

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 07/16/2024
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 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** 34901</p> <p>This citation pertains to MI00145588.</p> <p>Based on interview and record review, the facility failed to thoroughly conduct and document an investigation of a resident to resident altercation for two residents (R103 and R104) out of four residents reviewed for abuse, resulting in missed opportunities to implement corrective measures and interventions.</p> <p>Findings include:</p> <p>The facility self-reported incident documented that on 5/25/24 at 2:00 AM, Resident #103 (R103) pulled up Resident #104's (R104) pants and pushed him in the back. This incident was observed by Certified Nurse Aide (CNA) A. A review of the facility's complete investigation indicated that Social Worker (SW) B completed a wellness visit for both residents and there were no psychosocial changes noted to either resident related to the incident. Residents reported feeling safe in the building.</p> <p>A review of the Admission Record for R103 documented an admitted [DATE] with diagnoses that included Crohn's Disease, acquired partial absence of both the stomach and pancreas, and protein-calorie malnutrition. A Minimum Data Set assessment dated [DATE] documented intact cognition.</p> <p>A review of the Admission Record for R104 documented an admitted [DATE] with diagnoses that included encephalopathy, adult failure to thrive, and dementia. A MDS assessment dated [DATE] documented severe cognitive impairment.</p> <p>On 7/16/24 at 3:30 PM, a review of the clinical records for R103 and R104 was conducted with the Nursing Home Administrator (NHA). The NHA stated wellness visits were necessary to make sure there was no mental anguish from the incident and should be documented in the resident's clinical record. The completion of a wellness visit was not documented in the clinical records of R103 or R104.</p> <p>On 7/16/24 at 3:40 PM, SW B said she did not complete a wellness visit for R103 or R104. SW B said if a wellness visit was conducted, it would be part of the resident's clinical record.</p> <p>A review of the facility document title, Abuse, Neglect and Exploitation, dated 1/28/2002, revealed in part the following:</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: 235595	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Investigations may include but not limited to providing complete and thorough documentation of the investigation.</p> <p>- The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Examples include but are not limited to providing emotional support and counseling to the resident during and after the investigation, as needed.</p> <p>On 7/16/24 at 5:25 PM during the exit conference, the NHA did not offer additional documentation or information when asked.</p>		