

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Roscommon		STREET ADDRESS, CITY, STATE, ZIP CODE 1290 E Michigan Hwy Roscommon, MI 48653	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49397</p> <p>Based on observation, interview, and record review, the facility failed to assess and monitor a resident's urostomy for complications, skin integrity, and proper function for one Resident (#238) of one resident reviewed for bowel and bladder.</p> <p>Findings include:</p> <p>Resident #238 (R238)</p> <p>A review of medical records indicated R238 was admitted to the facility on [DATE] with diagnoses including urinary tract infection, history of malignant neoplasm of bladder, acquired absence of other parts of urinary tract, and chronic kidney disease stage 3.</p> <p>On 2/9/25 at 1:54 PM, R238 was interviewed and indicated they had a urostomy (a surgical procedure that creates an opening [stoma] in the abdomen to divert urine from the kidneys directly into a bag on the outside of the body) and was currently being treated for a urinary tract infection (UTI). R238 stated the urostomy had been present for about three years and they were accustomed to caring for it themselves. R238 stated facility staff had asked R238 to alert the facility if there were any changes noted to the urine or urostomy. R238 could not remember if the staff had ever assessed the urostomy upon admission or thereafter.</p> <p>R238 orders read in part: Follow-up with established nephrologist for dx (diagnosis): Chronic kidney disease, stage 3. Change Urostomy pouch and wafer (Size: 25 mm(millimeter)) twice weekly after showers and PRN (as needed) every night shift every Wed(Wednesday), Sun(Sunday) for urostomy cares AND as needed for if loose or soiled. Urostomy care q (every) shift every shift for urostomy care. Cipro oral tablet 500 Mg (Milligram) (Ciprofloxacin HCl antibiotic) Give 1 tablet by mouth two times a day for UTI for 20 Administrations which culture and sensitivity indicated UTI is susceptible.</p> <p>On 2/10/25 at 11:40 AM, R238 stated the facility had not performed their urostomy care since being admitted .</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/10/25 at 1:08 PM, an interview was conducted with Registered Nurse (RN) D regarding urostomy care charting for R238. RN D stated that when they charted the urostomy care q shift that the resident does the urostomy care. RN D stated they checked to see if R238 had any issues, but RN D indicated they did not assess the urostomy themselves, before charting the urostomy care for 2/10/25 on the day shift.</p> <p>On 2/10/25 at 1:19 PM, while describing their urostomy care during a follow up interview, R238 stated they do not wash their hands prior to urostomy care self-performance.</p> <p>While conducting an interview on 2/10/25 at 1:52 PM, the Director of Nursing (DON) stated they do not have a policy for a urostomy. The DON stated if an order for urostomy care was in the chart it would be expected that the nurse evaluates the fit, color and amount of the urine, or any irritation at the site.</p> <p>R238's care plan dated 2/4/25, read in part: I have a urostomy r/t (related to) bladder cancer s/p (status post) cystectomy Change Urostomy pouch and wafer (Size: 25 mm Pouch Precut with 1 flex) twice weekly and PRN. Monitor for s/sx (signs/symptoms) of discomfort on urination and frequency. Record/report to MD (Doctor of Medicine) for s/sx UTI: pain, burning, no output, increased pulse, increased temp, urinary frequency, fever, chills, altered mental status, change in behavior, change in eating patterns. Urostomy output and care - Notify nurse if output is less than 250 cc (cubic centimeters) in 8 hours. Toilet use x 1 assist with toileting and urostomy care. I will perform my own urostomy care. Please assure I have adequate supplies available as I need.</p> <p>During a follow up interview with the DON on 2/11/25 at 10:30 AM, when asked if the facility had assessed R238's ability to care for the urostomy prior to care planning and that R238 would care for their own urostomy, the DON stated No. The DON was unaware R238 had admitted to not washing his hands prior to urostomy care. The DON acknowledged the facility should assess and educate R238, since R238 was admitted to the facility with a UTI, and was not washing his hands prior to urostomy care.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123</p> <p>Based on observation, interview, and record review, the facility failed to appropriately store topical treatment medication for one Resident (#1) of twelve residents reviewed for medication storage. Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of R1's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with diagnoses including obesity. R1 scored a 15 of 15 on the Brief Interview of Mental Status (BIMS) assessment reflective of intact cognition.</p> <p>On 2/9/25 at 10:10 AM, R1 was observed in her room, lying in bed. R1 had a tube of Nystatin (an antifungal or anti-yeast cream) 100,000 units per 30 grams sitting on her nightstand. The topical cream order for application was completed two days ago according to the physician's order below.</p> <p>Review of R1's physician order, dated 12/1/24, read, Nystatin External Cream 100,000 units/gram, apply to vaginal folds topically every shift starting on the 1st and ending on the 7th every month for preventative skin care and candidiasis [fungal/yeast infection] prophylaxis.</p> <p>On 2/11/25 at 11:20 AM, R1 was observed in her room, lying in her bed resting. R1 had a tube of Nystatin cream 100,000 units per 30 grams sitting on her nightstand next to the left side of her bed. The topical cream order for application was completed four days ago according to the physician's order above. When asked about the cream, R1 replied, Sometimes when the nurses are busy the aides put the cream on me.</p> <p>On 2/11/25 at 11:40 AM, an interview was conducted with the Nursing Home Administrator (NHA) who was asked if treatment creams should be left at the bedside, if Certified Nurse Aides (CNAs) were able to administer treatments, and if R1 had a self-administration of medications assessment. The NHA replied, No, treatment creams are stored in the treatment carts, CNAs are not to administer treatments, and R1 does not have a self-administer medications safety assessment.</p> <p>Review of R1's physician orders, assessments, and care plan, had no interventions, orders, or assessment for self-administration of medications.</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123</p> <p>Based on observation, interview, and record review, the facility failed to provide dining adaptive equipment for one Resident (#17) of three residents reviewed for dining assistive devices. Findings include:</p> <p>Resident #17 (R17)</p> <p>Review of R17's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with diagnoses including ataxia (impaired coordination). R17 scored a 13 of 15 on the Brief Interview of Mental Status (BIMS) assessment reflective of intact cognition.</p> <p>On 2/9/25 at 1:02 PM, R17 was observed in his room, lying in his bed when his lunch tray was delivered. R17 sat upright in his bed and looked at his lunch meal. R17's meal tray and ticket were reviewed, and it was identified R17 did not get his adaptive equipment of built-up utensil handles on silverware. R17 was asked how often he does not receive the adaptive equipment and replied, It happens quite frequently. It seems like every other day.</p> <p>On 2/11/25 at 8:45 AM, R17's breakfast tray was observed in his room. R17 had one single red tube-like foam device laying on his tray which was not attached to any of the three pieces of silverware on R17's meal tray.</p> <p>On 2/11/25 at 12:50 PM, R17 was observed in his room, sitting on the side of his bed getting ready to eat his lunch. R17 received no built-up silverware as directed on the meal tray card and ticket. A single red tube-like foam device was observed laying on his tray and not attached to any of the three pieces of silverware on R17's meal tray. R17 was asked if he was able to place the single red tube-like foam device on any of the silverware and replied, I have a hard time gripping smaller things. I prefer the built-up silverware.</p> <p>Review of R17's Kardex, date printed 2/9/25, read in part, .Eating/Nutrition - Built up tubing on silverware for improved grip with self-feeding .</p> <p>Review of R17's care plan, dated 7/29/24, read in part, .Focus: I have an ADL (activities of daily living) Self Care Performance Deficit related to generalized weakness, right-sided hemiplegia (muscle weakness or partial paralysis on one side of the body) .Goal: To minimize decline in my current level of function in my ADLs through the review date .Interventions/Tasks .Eating: Set-up and offer assist as needed .Focus: I have the potential for a nutritional/hydration problem .Goal: My nutrition goal, while I am here, is to maintain my nutritional health and weight .Interventions/Tasks: Built up tubing on silverware for improved grip with self-feeding .</p> <p>On 2/10/25 at 1:45 PM, an interview was conducted with Registered Dietician (RD) I regarding R17's adaptive equipment requirements. RD I stated, R17 is supposed to have built-up silverware with every meal that should be applied to the silverware (by facility staff). I will ensure he receives the correct adaptive equipment on his tray and talk with the dietary staff.</p> <p>(continued on next page)</p>

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/10/25 at 2:00 PM, the Nursing Home Administrator (NHA) was asked to provide a policy regarding adaptive equipment and again on 2/11/25 at 9:15 AM and no policy was provided prior to the exit of the survey.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> (1) Ensure proper hand sanitizing during hall tray pass; (2) Ensure donning of proper personal protective equipment (PPE) in droplet precaution resident rooms and; (3) Ensure disinfection of an insulin pen prior to returning it to the medication storage cart during a facility influenza outbreak, (4) Ensure infection control practice was maintained for respiratory equipment, (5) Ensure opened containers of distilled water were dated for proper identification of expiration and discarding. <p>These deficient practices resulted in the potential for transmission of infections and further spread of an influenza outbreak to all 36 facility residents and staff.</p> <p>Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of R1's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with diagnoses including: chronic obstructive pulmonary disease, and sleep apnea. R1 scored a 15 of 15 on the Brief Interview of Mental Status (BIMS) assessment reflective of intact cognition.</p> <p>On 2/9/25 at 10:10 AM, R1 was observed in her room, lying in her bed resting, with a C-pap [continuous positive airway pressure] machine (a device for delivering oxygen during sleeping), and a gallon of distilled water that was opened on top of her nightstand undated. R1 also had oxygen tubing hanging off the back of her wheelchair without a protective covering.</p> <p>On 2/10/25 at 8:50 AM, an observation was made of R1 in her room lying in her bed resting and the gallon of distilled water remained undated on top of her nightstand.</p> <p>On 2/11/25 at 11:20 AM, an observation was made of R1 in her room lying in her bed resting and the gallon of distilled water remained undated on top of her nightstand.</p> <p>Resident #28 (R28)</p> <p>Review of R28's MDS assessment dated [DATE], revealed admission to the facility on [DATE], with diagnoses including: chronic obstructive pulmonary disease, sleep apnea, diabetes mellitus, and hypertension. R28 scored a 15 of 15 on the BIMS assessment reflective of intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/9/25 at 10:36 AM, R28's room was observed with a C-pap mask and machine located on top of his bedside dresser with tubing coiled up around the machine. The C-pap mask was not bagged and was sitting behind the machine. The mask surface designed to make contact with the resident's face was resting on the bedside dresser surface. R28's room also had an assembled nebulizer with oxygen tubing and a mouthpiece that was hanging off a second bedside dresser drawer handle. There was visible condensation observed inside the medication chamber and the nebulizer oxygen tubing was touching the floor. R28 had a bag hanging off the second dresser and in the bag was approximately 5 vials of used nebulizer solution.</p> <p>On 2/10/25 at 8:45 AM, R28 was observed resting in his bed with his c-pap on. R28's wheelchair was observed with oxygen tubing coiled up and not in a bag and the nasal cannula tips in contact with the wheelchair seat. R28's nebulizer remained hanging off the second bedside dresser drawer handle, assembled with condensation observed in the medication chamber.</p> <p>On 2/10/25 at 12:40 PM, meal tray pass on the 300-hall was observed. Certified Nurse Aide (CNA) J was observed entering room [ROOM NUMBER] to deliver a food tray. CNA J did not use hand hygiene after setting up the meal tray for an unidentified resident and exiting the room. CNA J returned to the food cart to retrieve salt and pepper and returned to room [ROOM NUMBER] to deliver the salt and pepper without performing hand hygiene. CNA J proceeded to get a second meal tray for room [ROOM NUMBER] off the food cart. CNA J delivered Resident #17 their tray and assisted by opening ketchup packets and exited the room without performing hand hygiene.</p> <p>On 2/10/25 at 12:50 PM, an interview was conducted with CNA J who was asked if she performed hand hygiene in between rooms [ROOM NUMBERS] and replied, I don't recall. I probably did not. I'm sorry. The facility was noted to be in an influenza outbreak during the time of the observations.</p> <p>On 2/11/25 at 10:00 AM, an interview was conducted with the Director of Nursing (DON) regarding the origin of the influenza outbreak. The DON replied, We had one CNA call in this past Sunday [2/9/25] with a cough who tested positive for influenza and then we sent out a resident on the 100-hall Sunday [2/9/25] whom we received information that they were positive for influenza. We began testing throughout the facility and then had two other residents down the 100-hall test positive for influenza. Today we added another resident down the 300-hall with influenza.</p> <p>49397</p> <p>On 2/11/25 at 8:10 AM, medication pass was observed with Registered Nurse (RN) F who entered room [ROOM NUMBER] under droplet precautions for Influenza A, wearing only a surgical mask. RN F administered insulin via pen injector, left room [ROOM NUMBER] and placed the insulin pen in the medication cart without cleaning the insulin pen, where it came into contact with insulin pens for other residents.</p> <p>On 2/11/25 at 8:25 AM, RN F was observed entering room [ROOM NUMBER] under droplet precautions for Influenza A, while only wearing a surgical mask and no eye protection.</p> <p>According to the Center for Disease Control (CDC) and Prevention's droplet precaution signage, everyone must Make sure their eyes, nose, and mouth are fully covered before room entry. The Center for Medicare & Medicaid Services require's insulin pens should be stored in a sanitary manner to prevent cross-contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Last update: September 2024, located at https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf, accessed on 2/21/25, revealed the following:</p> <p>I.B.3.a.ii. Indirect contact transmission. Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object or person. In the absence of a point-source outbreak, it is difficult to determine how indirect transmission occurs. However, extensive evidence cited in the Guideline for Hand Hygiene in Health Care Settings suggests that the contaminated hands of healthcare personnel are important contributors to indirect contact transmission 16. Examples of opportunities for indirect contact transmission include:</p> <p>Hands of healthcare personnel may transmit pathogens after touching an infected or colonized body site on one patient or a contaminated inanimate object, if hand hygiene is not performed before touching another patient.72, 73.</p> <p>Patient-care devices (e.g., electronic thermometers, glucose monitoring devices) may transmit pathogens if devices contaminated with blood or body fluids are shared between patients without cleaning and disinfecting between patients 74 75-77. (This would include single use patient care devices stored in the same area and that come into contact with patient care devices used for other residents. i.e. insulin pens are stored in the same area and come into contact with each other.)</p> <p>.</p> <p>Instruments that are inadequately cleaned between patients before disinfection or sterilization (e.g., endoscopes or surgical instruments)81-85 or that have manufacturing defects that interfere with the effectiveness of reprocessing 86, 87 may transmit bacterial and viral pathogens.</p> <p>.</p> <p>I.B.3.b. Droplet transmission. Droplet transmission is, technically, a form of contact transmission, and some infectious agents transmitted by the droplet route also may be transmitted by the direct and indirect contact routes.</p> <p>49302</p> <p>Resident #21 (R21)</p> <p>On 2/10/25 at 11:01 AM, signage was observed posted on R21's private door which read: DROPLET PRECAUTIONS. EVERYONE MUST: clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit.</p> <p>Review of R21's EMR revealed the following order:</p> <p>Droplet precautions r/t [related to] cough s/s [signs/symptoms] respiratory illness.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/10/25 at 12:52 PM, CNA G was observed delivering R21's lunch tray without eye protection. Upon exiting R21's room, CNA G did not change their surgical mask and continued delivering lunch trays on the unit, including residents without signs and symptoms of respiratory illness.</p> <p>On 2/11/25 at 11:43 AM, Housekeeper H was observed entering R21's room without eye protection.</p> <p>On 2/11/25 at 12:55 PM, CNA G was observed removing R21's lunch tray from the mobile meal cart and setting it on top of a storage bin filled with personal protective equipment (PPE) outside R21's room. CNA G donned a gown and gloves but entered the room without eye protection.</p> <p>On 2/11/25 at 12:57 PM, an interview was conducted with CNA G who confirmed R21 was on droplet precautions because they tested positive for influenza. When asked about the PPE requirements for droplet precaution rooms, CNA G stated, I have to put a gown and gloves on. When I leave the room, I have to take everything off, put it in the trash, and get a new mask. When asked if eye protection was a requirement in droplet precaution rooms, CNA G examined the signage posted on R21's door and stated, It looks like I should have had a [face] shield or goggles on. I didn't realize that .</p> <p>On 2/11/25 at 2:22 PM, an interview regarding facility infection control expectations was conducted with the DON who also served as the facility Infection Preventionist (IP). The DON confirmed residents with influenza are on droplet precautions and the signage posted on the door indicated eye protection is a PPE requirement upon entry. The DON indicated hand hygiene was expected to be performed between patient rooms and before/between handling meal trays. When asked about respiratory equipment expectations, the DON stated all equipment should be stored in protective bags when not in use and distilled water should be dated when opened. The DON verified nebulizers should be disassembled and cleaned between uses.</p> <p>Review of the facility policy titled, Standard and Transmission-Based Precautions, revised 2/25, read, in part:</p> <p>It is our policy to take appropriate precautions, including isolation, to prevent transmission of infectious agents. This policy specifies the different types of precautions, including when and how isolation should be used for a resident. The facility will use standard approaches, as defined by the CDC, for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precautions will determine the type of personal protective equipment (PPE) to be used . Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing, or talking) .</p> <p>Review of the facility policy titled, Nebulizer Therapy, revised 6/23, read, in part:</p> <p>.Care of Equipment: Disassemble parts after every treatment .store dry nebulizers [in] mesh bags, clear plastic bag or proper clean storage per the facility's preference .</p> <p>Review of the facility policy titled, BIPAP-CPAP (positive pressure breathing devices), revised 6/23, read, in part:</p> <p>Store mask or nasal pillows in mesh bag or other approved storage container approved by the facility when not in use .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy titled, Oxygen Administration and Concentrator Policy, revised 6/24, read, in part:</p> <p>.infection control measures include: keep delivery devices stored in a sanitary manner .</p> <p>Review of the facility policy titled, Hand Hygiene, revised 1/24, read, in part:</p> <p>All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice .</p>		