STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235538	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Health Campus of Jackson	703 Robinson Rd Jackson, MI 49203

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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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on interview and record review, the facility failed to develop a baseline care plan with necessary healthcare information for one (R145) of 12 reviewed. Findings include: Review of the medical record revealed R145 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included end stage renal disease, dependence on renal dialysis, diabetes, and COVID-19. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/29/24 revealed R145 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of R145's care plans and orders revealed no details pertaining to the type or location of R145's dialysis access site. There were also no orders to assess or monitor the site. In an interview on 12/11/24 at 11:13 AM, Licensed Practical Nurse (LPN) E reported R145 recently started dialysis, but they were not sure where R145's access site was located or any assessment/monitoring of the site that was necessary. LPN E reviewed R145's medical record and reported there were not any orders specifying where the access site was located or any ordered assessments/monitoring of the site. In an interview on 12/11/24 at 2:25 PM, Director of Nursing (DON) B reviewed R145's medical record and reported the admission assessment revealed R145 had a dialysis catheter to their right chest. DON B reported that information should be on the care plan.

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705 Based on interview and record review, the facility failed to ensure the attending physician documented in the medical record that identified medication irregularities were reviewed, the action taken, and/or the rationale for no changes to the medications for three (Resident #20, #21, and #35) of five reviewed. Findings include: Resident #21 (R21) Review of the medical record revealed R21 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus with use of insulin, heart, failure, stage 4 kidney disease and osteomyelitis(infection of the bone). The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/23/24 revealed R21 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of R21 Medication Regimen Review, dated 10/24/24 revealed, 1) Glucophage (Metformin) is best given with meals to avoid GI irritation. 2) Long term therapy with Metformin can result in sub-therapeutic vitamin B-12 and folate levels. Please consider a B-12 and folate serum levels. The pharmacy review was not signed by the physician and physician response are of the form was blank. During an interview on 12/12/24 at 9:40 AM, Director of Nursing (DON) B reported October Medication Regimen Review was not addressed by physician because medical records staff was out on leave and change in contracted Pharmacy and Medical Director at that time. Resident #35 (R35) Review of the medical record revealed R35 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus, hypertension, acute left foot fracture, migraines, GERD and bipolar disorder. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/23/24 revealed R35 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of R35 Medication Regimen Review, dated 9/17/24 revealed, Triptans may narrow normal heart arteries by up to 20%. For that reason you should not combine 2 different triptants on the same day. Although the exact process is unclear, the concern is that combining those drugs could result in excessive blood vessel narrowing. This does not include switching forms of the same drug, such as switching from a tablet to an injection .The resident is on three migraine meds: Qulipta(atogepant) 60mg daily in the evenings, Relpax (eletriptan) 40mg q2h[every 2 hours] prn[as needed] migraine and naratriptan 2.5mg q4h prn migrain. Resident has used eletriptan five time since admission and naratriptan twice since admission. May we either discontinue maratriptan or amend the others that eletriptan and naratriptan not to be given in the same 24 hour period. The Pharmacy review was signed by the physician 9/26/24 with no response. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/12/24 at 9:40 AM, Director of Nursing (DON) B verified the Medication Regimen Review(MRR) 9/17/24 for R35 migraine medications was signed by the physician but not addressed and was unable to say why. DON B reported facility had change in pharmacy and Medical Director between September and October. DON B reported R35 9/17/24 MRR was addressed by the new Medical Director today(12/12/24) and should have been addressed prior to October 2024 MRR. 46954 Resident #20 (R20) Review of the medical record revealed R20 admitted to the facility on [DATE] with diagnoses that included anxiety disorder and depression. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/16/24 revealed R20 scored 5 out of 15 (cognitively impaired) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 12/12/24 at 2:13 PM, R20 was observed dressed, nicely groomed and resting in his recliner. Review of a Pharmacy Recommendation dated 6/17/24 reflected a recommendation for a MiraLAX (laxative) order which stated please update the order to include: Pour powder into 4-8 ounces of liquid. Stir mixture and administer promptly. Review of a Pharmacy Recommendation dated 7/13/24 reflected the same recommendation. Review of a Physician Order dated 4/5/2024 and discontinued on 11/19/24 reflected MiraLAX Oral Powder 17 GM/SCOOP (grams per scoop). Give 1 scoop by mouth in the afternoon for constipation prevention. The order was not updated to reflect the recommended change form pharmacy. Review of the Physician Order dated 11/19/24 revealed an active order which stated MiraLAX Oral Powder 17 GM/SCOOP. Give 1 scoop by mouth in the afternoon for constipation prevention. The active order still did not contain the recommendation made by pharmacy. In an interview on 12/12/24 at 2:05 PM, Director of Nursing (DON) B acknowledged that the Pharmacy Recommendation was not completed for June and July.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46954 Based on interview and record review, the facility failed to provide a duration of use for as needed (PRN) medication for one (Resident #20) of five reviewed for unnecessary medications, resulting in the potential for unnecessary medications and adverse reactions. Findings include: Review of the medical record revealed R20 admitted to the facility on [DATE] with diagnoses that included anxiety disorder and depression. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/16/24 revealed R20 scored 5 out of 15 (cognitively impaired) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 12/12/24 at 2:13 PM, R20 was observed dressed, nicely groomed and resting in his recliner. Review of the Physician Orders revealed an order for Xanax (anti anxiety medication) Oral Tablet 0.25 MG (milligrams) give one tablet by mouth every 8 hours as needed for anxiety. The Physician order was continuous until discontinued on 7/18/24. Review of the Physician Orders revealed an for Xanax Oral Tablet 0.25 MG give 1 tablet by mouth every 8 hours as needed for anxiety. The Physician Order was continuous until discontinued on 11/19/24. Review of the Physician Orders revealed an active order for Xanax Oral Tablet 0.25 MG give 1 tablet by mouth every 8 hours as needed for anxiety. The active order did not contain a stop date. In an interview on 12/12/24 at 2:05 PM, Director of Nursing (DON) B stated that an as needed anti anxiety medication should have stop date after 14 days.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on observation, interview, and record review, the facility failed to ensure their medication error rate was below 5% when five medication errors were observed from a total of 29 opportunities for two residents (R20 and R30) of three reviewed resulting in a medication error rate of 17.24%. Findings include: Resident #30 (R30) Review of the medical record revealed R30 admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included cerebral infarction. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/9/24 revealed R30 scored 6 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 12/10/24 at 7:59 AM, Licensed Practical Nurse (LPN) F was observed preparing and administering medications to R30. LPN F crushed omeprazole 20 milligrams (mg) tablet, aspirin 81 mg enteric coated tablet, and ferrous sulfate 325 mg tablet. When asked if they had a list of medications that could not be crushed, LPN F referenced a list in a binder on the medication cart. LPN F confirmed omeprazole and enteric coated aspirin were on the list. LPN F reported they did not find ferrous sulfate on the list. Review of the Physician's Order dated 11/20/24 revealed May crush crushable medication or give liquid medication if unable to take intact solid dosage form. Review of the facility's Meds That Should Not Be Crushed list dated February 2023, revealed aspirin tablets, ferrous sulfate, and omeprazole were on the list as medications that should not be crushed Resident #20 (R20) Review of the medical record revealed R20 was admitted to the facility on [DATE] with diagnoses that included vascular dementia and diabetes. The MDS with an ARD of 7/16/24 revealed R20 scored 5 out of 15 (severe cognitive impairment) on the BIMS. On 12/11/24 at 8:51 AM, LPN E was observed preparing and administering medications to R20. LPN E prepared a Lantus Solostar insulin pen by removing the cap and placing a needle on the pen without first wiping with an alcohol pad. LPN E then dialed the pen to 2 units, dialed the pen back to 0, and then dialed the pen to 10 units. LPN E did not prime the insulin pen by expelling the 2 units prior to dialing the dose. LPN E then administered 10 units of Lantus to R20. When asked about preparation of the insulin pen, LPN E reported they dial insulin pens to 2 units, back to zero, and then to the ordered dose. LPN E also administered Senna S (sennosides 8.6 mg and docusate sodium 50 mg) to R20. Review of the Physician's Order dated 11/20/24 revealed an order for Senna (8.6 mg sennosides) which does not include 50 mg of docusate sodium. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of How to Use Your Lantus Solostar Pen revealed STEP 2. ATTACH THE NEEDLE Wipe the pen tip (rubber seal) with an alcohol swab. Remove the protective seal from the new needle, line the needle up straight with the pen, and screw the needle on . STEP 3. PERFORM A SAFETY TEST Dial a test dose of 2 Units. Hold pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. This will help you get the most accurate dose. Press the injection button all the way in and check to see that insulin comes out of the needle. The dial will automatically go back to zero after you perform the test. If no insulin comes out, repeat the test 2 more times. If there is still no insulin coming out, use a new needle and do the safety test again . STEP 4. SELECT THE DOSE Make sure the window shows 0 and then select the dose. Otherwise you will inject more insulin than you need and that can affect your blood sugar level. (https://www.lantus.com/dam/jcr:2cfa1d37-1b5d-445d-83cd-8eaaeaeef48b/lantus-quick-reference-patient-brochure.pdf) In an interview on 12/11/24 at 2:15 PM, Director of Nursing (DON) B reported staff have access to the do not crush list on each medication cart. DON B reported if something on the list needed to be crushed, the nurse should reach out to the physician to discuss if the order needed to be changed. DON B reported insulin pen preparation included dialing the pen to 2 units and wasting those 2 units before dialing the dose to administer. DON B reported this step ensures the insulin pen is functional and that air is expelled.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050 Based on observations, interviews, record reviews, 1 (#5) non-sampled resident, and 5 (#21, #35, #145, #146, #243) of 12 sampled residents the facility failed to provide palatable food products effecting 39 residents, resulting in the increased likelihood for resident decreased food acceptance and nutritional decline. Findings include: On 12/10/24 at 11:00 A.M., An interview was conducted with Resident #243 regarding facility food products. Resident #243 stated: It's not very good. Resident #243 also stated: Generally the food is not very warm. Resident #243 additionally stated: Food items were missing from my meal tray. Resident #243 further stated: My coffee is always cold from the kitchen. On 12/10/24 at 11:10 A.M., An interview was conducted with Resident #21 regarding facility food products. Resident #21 stated: Food tastes like s--t (poo) sometimes. Resident #21 also stated: Too much pasta. and When you get potatoes and gravy, you don't receive much. Resident #21 additionally stated: Soup is always warm. and My scrambled eggs are always cold. Resident #21 further stated: Food is generally cold. and Pancakes are tough as nails to eat. On 12/10/24 at 11:53 A.M., An interview was conducted with Director of Food and Nutrition Services D regarding the meal food tray delivery schedule. Director of Food and Nutrition Services D stated: We serve the Main Dining Room, 100 Hall, 200 Hall, and then 300 Hall. On 12/10/24 at 11:57 A.M., Lunch meal food trays (9) were observed leaving the food production kitchen within an insulated transport cart. On 12/10/24 at 11:59 A.M., Lunch meal food trays (9) were observed arriving to 100 Hall within an insulated transport cart. On 12/10/24 at 12:05 P.M., Food product temperatures were monitored utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident #243's lunch meal food tray: Herb Marinated Chicken Thigh - 151.1 Rice Pilaf - 169.1 Green Beans - 124.8* Soup of the Day (Beef Barley) - N/A Wheat Bread - Room Temperature Cherry Crisp - 45.7* (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Beverage (Iced Tea) - 46.1* (*) The 2017 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less. On 12/11/24 at 11:54 A.M., Lunch meal food trays (9) were observed leaving the food production kitchen within an insulated transport cart. On 12/11/24 at 11:56 A.M., Lunch meal food trays (9) were observed arriving to 100 Hall within an insulated transport cart. On 12/11/24 at 12:01 P.M., Food product temperatures were monitored utilizing a ThermoWorks Super-Fast Thermapen model CR2032 digital thermometer. The following food product temperatures were recorded for Resident #21's lunch meal food tray: Salisbury Steak - 129.0* Mashed Potatoes - 134.3* Peas-n-Carrots - 120.7* Soup of the Day (Split Pea Soup) -141.9 Cottage Cheese - 44.9* Orange Slices - 45.3* Wheat Bread - Room Temperature Pineapple Upside Down Cake - Room Temperature Beverage (Tomato Juice) - 48.7* Beverage (2% Milk) - 51.2* (*) The 2017 FDA Model Food Code section 3-501.16 states: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/11/24 at 12:28 P.M., An interview was conducted with Resident #5 regarding facility food products. Resident #5 stated: Food is generally not hot. Resident #5 also stated: The coffee served in the room is warm at best. Resident #5 additionally stated: The coffee served in the room is only about one-half to three-quarters full. On 12/12/24 at 09:15 A.M., Record review of the Policy/Procedure entitled: Food Safety Requirements dated 01/2021 revealed under Policy Explanation and Compliance Guidelines: (1) Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include the following: (d) Distribution of food to the resident, including transportation, set up, and assistance. (5) Foods and beverages shall be delivered to residents in a manner to prevent contamination. Strategies include but are not limited to: (a) Covering foods with lids or plate covers. (b) Washing hands properly before distributing trays. (c) Washing hands between contact with residents and after collecting soiled plates and food waste. (d) Timely distribution of all meals/snacks. 32064 Resident #145 (R145) Review of the medical record revealed R145 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included end stage renal disease, dependence on renal dialysis, diabetes, and COVID-19. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/29/24 revealed R145 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). An observation on 12/10/24 at 8:29 AM revealed R145's breakfast was served in Styrofoam containers on a disposable tray to R145's room. On 12/10/24 at 9:57 AM, R145 was observed in isolation due to a COVID-19 infection. R145 was observed in bed and reported their food was not even just cold, but it was ice cold. R145 reported she told staff that morning that the breakfast was cold, but she was told staff could not heat up her food. R145 reported she then requested cheerios, but was told the kitchen was out of cheerios. R145 reported she ended up not eating any breakfast. In an interview on 12/10/24 at 2:11 PM, Director of Food and Nutrition Services (DFN) D reported if food was cold, staff could heat up the food in the microwave or get a fresh tray from the kitchen. DFN D reported food could be reheated by nursing staff on the unit or by the kitchen. DFN D reported they were not sure if nursing staff took temperatures after reheating the food. DFN D reported they were not aware of any staff requesting reheated food or a new tray for R145. DFN D reported the kitchen had cheerios in stock on 12/10/24. In a telephone interview on 12/10/24 at 2:46 PM, Certified Nursing Assistant (CNA) H) reported that morning, R145 consumed approximately half of her breakfast and then requested for the food to be reheated. CNA H reported they were unable to reheat R145's food since they were on isolation for COVID-19. CNA H reported they then went to the kitchen and were told there was no left-over breakfast and that the kitchen was also out of cheerios. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident # 146 (R146) Review of the medical record revealed R146 was admitted to the facility on [DATE] with diagnoses that included multiple fractures of the ribs. Review of the Brief Interview for Mental Status (BIMS-a cognitive screening tool) dated 12/6/24 revealed R145 scored 14 out of 15 (cognitively intact). On 12/10/24 at 9:15 AM, R146 was observed to be in isolation due to a COVID-19 infection. R146 was observed in bed and reported the facility's food isn't worth a damn and the majority of the time the food was cold by the time it got to their room. R146's meal was observed delivered in a Styrofoam container due to R146 being in isolation. 38383 Resident #21 (R21) On 12/10/24 at 9:45 AM, R21 was observed lying in bed and reported dissatisfaction with the taste of the facility's food. R21 reported they ate in their room, and the food was often served cold. Resident #35 (R35) On 12/10/24 at 12:02 PM, R35 was observed in bed and reported lunch and dinner food trays were usually cold when delivered to their room. Resident #243 (R243) On 12/10/24 at 9:13 AM, R243 reported they ate meals in their room, and the food was always cold. During an interview on 12/10/24 at 2:11 PM, Director of Food and Nutrition Services (DFN) D reported the facility did have some complaints pertaining to the temperature of food when served on the halls (room trays), including from R243 the week prior. DFN D reported it was suggested that R243 notify staff when food was not up to par and that R243 could go to the dining room, where the food would come directly from the kitchen. Methods to maintain food temperatures of room trays included heated plates with insulated bottoms and tops, according to DFN D. As soon as a tray cart was stocked with meals from the kitchen, it went directly to the unit.

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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. 22050 Based on observations, interviews, and record reviews the facility failed to: (1) effectively clean and maintain food service equipment, and (2) date mark all potentially hazardous ready-to-eat food products effecting 39 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and resident foodborne illness. Findings include: On 12/10/24 at 07:35 A.M., An initial tour of the food service was conducted with Director of Food and Nutrition Services D and Dietary [NAME] L. The following items were noted: The ceiling surface was observed (etched, scored, particulate), adjacent to the pot and pan storage rack. The damaged ceiling surface measured approximately 6-inches-wide by 12-inches-long. The damaged ceiling surface also contained a black watery substance, within the opening. The 2017 FDA Model Food Code section 6-501.11 states: PHYSICAL FACILITIES shall be maintained in good repair. The South Bend convection oven interior surfaces were observed soiled with accumulated and encrusted food residue. The South Bend stove/oven(s) were observed soiled with accumulated and encrusted food residue. The South Bend stove/oven backsplash was also observed soiled with accumulated and encrusted food residue. The South Bend griddle side panels and backsplash were also observed soiled with accumulated and encrusted food residue. The South Bend char broiler was observed soiled with accumulated and encrusted food residue. The ventilation hood filters were observed soiled with accumulated and encrusted food residue, especially directly above the South Bend char broiler. The can opener assembly was observed soiled with accumulated and encrusted food residue. Director of Food and Nutrition Services D stated: I will have staff clean the opener. The 2017 FDA Model Food Code section 4-601.11 states: (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 EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. Walk-In Cooler: One full case (six 32-ounce containers) of Yoplait Natural Yogurt was observed resting upon a rack with a manufacturer's use-by-date that read 11-24-2024. Director of Food and Nutrition Services D indicated she would remove and discard the outdated case of Yoplait Natural Yogurt immediately. (continued on next page)

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	235538	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Health Campus of Jackson	703 Robinson Rd Jackson, MI 49203

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The 2017 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. The mechanical dish machine wash temperature gauge was observed to read 127-128 degrees Fahrenheit during the wash cycle. The wash temperature gauge should read a minimum of 150 degrees Fahrenheit. The 2017 FDA Model Food Code section 4-501.110 states: (A) The temperature of the wash solution in spray type warewashers that use hot water to SANITIZE may not be less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); (2) For a stationary rack, dual temperature machine, 66oC (150oF); (3) For a single tank, conveyor, dual temperature machine, 71oC (160oF); or (4) For a multitank, conveyor, multitemperature machine, 66oC (150oF). The final rinse temperature gauge was observed to read 164 degrees Fahrenheit during the final rinse cycle. The dishware surface was monitored utilizing Paper Thermometer 1-Temp Thermolabel. The Paper Thermometer 1-Temp Thermolabel was observed to not turn black, indicating the dishware surface did not reach a minimum of 160 degrees Fahrenheit for effective hot water sanitization. The 2017 FDA Model Food Code section 4-501.112 states: (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); or (2) For all other machines, 82oC (180oF). On 12/10/24 at 09:05 A.M., An initial tour of the facility kitchenettes was conducted with Director of Food and Nutrition Services D. The following items were noted: Town Square Kitchenette: The General Electric refrigerator/freezer interior and exterior surfaces were observed soiled with accumulated food residue and dust/dirt deposits. Director of Food and Nutrition Services D indicated she would have staff thoroughly clean and sanitize the General Electric refrigerator/freezer interior and exterior surfaces as soon as possible. 200 Hall Kitchenette: The General Electric microwave oven interior was observed (etched, scored, particulate). Director of Food and Nutrition Services D indicated she would contact maintenance for removal and replacement as soon as possible. The 2017 FDA Model Food Code section 4-601.11 states: (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 EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 12/13/24 at 01:00 P.M., Record review of the Policy/Procedure entitled: Cleaning Equipment and Utensils dated 01/2024 revealed under Policy: Equipment and utensils will be properly cleaned and sanitized to prevent contamination. Record review of the Policy/Procedure entitled: Cleaning Equipment and Utensils dated 01/2024 further revealed under Purpose: Safe food handling and minimize the risk of cross-contamination. On 12/13/24 at 01:15 P.M., Record review of the Policy/Procedure entitled: Food Storage dated 01/2021 revealed under Policy: Food storage areas shall be maintained in a clean, safe, and sanitary manner. This includes maintaining temperatures of coolers and freezers at the appropriate temperature to promote food safety. Record review of the Policy/Procedure entitled: Food Storage dated 01/2021 further revealed under Policy Explanation and Compliance Guidelines: (3) Refrigerated food outside of original package shall be labeled, dated, and monitored so that it is used by the use-by-date, frozen, or discarded, whichever is applicable. (b) Milk received and unopened will be stored according to manufacturer's use-by/expiration date. Once opened will be labeled with open and use-by-date, but not to exceed expiration date. On 12/13/24 at 01:30 P.M., Record review of the Policy/Procedure entitled: Dish Machine Usage dated 01/05/2021 revealed under Policy: Dietary staff will operate the dish machine in safe and sanitary manner. Record review of the Policy/Procedure entitled: Dish Machine Usage dated 01/05/2021 further revealed under Procedure: If high temperature machine: (1) Dietary staff will check dish machine temperatures before running dishes through the machine. (2) Wash temperature of 150 degrees Fahrenheit. (3) Hot water sanitizing rinse temperature of 180 degrees Fahrenheit. (4) Dietary staff will check temperatures using the machine gauge and will record the results in a facility approved log. (5) The operator will monitor the gauge frequently during dish machine cycle. On 12/13/24 at 01:45 P.M., Record review of the Policy/Procedure entitled: Food Dating dated (no date) revealed under Dairy: Use-By or Best By date if unopened on packaging. Milk, Yogurt, Cottage Cheese, Potato Salad: Use-By date if unopened, or 7 days after opening. On 12/13/24 at 02:00 P.M., Record review of the High-Temp Dish Machine Log dated 12/2024 revealed 3 out of 7 recorded Paper Thermometer 1-Temp Thermolabel tapes did not turn black, indicating the final rinse temperature at the dishware surface was less than 160 degrees Fahrenheit.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on observation, interview, and record review the facility failed to ensure proper personal protective equipment (PPE) use for COVID-19 transmission-based precautions in one (R145) of two reviewed and failed to ensure proper disinfection of items for two (R145 and R20) of three reviewed. Findings include: Upon entrance into the facility on [DATE] at 7:20 AM, it was reported by Nursing Home Administrator (NHA) A that the facility had two residents who were positive for COVID-19; one of which was R145. Resident # 145 (R145) Review of the medical record revealed R145 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included end stage renal disease, dependence on renal dialysis, diabetes, and COVID-19. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/29/24 revealed R145 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of the Nursing Progress Note dated 12/8/24 revealed CNA [Certified Nursing Assistant] advised nurse that the resident requested to be Covid tested . Nurse asked resident if she is feeling sick? Resident states that she feels yuck and wants to be tested .Covid test positive. Nurse tested resident twice to verify results. Review of Kardex (care guide) revealed I require DROPLET (with N95) precautions when providing care. Review of the COVID-19 care plan dated 12/8/24 revealed I require DROPLET (with N95) precautions when providing care. An observation on 12/10/24 at 7:45 AM revealed R145's door was closed with PPE supplies hanging on the outside of the door. There was no signage on the door indicating what precautions or PPE was necessary prior to entering the room. Licensed Practical Nurse (LPN) F reported R145 was on transmission-based precautions due to being positive for COVID-19. LPN F was observed wearing a surgical mask, donning a gown, gloves, and goggles. LPN F did not don a N95 mask. LPN F entered R145's room with a Symbicort inhaler and a glucometer to check R145's blood sugar. LPN F set the inhaler and glucometer directly on R145's overbed table without the use of a barrier. Prior to exiting the room, LPN F removed all PPE except for the mask. After exiting the room, LPN F set the inhaler and glucometer directly on the medication cart. LPN F then placed the inhaler back in its box and inside the medication cart without disinfecting the inhaler. LPN F then disinfected the glucometer with a micro-kill one germicidal alcohol wipe. LPN F did not disinfect the top of the medication cart where the contaminated inhaler and glucometer were set. LPN F continued to wear the same surgical mask with the care of other residents. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/10/24 at 8:29 AM, two staff were observed outside of R145's room preparing to deliver a breakfast tray. One staff held the tray while the other donned PPE. The staff member did not don a N95 mask and entered R145's room with a surgical mask. At 8:36 AM, the staff member exited the room and did not change their mask. On 12/10/24 at 10:06 AM, LPN F was observed entering R145's room. LPN F did not don a N95 mask and did not change their surgical mask when exiting the room. An observation on 12/10/24 at 11:26 AM, revealed R145's door now had signage indicating they were on droplet precautions. The signage revealed clean 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 exit. The signage did not indicate what PPE was necessary. On 12/10/24 at 11:27 AM, a staff member was observed donning PPE and entering R145's room. the staff member wore regular eyeglasses and did not don a face shield or goggles. The staff member also wore a surgical mask and did not don a N95 mask. An observation on 12/11/24 at 8:30 AM revealed LPN E donned PPE to enter R145's room. LPN E donned a N95 mask over their surgical mask and wore eyeglasses. LPN E did not don a face shield or goggles. After exiting the room, LPN E continued to wear the N95 mask and touch the mask several times before removing the mask. LPN E did not complete hand hygiene after removing the mask. On 12/11/24 at approximately 8:40 AM, a staff member was observed entering R145's room wearing eyeglasses. The staff member did not don a face shield or goggles. According to the Centers for Disease Control and Prevention (CDC), This guidance applies to all U.S. settings where healthcare is delivered, including nursing homes and home health. The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency .HCP [healthcare personnel] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). (https://www.cdc.gov/covid/hcp/infection-control/index.html) On 12/12/24 at 9:55 AM, it was reported the facility had two additional residents who tested positive for COVID-19. Resident #20 (R20) Review of the medical record revealed R20 was admitted to the facility on [DATE] with diagnoses that included vascular dementia and diabetes. The MDS with an ARD of 7/16/24 revealed R20 scored 5 out of 15 (severe cognitive impairment) on the BIMS. On 12/11/24 at 8:51 AM, LPN E was observed preparing and administering medications to R20. LPN E prepared a Lantus Solostar insulin pen by removing the cap and placing a needle on the pen without first wiping with an alcohol pad. LPN E then dialed the pen to 2 units, dialed the pen back to 0, and then dialed the pen to 10 units. LPN E then administered 10 units of Lantus to R20. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of How to Use Your Lantus Solostar Pen revealed STEP 2. ATTACH THE NEEDLE Wipe the pen tip (rubber seal) with an alcohol swab. Remove the protective seal from the new needle, line the needle up straight with the pen, and screw the needle on . (https://www.lantus.com/dam/jcr:2cfa1d37-1b5d-445d-83cd-8eaaeaeef48b/lantus-quick-reference-patient-brochure.pdf) In an interview on 12/12/24 at 10:27 AM with Director of Nursing (DON) B, Unit Manager (UM) C, and Regional Clinical Director (RCD) Q, it was reported the facility had additional residents test positive for COVID-19 that morning. AS of 12/12/24, the facility had nine residents who tested positive for COVID-19. They reported that PPE required for COVID-19 transmission-based precautions included gown, gloves, eye protection, and N95 mask. When asked about the type of eye protection required, they reported goggles, or a face shield were required, and eyeglasses were not appropriate. DON B reported staff had been educated on using a barrier when taking supplies such as an inhaler and glucometer into resident rooms.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 22050 Based on observations, interviews, and record reviews the facility failed to effectively clean and maintain the physical plant effecting 40 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage. Findings include: On 12/10/24 at 02:55 P.M., An interview was conducted with Director of Environmental Services J regarding the facility maintenance work order system. Director of Environmental Services J stated: We use to have Maintenance Care. Director of Environmental Services J also stated: We just started the TELS program a few weeks ago. On 12/11/24 at 08:30 A.M., A common area environmental tour was conducted with Maintenance Technician K. The following items were noted: Town Square Soiled Utility Room: The waste hopper basin was observed soiled with accumulated and encrusted dirt/grime. Maintenance Technician K indicated he would have housekeeping staff thoroughly clean and sanitize the soiled waste hopper basin as soon as possible. Staff/Visitor/Resident Restroom: The toilet seat was observed (etched, scored, particulate). Maintenance Technician K indicated he would replace the worn toilet seat as soon as possible. Kitchenette: The hand sink basin base cabinet interior surface was observed soiled with accumulated and encrusted dust/dirt/debris. Maintenance Technician K indicated he would have housekeeping staff thoroughly clean and sanitize the soiled base cabinet interior as soon as possible. Sunroom: The ceiling surface drywall seam was observed (etched, scored, cracked). Maintenance Technician K indicated necessary repairs would be completed as soon as possible. 200 Hall Kitchenette: The hand sink basin laminate backsplash was observed (raised, bubbled, and loose-to-mount). The damaged laminate backsplash measured approximately 4-inches-wide by 24-inches-long. Two wall cabinet door hinges were also observed sprung, not allowing the door to close completely. Maintenance Technician K indicated necessary repairs would be completed as soon as possible. Building Grounds A sink hole was observed at the rear of the building, adjacent to the storm drain catch basin. The damaged concrete area measured approximately 30-inches-wide by 30-inches-long by 10-inches-deep surrounding the storm drain catch basin. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/11/24 at 10:15 A.M., An environmental tour of sampled resident rooms was conducted with Maintenance Technician K. The following items were noted: 107: The drywall surface was observed (etched, scored, particulate), adjacent to Bed 1. The damaged drywall surface measured approximately 12-inches-wide by 12-inches-long. The drywall surface was also observed (etched, scored, particulate), adjacent to the resident lounge chair. The damaged drywall surface measured approximately 18-inches-wide by 24-inches-long. Maintenance Technician K indicated necessary repairs would be completed as soon as possible. 108: The drywall surface was observed (etched, scored, particulate), adjacent to Bed 1. The damaged drywall surface measured approximately 18-inches-wide by 30-inches-long. Maintenance Technician K indicated necessary repairs would be completed as soon as possible. On 12/12/24 at 03:30 P.M., Record review of the Policy/Procedure entitled: Safe and Homelike Environment dated 01/11/2021 revealed under Policy: In accordance with resident's rights, the facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Record review of the Policy/Procedure entitled: Safe and Homelike Environment dated 01/11/2021 further revealed under Policy Explanation and Compliance Guidelines: (3) Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. On 12/12/24 at 03:45 P.M., Record review of the Direct Supply TELS Maintenance Work Orders from 10/21/24 to 12/11/24 revealed no specific entries related to the aforementioned maintenance concerns.