

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  03/11/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38383</p> <p>This citation pertains to intakes MI00149170, MI00149191, MI00149342 and MI00150300.</p> <p>Based on observation, interview and record review, the facility failed to ensure sufficient nursing staff to meet resident needs timely for four (Resident #2, #3, #8 and #9) of seven reviewed.</p> <p>Findings include:</p> <p>Resident #2 (R2)</p> <p>Review of the medical record reflected R2 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses of chronic obstructive pulmonary disease (COPD), heart failure, unspecified urinary incontinence and overactive bladder. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/12/25, reflected R2 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and was always incontinent of bowel and bladder.</p> <p>On 3/10/25 at 11:18 AM, R2 was observed in bed. R2 reported being incontinent of bowel and bladder, requiring staff to check and change them for incontinence purposes. R2 reported there have been occasions when they were left soiled in urine and feces for extended periods of time. R2 reported the facility was understaffed on all shifts, and they experienced long call light response times.</p> <p>Resident #3 (R3)</p> <p>Review of the medical record reflected R3 admitted to the facility on [DATE], with diagnoses of COPD and dementia. The Quarterly MDS, with an ARD of 12/4/24, reflected R3 scored 15 out of 15 (cognitively intact) on the BIMS.</p> <p>On 3/10/25 at 12:58 PM, R3 reported using their call light at night and often having to wait more than 15 minutes for staff to respond.</p> <p>Resident #8 (R8)</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record reflected R8 admitted to the facility on [DATE] and readmitted [DATE]. The Quarterly MDS, with an ARD of 12/6/24, reflected R8 scored nine out of 15 (moderate cognitive impairment) on the BIMS, was frequently incontinent of bladder and always incontinent of bowel.</p> <p>On 3/11/25 at 1:58 PM, R8 was observed in bed. R8 reported call light response sometimes took up to two hours around 1:00 PM. R8 reported that two to three times per week, they waited two hours to be cleaned after episodes of bowel and bladder incontinence. R8 stated that morning, around 9:00 AM, their call light was on for about one hour while they were waiting to be cleaned. According to R8, most extended call light response times were on day shift.</p> <p>Resident #9 (R9)</p> <p>Review of the medical record reflected R9 admitted to the facility on [DATE]. The Admission MDS, with an ARD of 2/25/25, reflected R9 scored eight out of 15 (moderate cognitive impairment) on the BIMS, was frequently incontinent of bladder and always incontinent of bowel.</p> <p>On 3/11/25 at 2:29 PM, R9 was observed in their room. R9 stated that morning, their call light was on for about four hours, and they were waiting for assistance to transfer out of bed via hooyer lift. R9 reported they were checked and changed due to incontinence. At the time of the interview, R9 reported they were wet with urine and soiled with feces, but they had not notified the staff. R9 reported staff were not regularly checking with them to see if they needed to be changed and waited for the resident to call.</p> <p>In an interview on 3/10/25 at 2:04 PM, Certified Nurse Aide (CNA) F reported CNAs were assigned 14 to 15 residents each on day shift, making it difficult to complete resident care. CNA F reported they were assigned 14 residents that day, with 10 to 12 of them requiring check and change for incontinence. CNA F reported they were supposed to check and change incontinent residents every two hours, however, they may have only been able to check and change residents once or twice in an eight hour shift.</p> <p>In an interview on 3/11/25 at 2:08 PM, CNA H reported having 14 residents on their assignment. Three of those residents required total assistance from staff to consume meals, according to CNA H. They reported they also had many residents that transferred via hooyer lift (mechanical lift), which required assistance of two people. CNA H reported they were able to check and change their incontinent residents two times in an eight hour shift. They reported there were residents that were soaking their beds from to incontinence due to staff not being able to change them often enough.</p> <p>In a phone interview on 3/11/25 at 3:57 PM, CNA J reported being assigned to 14 residents on day shift, with many requiring total assistance with care. CNA J reported there were approximately two days per week when they were only able to check and change incontinent residents one time in an eight hour shift.</p> <p>In an interview on 3/11/25 at 3:02 PM, Director of Nursing (DON) B reported the facility did not have the ability to run reports of call light response times. There were no concerns with call light response time that DON B was aware of. DON B reported check and change of incontinent residents should have been performed every two hours. They were not aware of any concerns pertaining to residents being left wet and/or soiled or their bedding being saturated.</p>		