

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235595	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Physical Rehab Ctr of Detroit		STREET ADDRESS, CITY, STATE, ZIP CODE 2102 Orleans St Detroit, MI 48207	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22349</p> <p>This citation pertains to intake MI00143185.</p> <p>Based on interview and record review the facility failed to provide a safe environment or supervise one (R801) of three residents reviewed for supervision/accidents when R801 eloped through the front door of the facility unbeknownst to staff to take a bus to his physician's office.</p> <p>Findings include:</p> <p>The State Agency (SA) received a Facility Reported Incident (FRI) on 2/19/24 at 4:59 AM that reported R801 had walked out the front door of the facility on 2/19/24 at 1:25 AM with his personal belongings as viewed via camera.</p> <p>An investigation report on 2/27/24 indicated that on 2/19/24 at 9:00 AM, R801's personal physician's office called the facility to notify them R801 was at their office seeking medication. R801 had no injuries, was not in any distress, and denied having any pain. R801 stated he left the facility, walked to the nearby shelter, ate, changed clothes, went to the bus transit center, and took two different buses to get to the physician's office. R801 refused to return to the facility and signed an 'Against Medical Advice' form. R801 was transported to the local Hospital by facility staff per the resident's request. R801's Legal Guardian (LG) was aware. Further inspection of the facility's front door revealed the keypad code (a locking mechanism on the door that required a code to be entered for the door to open) had been disabled at a switchbox located near the top of the door. This disabled the keycode and allowed the front door to open from the motion sensor only.</p> <p>On 5/1/24 at 1:05 PM the Nursing Home Administrator (NHA) said the investigation revealed that R801 was able to walk out the facility's front door because the keypad code had been disabled at the switchbox. Review of video surveillance at the front door could not conclude how this occurred because the camera's view did not include a visual of the switchbox area. The NHA said Certified Nursing Assistant (CNA) C was assigned to R801 on 2/19/24 and had been terminated due to not properly supervising the resident. CNA C had been observed with their 'eyes closed and appeared to be sleeping' at the nurse's station during that shift by another facility staff member. Registered Nurse (RN) B had been assigned to R801 on 2/19/24 was from an agency that is no longer utilized by the facility.</p> <p>A voice message was left for CNA C 5/1/24 at 12:53 PM and 3:47 PM and no response had been received prior to the survey exit.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A voice message was left for RN B on 5/1/24 at 12:50 PM and 3:35 PM and no response had been received prior to the survey exit.</p> <p>.</p> <p>A closed record review of R801's Electronic Health Record (EHR) revealed the resident admitted to the facility on [DATE] with multiple diagnoses that included malnutrition, major depressive disorder, and early onset dementia. R801 was not at risk for elopement according to the elopement risk assessments conducted on 6/9/23, 9/9/23, and 12/28/23. The Minimum Data Set (MDS) dated [DATE] indicated R801 had moderately impaired cognition and was independent with Activities of Daily Living. R801 had a Legal Guardian (LG). During a care conference on 12/18/23, R801's LG reported the resident was not a candidate for discharge to a group home setting. The LG did not disclose the reason the resident was not a candidate for a group home setting.</p> <p>On 5/1/24 at 11:42 AM R801's LG was left a voice message and no response had been returned prior to the survey exit.</p>