

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/27/2024
NAME OF PROVIDER OR SUPPLIER  Mission Point Health Campus of Jackson		STREET ADDRESS, CITY, STATE, ZIP CODE  703 Robinson Rd Jackson, MI 49203	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46954</p> <p>This citation pertains to intake #MI00146888</p> <p>Based on interview and record review, the facility failed to arrange and provide transportation to a medical appointment for one (R1) out of three residents reviewed resulting in a missed appointment and the potential for delay of care. Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of the medical record revealed R1 admitted to the facility on [DATE] with diagnosis which included malignant neoplasm of the skin.</p> <p>Review of R1's After Visit Summary dated 8/30/24 revealed R1 had an upcoming Return visit Physician's appointment scheduled for 9/5/24.</p> <p>Review of the medical record revealed no mention of an appointment for R1.</p> <p>In an interview on 9/26/24 at 4:21 PM, Licensed Practical Nurse (LPN) E reported that resident's appointments are scheduled and tracked via an online shared calendar.</p> <p>In an interview on 9/27/24 at 9:39 AM, LPN G reported she was working on 9/5/24 when the facility realized that R1 had an out of town appointment that transportation was not arranged for. LPN G reported that R1 had to miss her appointment.</p> <p>In an interview on 9/27/24 at 10:17 AM, Registered Nurse (RN) I opened the online shared calendar and verified that R1 had an out of town appointment for 9/5/24. RN I stated that the coordination of scheduling transportation for R1's appointment did not occur, resulting in R1 having to miss her appointment.</p> <p>In an interview on 9/27/24 at 11:07 AM, Director of Nursing (DON) B stated the scheduler added R1's appointment to the online shared calendar, however, coordination for transportation did not occur resulting in R1 having to miss her appointment.</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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