

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab of Superior Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 8380 Geddes Rd Ypsilanti, MI 48198	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>45038</p> <p>This citation pertains to MI00143905.</p> <p>Based on observation, interview, and record review the facility failed to provide an environment free from physical and verbal abuse for one Resident (#3) of three Residents reviewed for abuse resulting in the potential of physical and mental harm of Residents.</p> <p>Findings included:</p> <p>Resident #3 (R3)</p> <p>Review of the medical record demonstrated R3 was admitted to the facility 03/25/2024 with diagnoses that included Huntington's disease (disease that brain cells break down in brain), dementia, abnormal involuntary movements, protein-calorie malnutrition, anemia (low red blood cells), low back pain, bilateral hearing loss, hyperlipidemia (high fat in blood), history of falls, and hypertension. Review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/11/2024, revealed R3 did not have a Brief Interview for Mental Status (BIMS) because the resident is rarely/never understood. Section E (Behavior) of the MDS, with the same ARD, demonstrated that R3 had physical behavioral symptoms directed toward others (e.g. hitting, kicking, pushing, scratching, grabbing .) had occurred one to three days during the assessment period. Section E also demonstrated that R3's behavior significantly interfered with the resident's care and had rejection of care one to three days during the assessment period.</p> <p>During observation and attempted interview on 05/16/2024 R3 was observed lying down in his bed and appeared well groomed. R3 did not respond to attempted questions regarding care.</p> <p>During an interview on 05/15/2024 at 02:44 p.m. Nursing Home Administrator (NHA) A explained that during an internal audit of Abuse Reporting it had been reported that a staff member had overheard someone discussing an occurrence that involved physical altercation between a staff member and R3. NHA A explained that it had been reported to him on 04/10/2024 at 07:00 a.m. and an investigation was initiated and reported to Michigan Facility Reported Incidents (MI-FRI) system and was given MI-FRI ID: 00055591. NHA explained that Certified Nursing Aide (CNA) G had been terminated on 04/11/2024 for abuse but explained that he had not substantiated abuse in his final report submitted to MI-FRI. NHA A could not explain why he had not substantiated abuse if CNA G was terminated for abuse.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the signed statement of Certified Nursing Aide (CNA) E, dated 04/10/2024 at 07:00 a.m., which stated that a couple of weeks back she thought she overhead someone say that (name of CNA G) had pushed away or hit (name of R3) hand.</p> <p>Review of the signed statement of Certified Nursing Aide (CNA) F, dated 04/10/2024 at 09:33 a.m., stated . On March 13th that she and (name of CNA G) did the last check and change on (name of R3). While attempting to provide care to (name of R3) he began swinging his and kicking (name of CNA F), scratching her arm, and kicking her stomach. During this time (name of CNA G) attempted to clean (name of R3) up and he turned his attention to her, swinging and kicking. (Name of CNA F) that she observed (Name of CNA G) with an open brief in her hand strike (Name of R3) 2-3 times in his hand. (Name of CNA F) voiced that (Name of CNA G) told (Name of R3) that he is a bad man and that he is mean.</p> <p>Review of the Weekly Skin Sweeps that were conducted in the month of March 2024 and April 2024 demonstrated no bruising to R3's hands.</p> <p>Review of R3's plan of care demonstrated the problem statement (initiated 03/06/2024) I have potential to demonstrate physical behaviors (hitting, kicking, resistive to care, biting, slapping, repetitive movements) r/t(related to) dx (diagnosis) of Dementia and Huntington's Disease, can be none compliant with ADL (activities of daily living) care. Please approach calmly.</p> <p>Review of R3's Behavior Logs, for March 2024, demonstrated physical aggression on 03/16/2024 at 02:42 p. m</p> <p>Review of Certified Nursing Aide (CNA) Employee Counseling Notice, dated 04/11/2024, signed by CNA G 04/12/2024, demonstrated (Name of CNA G) is terminated related to committing abuse towards a vulnerable adult under her care.</p> <p>Review of Certified Nursing Aide (CNA) Gs personnel file did not demonstrate abuse education, dementia training, or how to take care of a difficult resident.</p> <p>Review of the facility policy entitled Abuse, Neglect, and Exploitation, implemented date of 01/28/2022 and last reviewed date of 06/23, demonstrated Policy: 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. The same policy demonstrated Definitions: Physical Abuse including, but is not limited to hitting, slapping, punching, biting, and kicking and Verbal Abuse means the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>In an interview on 05/16/2024 at 12:45 p.m. Director of Nursing (DON) B explained that she was not able to provide documentation that Abuse Education, Dementia training, or how to take care of a difficult resident training had been conducted for Certified Nursing Aide (CNA) G during the hiring process. She demonstrated that the last abuse education for CNA G had occurred on February 26, 2024. DON B could not demonstrate that CNA G had received any education for Dementia training or how to take care of a difficult resident.</p>		