

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Hancock		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Poplar St Hancock, MI 49930	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568</p> <p>Linked intake MI00142531</p> <p>Based on interview and record review, the facility failed to report timely an allegation of misappropriation of resident property (narcotics) to the State Agency (SA) for one Resident (R4) of four residents reviewed for abuse reporting. Findings include:</p> <p>Review of R4's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnoses including neurocognitive disorder with lewy Bodies, reduced mobility, and muscle weakness. R4's 12/8/23 Minimum Data Set (MDS) assessment revealed she was unable to complete the Brief Interview for Mental Status (BIMS) score but was not marked for her cognitive status. Further review showed R4 had not received any scheduled or as needed (PRN) pain medications in the last five days of this review.</p> <p>Review of R4's 3/9/24 MDS assessment revealed she scored a 15/15 on the BIMS score, indicative of R4 being cognitively intact.</p> <p>On 4/2/24 at approximately 10:00 a.m., The Nursing Home Administrator (NHA) and Director of Nursing (DON) were asked if they had received a complaint that alleged R4's roxanol (Morphine Sulfate 20 mg (milligrams)/ml (milliliter) concentrate was reported to be tampered with. The DON stated that they had received a report and completed a soft file of the allegation. It was requested from the DON to review the soft file for R4's medication. The DON stated that this had not been reported to the SA because the facility was able to substantiate R4's medication was tampered with or missing based on their own findings.</p> <p>The file was reviewed on 4/2/24 at approximately 11:30 a.m. In this report, there was one witness statement from the DON not signed or dated, one picture of a Roxanol bottle with no indication of what someone should be reviewed, and two pictures of syringes with blue liquid labeled old and new. This Surveyor requested any additional information on 4/2/24 at 4:30 p.m.</p> <p>On 4/3/24 at 9:00 a.m., additional information was provided regarding R4's missing medication. The documents included witness statements from Registered Nurse (RN) D, RN E, RN G, RN A, and RN B. It was noted that all witness statements were dated 4/2/24 and 4/3/24, respectively. There was no witness statement provided by the Pharmacists.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Hancock		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Poplar St Hancock, MI 49930	
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 0609</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 Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy (undated) read, in part, .It is the policy of this facility that abuse allegations (abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property) are reported per Federal and State Law. The facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not resulted in serious bodily injury, the administrator of the facility and to other officials including to the State Survey Agency .</p> <p>A review of the facility's Abuse, Neglect and Exploitation reviewed on 6/2023 read, in part, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement) within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Hancock		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Poplar St Hancock, MI 49930	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568</p> <p>Linked intake MI00142531</p> <p>Based on interview and record review, the facility failed to conduct a thorough investigation for a misappropriation of resident property (narcotic medication) for one Resident (R4) of four residents reviewed for abuse. This deficient practice resulted in undetected abuse and/or misappropriation and the potential for unmet care needs: Findings include:</p> <p>Review of R4's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnoses including neurocognitive disorder with Lewy Bodies, reduced mobility, and muscle weakness. R4's 12/8/23 Minimum Data Set (MDS) assessment revealed she was unable to complete the Brief Interview for Mental Status (BIMS) score but was not marked for her cognitive status. Further review showed R4 had not received any scheduled or as needed (PRN) pain medications in the last five days of this review.</p> <p>Review of R4's 3/9/24 MDS assessment revealed she scored a 15/15 on the BIMS score, indicative of R4 being cognitively intact.</p> <p>Review of R4's Medication Administration Record (MAR) dated January 2024 read, in part, Morphine Sulfate (Concentrate Solution 20 mg (milligrams)/ ml (millimeter) Give .25 ml by mouth every 4 hours as needed for pain, end of life care. Start Date 11/15/23 D/C (discontinued) date 1/9/24.</p> <p>Review of Pharmacy Notes for R4's Morphine Sulfate (Roxanol) medication showed that it was refilled on 11/15/23 and delivered to the facility on [DATE]. R4 had not used any of the as needed medication during the review date of 11/16/23 through 1/9/24.</p> <p>On 4/2/24 at approximately 10:00 a.m., The Nursing Home Administrator (NHA) and Director of Nursing (DON) were asked if they had received a complaint that alleged R4's Roxanol (Morphine Sulfate 20 mg (milligrams)/ml (milliliter) concentrate was reported to be tampered with. The DON stated that they had received a report and completed a soft file of the allegation. It was requested from the DON to review the soft file for R4's medication. The DON stated that this had not been reported to the SA because the facility was able to substantiate R4's medication was tampered with or missing based on their own findings.</p> <p>The file was reviewed on 4/2/24 at approximately 11:30 a.m. In this report, there was one witness statement from the DON not signed or dated, one picture of a Roxanol bottle with no indication of what someone should be reviewed, and two pictures of syringes with blue liquid labeled old and new. This Surveyor requested any additional information on 4/2/24 at 4:30 p.m.</p> <p>On 4/3/24 at 9:00 a.m., additional information was provided regarding R4's alleged missing medication. The documents included witness statements from Registered Nurse (RN) D, RN E, RN G, RN A, and RN B. It was noted that all witness statements were dated 4/2/24 and 4/3/24, respectively. There was no witness statement provided by the Pharmacists.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Hancock		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Poplar St Hancock, MI 49930	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with RN B on 4/3/24 at 9:20 a.m. RN B confirmed she was not asked to provide a witness statement at the time it was reported R4's medication was potentially tampered with.</p> <p>An interview with the DON on 4/3/24 at 11:50 p.m. confirmed that there was not a complete investigation done when R4's medication was allegedly tampered with. The DON also confirmed that R4's medication was destroyed at the discretion of a regional consultation and pharmacy documentation but was unable to provide statements from either.</p> <p>Review of the facility's Abuse, Neglect and Exploitation reviewed on 6/2023 read, in part, .An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Investigations may include but not limited to: Identifying staff responsible for the investigation, exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence), investigation different types of alleged violations, identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations, focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and providing complete and thorough documentation of the investigation .</p>		