STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235595	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehab Center of D	2102 Orleans St. Detroit, MI 48207

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to: 1. Properly store food items in the kitchen; 2. Remove undated, unlabeled food from the kitchen walk-in cooler and resident refrigerators; and 3. Adequately clean kitchen surfaces. These deficient practices had the potential to affect all residents who consumed food from the kitchen and resident refrigerators, resulting in an increased potential for foodborne illness.Findings include:On 1/21/2026 beginning at 9:41 AM, the initial tour of the kitchen was conducted with Kitchen Manager (KM) A. During the tour, the following items were observed:-in the walk-in cooler two containers of chicken soup undated KM A said the soup was for staff and should not be in the cooler.-one box of opened turkey lunch meat undated. KM A said the box should be labelled and dated.-one box of opened raw hamburgers dated 12/1/26. KM A said the date is wrong and was not sure when they were opened or if they are still good.-one tray of uncovered, unlabeled, undated fish. KM A said the fish should be covered, labelled and dated. -in the pantry one opened 158 oz barbeque sauce bottle. KM A said the opened bottle should be stored in the fridge. -the flooring under and between the deep fryer and stove was heavily soiled. KM A said the floor should be deep cleaned.On 1/22/2026 at 12:32 PM, the third-floor resident refrigerator was observed with Licensed Practical Nurse (LPN) E. The following items were found:-unlabeled and undated food leftovers.-unlabeled and undated opened drinksLPN E said all food and drinks should be labelled and dated.On 1/22/2026 at 12:40 PM, the fourth-floor resident refrigerator was observed with LPN B. The following items were found:-unlabeled, undated food leftovers.LPN B said that nursing was responsible to maintain resident refrigerators and all food should be labelled and dated.On 1/23/2026 at 12:48 PM, the Nursing Home Administrator (NHA) was interviewed and said the expectation is for the kitchen staff to follow kitchen policies and the food code. The kitchen should be clean and sanitary, and food should be stored properly. Review of the facility policy titled Food Storage date issued 1/2024 revealed in part. Food storage areas shall be maintained in a clean, safe and sanitary manner. 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. Food items that are opened shall be put into sealable containers or bag, labeled and dated with open and use by-date.Review of the facility policy titled Use and storage of Food Brought in by Family or Visitors date revised 11/25 revealed in part.It is the right of the residents of this facility to have food brought in by family or other visitors; however, the food must be handled in a way to ensure the safety of the resident. All food items must be labelled with resident name and date. If not consumed within three days food will be thrown away by facility staff.

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a preadmission screening and resident review (PASARR) was obtained for one resident (R9) of one resident reviewed for PASARR, resulting in R9 not being screened for mental health services and the potential for care needs being unmet.Findings include:On 1/23/26 at 10:50 A.M. review of the Electronic Health Record (EHR) for R9 indicated the resident was admitted to the facility on [DATE], with diagnoses that included: restlessness and agitation, irritability and anger, profound intellectual disabilities, other developmental disorders of scholastic skills. According to the quarterly Minimum Data Set (MDS) assessment dated [DATE], R9 had severe cognitive impairment (BIMs=1) and required supervision for most activities of daily living.On 1/23/26 at 11:00 A.M., Social Worker (SW) C was interviewed about R9's Level 11, a comprehensive evaluation by the appropriate state-designated authority which cannot be completed by the facility. This evaluation determines whether the individual has a Mental Disorder, Intellectual Disability, or Related Condition and determines the appropriate setting for the individual and recommends any specialized services and/or rehabilitative services the individual needs due to the resident's diagnoses of profound intellectual disabilities. SW C stated, (R9) never had a level II. The resident has been at this facility for about two years, and our department never received Level I. (R9) does have a diagnosis of intellectual disability but there is no Level II. Exiting the room SW C stated, Let me check further.In a follow up interview at 1:00 P.M. SW C explained R9 should have a Level I and SW C was directed what to do to trigger that evaluation. SW C acknowledged R9 had a diagnosis of intellectual /developmental disability in addition to dementia. On 1/23/26 at 3:00 P.M., SW C presented a revised Level I Screening Form dated 1/23/26 timed stamped 12:37 P.M. Documented under section 11- Screening criteria, all six items were marked yes. Item #5 stated noted R9 had a diagnosis of an intellectual disability or a related condition including, but not limited to, epilepsy, autism, or cerebral palsy and this diagnosis manifested before the age of 22. Documented in the explanation section of the form stated Explain any YesDX: Schizoaffective Disorder, bipolar type; unspecified intellectual disabilities; dementia in other diseases classified elsewhere, unspecified severity, w/psychotic disturbance.Rx: Seroquel; and Namenda for behaviors (new).On 1/23/26 at 3:30 P.M. review of the facility's policy titled: Resident Assessment-Coordination with PASARR program, Revised 1/24 stated: This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs . #9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to apply a wheelchair cushion for one resident (R4) with a stage three Sacro Coccyx (base of spine) pressure injury (Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present) out of three residents reviewed for pressure ulcers.Findings include:On 1/21/2026 at 12:54 PM, R4 was interviewed about care in the facility and stated, I don't have a wheelchair cushion and my bottom hurts. I would like one. R4 was observed sitting in a wheelchair without a wheelchair cushion.On 1/22/2026 at 11:41 AM, R4 was observed sitting in a wheelchair without cushion in the first-floor dining room.On 1/22/2026 at 2:43 PM, R4 was observed with Certified Nursing Assistant (CNA) D and Licensed Practical Nurse (LPN) E sitting in a wheelchair without a wheelchair cushion. When LPN E was asked about R4's wheelchair LPN E stated, R4 does not have a wheelchair cushion and should since R4 has a stage three pressure ulcer on her bottom. CNA D agreed R4 should have a wheelchair cushion and R4 did not have one.On 1/23/2026 at 9:09 AM, the Director of Nursing (DON) and Unit Manager F were interviewed and said R4 did not have a wheelchair cushion and should since R4 had a stage three pressure ulcer on coccyx. The DON said the expectation for any resident at risk for skin breakdown should be given a wheelchair cushion upon admission and for the nursing staff to check that the wheelchair cushion was on the wheelchair prior to transferring the resident in the wheelchair.On 1/23/2026 at 1:37 PM, Rehab Manager (RM) G was interviewed and said the rehab department provides residents with wheelchairs and cushions upon admission. RM G said a wheelchair cushion is always given with a wheelchair. Record review of R4's Electronic Medical Record (EMR) revealed R4 was admitted to the facility on [DATE] with diagnoses which included congestive heart failure, and need for assistance with personal care.Review of the Minimum Data Set (MDS) dated [DATE] for R4 revealed a Brief interview for Mental Status of 12/15 moderate impaired cognition, dependent assistance for wheelchair mobility and stage three pressure injury upon admission and indicated a wheelchair pressure relief device.Review of R4's Kardex did not reveal a wheelchair pressure relief device.Review of R4's care plan revealed I have a Pressure Injury, Stage: 3; Location: Sacro coccyx. This wound was present on admission. Date Initiated: 10/09/2025 Created on: 10/09/2025. R4's care plan did not reveal a wheelchair pressure relief device.Review of the facility policy titled Skin and Pressure Injury Risk Assessment and Prevention date revised 3/23 revealed in part. Residents determined as at risk for developing pressure injuries will have interventions documented in plan of care based on specific factors identified in the risk assessment. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. Evidence-based interventions for prevention will be implemented for residents who are assessed at risk and/or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to:i. Redistribute pressure (such as repositioning, protecting and/or offloading heels, etc.);ii. Minimize exposure to moisture and keep skin clean, especially of fecal contamination.iii. Provide appropriate, pressure-redistributing, support surfaces.iv. Maintain or improve nutrition and hydration status, where feasible. Evidence-based treatments in accordance with current standards of practice will be provided for all residents who have a pressure injury present.Review of the facility policy titled Therapy screening Policy date revised 12/25 revealed in part.Therapy services will perform a screen for needed services for all new admissions and readmission to the facility. Therapists will complete screens within three days of facility new admissions, readmissions, and referrals of current residents. Screening to include necessity for durable medical equipment, such as: wheel chairs, wheelchair cushions, walkers, etc. The screen will be documented in the resident's medical record and discussed with nursing as clinically indicated

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure nursing staff verified tube placement prior to administering medication through a PEG tube for one resident (R6) of two residents reviewed for tube placement. This deficient practice had the potential to result in improper medication administration and resident harm.Findings include:On 1/22/2026 at 1:49 PM, observed Licensed Practical Nurse (LPN) B administer medication through a R6 PEG tube without checking tube placement prior to administration.On 1/23/2026 at 11:01 AM LPN B was interviewed and confirmed they did not check placement before administering the medication. LPN B said they checked placement when they administered morning medication and that is why they did not check when they administered afternoon medications. LPN B said they should check PEG tube placement prior to every use.On 1/23/2026 at 12:06 PM, the Director of Nursing (DON) was interviewed. The DON said staff are expected to verify PEG tube placement every time prior to using it.Review of electronic medical record (EMR) indicated R6 was admitted on [DATE]. R6 had a diagnosis of Acute and chronic respiratory failure with hypoxia, Metabolic encephalopathy, Tracheostomy, Gastrostomy and Tremors.Review of Minimum Data Set (MDS) dated [DATE] noted R6 Brief Interview for Mental Status (BIMS) was unable to be completed.Review of facility policy titled, Care Plan and Treatment of Feeding Tube, with revision date of 6/23 documented, tube placement will be verified before beginning a feeding or before administering medication.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure nursing staff provided respiratory care in accordance with acceptable standards of clinical practice during deep suctioning for one resident (R6) of one resident reviewed for respiratory care. This deficient practice placed the resident at risk for decreased oxygenation and respiratory compromise.Findings include:On 1/22/2026 at 1:39 PM, observed License Practical Nurse (LPN) B provide deep suctioning to R6. LPN B did not provide hyperoxygenation prior to initiating deep suctioning.On 1/23/2026 at 11:41 AM, LPN B was interviewed and said they did not know they should have hyper oxygenated the resident before deep suctioning. The nurse said they can see the need for hyper oxygenating because oxygen saturation could drop during the deep suctioning process.On 1/23/2026 at 12:24 PM, interviewed the Director of Nursing (DON) and they said nursing staff go through a competency check-off and they expect nursing staff to hyper oxygenate residents prior to performing deep suctioning.Review of electronic medical record (EMR) indicated R6 was admitted on [DATE]. R6 had a diagnosis of Acute and chronic respiratory failure with hypoxia, Metabolic encephalopathy, Tracheostomy, Gastrostomy and Tremors.Review of Minimum Data Set (MDS) dated [DATE] noted R6 Brief Interview for Mental Status (BIMS) was unable to be completed.Review of policy titled, Tracheostomy Care, with a revision date of 1/24 did not address hyperoxygenation.