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| 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 05/17/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This citation pertains to intake number MI00144395.</p> <p>Based on observation, interview and record review, the facility failed to provide timely incontinence care for one resident (R101) of three residents reviewed for Activities of Daily Living (ADL), resulting in the potential for skin breakdown and infection.</p> <p>Findings include:</p> <p>In an observation and interview on 5/17/24 at 8:24 a.m., R101 sat in a wheelchair and wore a gown. A urine smell was noted in R101's room. R101 reported just getting up and stated, I need someone to wash me up and put on a dry diaper.</p> <p>Review of an Admission Record revealed, R101 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R101 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>Review of a care plan revealed R101 had focus I experience bladder incontinence . Interventions included, check me every 2 hours and as needed for episodes of incontinence initiated on 4/3/24.</p> <p>In an observation on 5/17/24 at 9:27 a.m. Certified Nursing Assistant (CNA) A removed a soiled bed pad off R101's bed.</p> <p>In an observation on 5/17/24 at 9:44 a.m., R101 transferred self into bed. R101's brief was visibly heavily soiled indicated by two dark blue lines down the center of the brief from front to back. R101 reported being last dried around 10:30 p.m. the previous night. At this time, CNA A was observed to provide incontinence care.</p> <p>On 5/17/24 at 9:50 a.m., CNA A was queried and reported this was the first time changing R101.</p> <p>In an interview on 5/17/24 at 12:50 p.m., Licensed Practical Nurse (LPN) B reported rounds are completed at the beginning of the shift to make sure everyone is dry. LPN B then reported residents are checked and changed every 2 hours.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 5/17/24 at 1:54 p.m., the Director of Nursing (DON) reported residents should be checked and changed every 2 hours. The DON then reported staff should do rounds at shift change to check on the residents.</p> <p>Review of a AL: Basic Care Services policy implemented 6/1/22 documented, . Procedure:</p> <ol style="list-style-type: none"> 1. Each shift will have a designated supervisor of resident care (HFA). 2. At the beginning of each shift, there will be communication between off going and oncoming staff to discuss any changes for the care of residents. 3. Each resident is monitored on a routine basis. Check on residents frequently throughout the shift, unless indicated otherwise on the resident's service plan . | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>Based on observation, interview, and record review the facility failed to follow the standards of infection control (gloves use and hand hygiene), for one residents (R101) out of three residents reviewed for Activities of Daily Living (ADL), resulting in the potential for increased cross-contamination of diseases which place a vulnerable population at high risk for infections.</p> <p>Findings include:</p> <p>In an observation on 5/17/24 at 8:24 a.m., a pile of soiled linen sat on R101's floor in a corner that was visible from the hallway.</p> <p>Review of an Admission Record revealed, R101 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included Chronic Obstructive Pulmonary Disease (COPD) and Type 2 Diabetes.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R101 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>In an interview on 5/17/24 at 8:28 a.m., Certified Nursing Assistant (CNA) A was asked about the soiled linen on R101's floor and reported the linen was left by midnight shift.</p> <p>In an observation on 5/17/24 at 9:27 a.m. CNA A entered R101's room and put on gloves with no hand hygiene before application. CNA A removed a soiled bed pad off R101's bed, opened the blinds, then leaned against the wall and placed gloves hand behind her back which touched the wall. CNA A then removed the gloves, exited the room, and did not perform hand hygiene.</p> <p>In an observation on 5/17/24 at 9:39 a.m., CNA A filled a basin up with soapy water. CNA A then touched resident wheelchair and bedside table with gloved hands. CNA A spilled water on the floor, cleaned it up, removed gloves and exited the room and did not perform hand hygiene.</p> <p>In an observation on 5/17/24 at 9:42 a.m., CNA A entered R101's room and put on gloves with no hand hygiene before application.</p> <p>In an observation on 5/17/24 at 9:44 a.m., CNA A washed R101's peri area and buttocks with a soapy washcloth, rinsed and dried resident, then applied a new brief. With the same gloves used to clean R101, CNA A then removed R101's oxygen tubing.</p> <p>In an observation and interview on 5/17/24 at 9:59 a.m. CNA A removed gloves and began to exit the room without performing hand hygiene. CNA A was asked about the expectations of hand hygiene with glove use. CNA A reported hands should be washed before and after glove use.</p> <p>In an interview on 5/17/24 at 1:54 p.m., the Director of Nursing (DON) reported hand hygiene should be performed before and after glove use. The DON then reported staff should not touch personal items while wearing gloves.</p> <p>(continued on next page)</p> | | |

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| F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Review of a Hand Hygiene policy revised 12/20 documented the following: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors . Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves . | | |