8</p> <p>An observation on 3/3/25 at 11:30 AM, R8 was sitting in a wheelchair, resident had a full, long, unkempt beard. R8 reported a preference to be clean shaven. It was further reported that staff does not ask or help him shave.</p> <p>Review of electronic health record (EHR) revealed admission into the facility on [DATE] with a pertinent diagnosis of debility. According to the Minimum Data Set (MDS) dated [DATE], R8 required partial/moderate assistance with personal hygiene.</p> <p>Review of Brief Interview for Mental Status (BIMS) dated 1/21/25, documented R8 scored 5 out of 15 (severely impaired cognition).</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>	<p>Review of ADL Self Care Performance care plan initiated on 12/2/23, documented, Personal Hygiene/Oral Care -requires 1 staff participation with personal hygiene and oral care. Further review of care plans revealed no specific interventions for shaving and no history of refusing care.</p> <p>An observation of R8 on 3/4/25 at 9:27 AM, resident's beard remained full, long, and unkempt.</p> <p>An interview was conducted on 3/4/25 at 9:33 AM with Unit Manager (UM) E, it was reported that staff should ask and assist R8 with shaving. If a resident does not want to be shaven, a progress note should be written to reflect the resident's choice. Review of R8's progress notes from February and March of 2025 revealed no refusals to be shaven.</p> <p>Review of the facility policy Activities of Daily Living (ADLS) dated 2/25/24, documented the following: 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. Care and services will be provided for the following activities of daily living: 1Bathing, dressing, grooming and oral care; 2. Transfer and ambulation; 3. Toileting; 4. Eating to include meals and snacks; and 5. Using speech, language or other functional communication systems.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47964</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was on duty for eight consecutive hours a day, seven days a week; resulting in the potential for inadequate coordination of emergent or routine care that could cause negative outcomes. This deficient practice had the potential to affect all 84 residents in the facility.</p> <p>Findings include:</p> <p>On 3/5/25 at 11:13 AM review of the nurses' schedule for the months of July, August and September 2024 with staffing coordinator K, revealed there was no Registered Nurse (RN) coverage on the following dates:</p> <ul style="list-style-type: none"> -September 2nd, 2024 -September 8th, 2024 <p>Staffing coordinator K acknowledged the facility had difficulty finding RN coverage for weekends.</p> <p>03/5/25 at 12:14 PM the Director of Nursing (DON) was interviewed and said there have been times when a RN was not available, and the expectation is that there is 8-hour RN coverage 7 days per week. The DON agreed the resident population consisted of residents with tube feedings, intravenous medications and the facility had previous residents with tracheostomies that would require RN supervision.</p> <p>On 3/5/25 at 12:14 PM RN coverage policy was requested.</p> <p>On 3/05/25 at 1:33 PM the DON was interviewed and said the facility does not have a RN coverage policy and that the facility refers to the Center for Medicare and Medicaid Services guidelines.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based on interview and record review the facility failed to ensure a physician responded to pharmacy recommendations in a timely manner for one resident (R52), out of five residents reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>A review of the clinical record for R52 documented an admitted [DATE] with diagnoses that included heart failure, Parkinson's Disease, psychotic disorder with hallucinations, post-traumatic stress disorder, and adjustment disorder with mixed anxiety and depressed mood. A Minimum Data Set, dated dated [DATE] documented severe cognitive impairment and administration of antipsychotic and antianxiety medications. Physician's current orders for R52 documented to administer Xanax tablet 0.25 mg by mouth every 12 hours as needed for anxiety with a start date of 2/25/2025.</p> <p>Review of R52's pharmacy consultations identified irregularities on 8/7/24, 9/13/24, and 10/11/24 which all indicated, Recommend discontinuing PRN (as needed) use of Xanax for this Resident, OR reorder for a specific number of days, per the following federal guidelines: In accordance with State and Federal Guidelines, revised regulation 483.45(e) Psychotropic Drugs PRN, orders for psychotropic drugs are limited to 14 days, except when the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days. Then he or she should document the rationale in the Resident's medical record and indicate the duration for the PRN order. There was no response to these repeated pharmacist's recommendations, signature or date from the physician until 11/11/24.</p> <p>Review of R52's care plans documented the following:</p> <p>- I have a history of trauma that can negatively affect my care and treatment. A survivor of 9/11. Signs/symptoms (anxiety/fear/anger/mood swings/nightmares/sleep changes/pain/withdrawal), revised on 1/22/25.</p> <p>- I have the potential for mood difficulties and/or adjustment concerns related to anxiety and depression, dementia and decrease in appetite, initiated on 2/4/25.</p> <p>On 3/5/25 at 1:34 PM, the Director of Nursing (DON) said the pharmacist conducts monthly medication reviews on the residents in the facility and will recommend a medication change if indicated. The DON added that the physician was responsible to respond to the recommendations. A review of R52's clinical record and pharmacist's recommendations was conducted with the DON. The DON could not provide documentation to support that R52's physician had reviewed and responded to the pharmacist's recommendations of 8/7/24, 9/13/24, and 10/11/24 prior to 11/11/24. The DON acknowledged that the response from R52's physician was not timely.</p> <p>The facility policy titled, Medication Regimen Review, dated January 2024, was reviewed and documented in part the following:</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident's medical chart. - The Medication Regimen Review (MRR) includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. - Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities. <p>On 3/5/25 at 3:30 PM, the Nursing Home Administrator 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 they reported there was not.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items listed as always available were on hand to ensure resident food preferences were honored for one resident (R6).</p> <p>Findings include:</p> <p>During an interview on 3/3/25 at 10:50 AM, R6 was observed awake and lying in his bed. When queried if he was getting enough food to eat, R6 indicated he was not. When queried if he was offered an alternative menu item, R6 indicated that the menu items were not always available. A sheet of paper titled, Always Available Menu was attached to the bulletin board in R6's room. When queried if these menu items were always available, R6 indicated no.</p> <p>During an observation and interview on 3/3/25 at 11:30 AM with Dietary Manager (DM) G, the following items listed on the always available menu posted in R6's room were not in stock in the kitchen: sliced turkey lunch meat and cottage cheese. DM G acknowledged that always available menu items should always be available.</p> <p>During an interview on 3/4/25 at 3:01 PM, DM G said they should have had sliced turkey available. DM G indicated that cottage cheese had been removed from the always available menu. DM G said the purpose of the always available menu was to offer residents alternate food choices.</p> <p>During an interview on 3/5/15 at 11:19 AM, Certified Nurse Aide (CNA) J said R6 was able to communicate food items he wants to eat. CNA J confirmed that R6 had ordered food off the always available menu because occasionally he wanted something other than the main menu entree.</p> <p>A review of the clinical record for R6 revealed an initial admitted [DATE] and readmitted [DATE]. A Minimum Data Set assessment dated [DATE] documented intact cognition.</p> <p>On 3/5/25 at 11:47 AM, the Nursing Home Administrator (NHA) stated the always available menu was in place to offer the residents a variety of foods to cover the broad spectrum of their preferences. The NHA added the items on the always available menu should always be available during the hours that the kitchen was opened.</p> <p>On 3/5/25 at 3:30 PM, the NHA and Director of Nursing 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 they reported there was not.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34901</p> <p>Based on observation, interview, and record review, the facility failed to: 1. Properly clean surfaces in the kitchen that were visibly soiled; 2. Properly seal food in the freezer; 3. Ensure pans were cleaned and air dried before stacking; 4. Properly maintain resident refrigerator; and 5. Ensure reusable resident meal service ware was properly sanitized. These deficient practices had the potential to affect all residents who consumed food from the kitchen, resulting in the increased potential for food borne illness.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 3/3/25 at 8:28 AM with Dietary Manager, (DM) G, the following was observed:</p> <ol style="list-style-type: none"> 1. The inside of the ice scoop container was soiled with food debris and contained in a plastic sandwich bag. 2. The sides and bottom vents on the vegetable reach-in freezer and supplement reach-in freezer were soiled and stained with food debris. 3. The meat freezer contained an opened box of turkey sausage that was not adequately sealed exposing the contents to the freezer air. 4. A wet 1/2 pan and full-size pan soiled with food debris were observed nestled and stored with other pans in the clean pot/pan storage area. 5. The top and middle cooking utensil drawers were soiled with grease and food debris. DM G stated, They could use a wipe. 6. A double bar above the three-compartment sink was soiled with a buildup of grease, dust, and grime. A dust bunny was observed falling towards the three-compartment sink. <p>On 3/3/25 at approximately 10:00 AM, DM G said the dishwasher temperature was not consistently reaching the temperature to properly sanitize and therefore disposable table wear would be used for lunch service.</p> <p>During a return visit to the kitchen on 3/3/25 at 11:30 AM, a maintenance worker was observed on a ladder at the three-compartment sink cleaning the soiled double bar and a vent located above the double bar. The maintenance worker used a putty knife to clean inside of the vent. Several ribbons, resembling twisted locks of hair, likely composed of grease, dust, and grime were observed being removed from the vent during the cleaning process.</p> <p>On 3/3/25 at 12:20 PM, during lunch meal service, resident meals were served using single-use disposable tableware and eating utensils, however, reusable meal trays and dome plate covers were being used.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/4/25 at 9:15 AM, DM G said the kitchen vent cleaned yesterday was supposed to have been cleaned one to two months ago, but the amount of debris that was removed yesterday could not have built up that quickly. DM G said the vent system could not have been effectively operating with the amount of dust build up.</p> <p>On 3/4/25 at 10:48 AM, the contents of the 3rd floor resident refrigerator were observed with Registered Nurse (RN) C. The following was noted in the refrigerator:</p> <ul style="list-style-type: none"> - a plastic grocery bag containing food in a disposable food container was labeled with something that looked like FeF4. The bag was undated. - an opened snack pack of meat, cheese, and crackers was undated and not labeled with a resident's name. - an eight-ounce carton of 2% milk was labeled with a sell by date of 2/9/25. <p>The freezer compartment contained an opened 48-ounce container of ice cream which was not labeled with a resident's name.</p> <p>A thermometer was not placed in the refrigerator or freezer. There was no log used to document the temperature of the refrigerator and freezer.</p> <p>On 3/4/25 at 11:20 AM, DM G affirmed that the dish machine was out of service between breakfast and lunch on 3/3/25.</p> <p>On 3/4/25 at 11:25 AM, Dietary Aide (DA) F was interviewed and said that yesterday between breakfast and lunch the dish machine water temperature was not hot enough to sanitize the dishes. DA F said yesterday between breakfast and lunch she washed the reusable meal trays and dome plate covers in soapy water in a one-compartment sink and then ran the trays and plate covers through the dish machine.</p> <p>On 3/4/25 at 11:30 AM, DM G said the reusable meal trays were sanitized using germicidal alcohol wipes. The reusable dome plate covers were not sanitized prior to lunch meal service. DM G said the plate covers should have been dipped in the three-compartment sanitizing sink.</p> <p>On 3/4/25 at 3:04 PM, when queried about the insufficient cleanliness of the kitchen, DM G stated, I probably should have redone the cleaning assignments.</p> <p>On 3/5/25 at 11:31 AM, the Director of Nursing (DON) said that a thermometer should have been in the resident refrigerator and freezer, a temperature log maintained, and food should have been labeled and dated.</p> <p>On 3/5/25 at 3:30 PM, the Nursing Home Administrator said the vent above the kitchen three-compartment sink draws in air that is filtered and recirculated back into the building. The NHA said there was no excuse for a dirty kitchen.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/5/25 at 3:30 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 they reported there was not.</p> <p>A review of the 2013 FDA Food Code documented the following:</p> <ul style="list-style-type: none"> -Section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. - Section 4-602.13, Nonfood-Contact Surfaces: Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. - Section 4-703.11, Hot Water and Chemical. After being cleaned, equipment food-contact surfaces and utensils shall be sanitized. - Section 4-903.11. Storing Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: (B) Clean equipment and utensils shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying; and (2) Covered or inverted. - Section 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition. (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials.

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>34901</p> <p>Based on observation, interview, and record review, the facility failed to ensure equipment used in food service operation was maintained in a safe and sanitary operating condition, resulting in the coffee machine and walk-in cooler not being protected against contamination from sewage or other sources of contamination.</p> <p>Findings include:</p> <p>On 3/3/25 at 8:28 AM, during the initial tour of the kitchen with Dietary Manager (DM) G, the following was observed:</p> <ul style="list-style-type: none"> - The drain line from the coffee machine was partially positioned on a metal plate which resulted in a direct connection between the coffee machine drain line and the floor drain. - The drain line from the walk-in cooler was observed to not have an unobstructed vertical space between the end of the walk-in cooler drain line and the floor drain. <p>When queried about an air gap for the coffee machine and walk-in cooler, DM G stated, There should have been an air gap.</p> <p>On 3/5/25 at 11:47 AM, the Nursing Home Administrator (NHA) said the coffee machine drainpipe needed to be moved over a couple of inches and the walk-in cooler drain was not properly air gapped.</p> <p>On 3/5/25 at 3:30 PM, the NHA and Director of Nursing 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 they reported there was not.</p> <p>The 2013 FDA Food Code was reviewed and revealed the following in Section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed.</p>