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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 05/12/2026 beginning at 8:43 AM a kitchen tour was conducted with [NAME] B.On 05/12/2026 at 8:55 AM observed blue metal storage racks in the walk in cooler with worn paint exposing the rusted metal surfaces of the rack. On 05/13/2026 at 8:50 AM observed blue metal storage racks in the walk in cooler with worn paint exposing the rusted metal surfaces of the rack. In an interview at this time with Dietary Manager (DM) A when asked about cleaning of racks, DM A indicated the storage racks are cleaned weekly and they are slightly rusted.According to the 2022 Food Code, section 4-101.19 Nonfood-Contact Surfaces, NonFOOD-CONTACT SURFACES of EQUIPMENT that are exposed to splash, spillage, or other FOOD soiling or that require frequent cleaning shall be constructed of a CORROSION-RESISTANT, nonabsorbent, and SMOOTH material.On 05/12/2026 at 9:04 AM an interview with [NAME] B found the meat slicer is used about once a month and is cleaned after use. Further observation at this time of the equipment found dried debris accumulated on the back side of the meat slicer.On 05/12/2026 at 9:15 AM DM A arrived, and tour of the kitchen was conducted.On 05/12/2026 at 9:29 AM an interview with DM A found aids clean the ice machine and maintenance completes deep cleans on the ice machine. On 05/12/2026 at 9:33 AM observation of the ice machine found brown buildup on the inside corner of the drip tray. DM A acknowledged the buildup.On 05/12/2026 at 9:36 AM observed a sticky red residue on the blade of the can opener. In an interview at this time, when asked if it is cleaned, DM A indicated it is cleaned after use and run through the dishwasher. DM A removed the can opener to be cleaned.According to the 2022 FDA Food Code 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. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of FFEQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.On 05/12/2026 at 9:09 AM observed an area of paint peeling and flaking on the upper back corner of the microwave. [NAME] B indicated it is cleaned after use.According to the 2022 FDA Food Code section 4-501.11 Good Repair and Proper Adjustment, (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.On 05/12/2026 at 11:32 AM observed the floor drain lid broken and able to be moved near the walk-in cooler.According to the 2022 FDA Food Code section 6-201.11 Floors, Walls, and Ceilings, Except as specified under S 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE.On 05/12/2026 at 11:46 AM observed [NAME] B in the tray line during lunch service wipe the back of their forehead with a gloved right hand while continuing tray service and plating food without changing gloves.According to the 2022 Food Code, section 3-304.15 Gloves, Use Limitation, (A) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.P.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review the facility failed to properly dispose of waste and maintain the dumpster area to mitigate the presence of pests, potentially affecting all residents in the facility. Findings include:On 05/12/2026 at 9:40 AM observed two outdoor waste receptacles adjacent to each other with their lids in the open position. One receptacle had multiple trash bags overflowing from the bin and resting on top of the lid. Birds were observed landing on the mound of trash and flying away. The second receptacle was also observed with its lids in the open position and trash piled over the rim of the receptacle. Further observation of the area found various scattered debris around and behind the receptacles including water bottles, plastic bags, gloves, a mask, utensils, cardboard, a folding table and tires. An interview at this time with Dietary Manager (DM) A found they were unsure the frequency of pickup. When asked if the lids are usually open, DM A indicated they are not usually open.On 05/12/2026 at 3:01 PM an interview with Maintenance Director (MD) D found the outdoor waste is picked up every other day and housekeeping maintains the area. On 05/12/2026 at 3:06 PM an interview with Housekeeping Supervisor (HS) C found the outdoor waste receptacles were not serviced due to miscommunication regarding payment. HS C indicated it should be picked up tomorrow.On 05/12/2026 at 3:43 PM observed a mound of trash bags and cardboard piled along the outside fence in the parking lot on the ground and on rolling carts.On 05/13/2026 at 8:32 AM observed the outdoor waste receptacles in a similar condition to the previous day with both waste receptacle lids in the open position and trash bags piled inside overflowing at the rim.On 05/13/2026 at 10:53 AM a phone interview with HS C found they had ordered a roll off bin to store trash along the parking lot wall so that animals did not get into it overnight. When asked who maintains the outdoor waste area, HS C indicated it is a collaboration effort but mostly maintenance and housekeeping.Record review of the facility provided document titled Disposal of Garbage and Refuse with a date implemented of 4/1/2026 states, Refuse containers and dumpsters kept outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded. Surrounding area shall be kept clean so that accumulation of debris and insects/rodent attractions are minimized.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility. Findings Include:On 05/12/2026 at 10:29 AM observed a nonfunction hot water faucet on the hand sink in the second floor activities room. On 05/12/2026 at 1:29 PM observed a hopper with no water in the bowl indicating low use in the second floor long hall storage room. Further observation found the hopper inoperable, and the spray hose head removed from the hopper.On 05/12/2026 at 1:38 PM observed the hot water handle missing from the janitor sink in the second floor short hall janitor closet. On 05/12/2026 at 2:06 PM an interview with Maintenance Director (MD) D was conducted regarding water management. When asked about control measures to reduce the growth of Legionella in the water system, MD D indicated they do legionella testing every three months, free chlorine monitoring monthly and flushing. When asked about the frequency of flushing, MD D indicated it is done weekly. When asked what is being flushed, MD D indicated they flush what needs to be flushed. When asked if there are logs of areas flushed, MD D indicated they do not keep logs. On 05/12/2026 at 2:16 PM an interview with MD D was conducted. When asked if there has been an annual review of the plan, MD D indicated they are not sure if they do that, and indicated the team meets in Quality Assurance and Performance Improvement (QAPI) monthly. When asked if there were any positive results from legionella testing, MD D indicted yes about two months ago and the faucet head was cleaned. When asked if there was a range they like to see the free chlorine samples within, MD D stated it should be in the binder.On 05/12/2026 at 2:48 PM observed the water lines to the foot pedals connected at the sink fixture and turned off at the point indicating stagnant water in the line in the second floor short clean linen room.On 05/13/2026 at 8:25 AM observed discolored water coming from the shower head faucet for a few seconds before running clear in unoccupied resident room [ROOM NUMBER].On 05/13/2026 at 8:26 AM observed discolored water coming from the shower head faucet for a few seconds before running clear in unoccupied resident room [ROOM NUMBER].On 05/13/2026 at 8:29 AM observed discolored water coming from the shower head faucet for a few seconds before running clear in unoccupied resident room [ROOM NUMBER].On 05/13/2026 at 8:30 AM observed the shower head removed and the hose intact in unoccupied resident room [ROOM NUMBER]. Further observation found discolored water coming from the shower hose for a few seconds before running clear.On 05/13/2026 at 8:42 AM observed the water lines to the foot pedals connected at the sink fixture and turned off at the point indicating stagnant water in the line in the first floor soiled utility room.On 05/13/2026 at 9:03 AM an interview was conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON). When asked if there had been an annual review of the water management plan, NHA indicated yes. When asked if they knew when that was, NHA indicated one of the months last year, but they would need to check.On 05/13/2026 at 11:38 AM an interview with MD D regarding flushing found they flush sinks and shower heads of empty rooms on the fourth floor. When informed discolored water came from some unoccupied rooms shower heads, MD D indicated it was possible they missed the shower heads. MD D indicated they would find the range for free chlorine and add it into the water management plan.On 05/13/2026 at 12:17 PM an interview with NHA found the annual review took place in August of last year.Record review of the facility provided document titled Legionella Water Management Program was last reviewed 3/24. The program states, 2. A risk assessment will be conducted by annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water systems. 4. Based on the risk assessment, control points will be identified. 5. Control measures will be applied to address potential hazards at each control point. 6. Testing protocols and control limits will be (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	established for each control measure. 7. The effectiveness of the water management program shall be evaluated no less than annually. Unoccupied rooms and connected water lines were not included in the facility risk assessment. No control limits were identified for the hazard condition flow diagram, and an annual assessment date of the water management program was not available in the binder.According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Flush low-flow piping runs and dead legs at least weekly. Flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as needed to maintain water quality parameters within control limits. Eliminate dead legs, which are sections of no- or low-water flow.