

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235722	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Holly		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Sherwood St Holly, MI 48442	

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 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** 32568</p> <p>This citation pertains to Intake Number(s): MI00145115.</p> <p>Based on interview and record review, the facility failed to provide assistance with dressing for one (R801) of three residents reviewed for activities of daily living (ADLs). Findings include:</p> <p>A review of a complaint submitted to the State Agency alleged R801's clothing was not changed for two days between 6/7/24 and 6/9/24.</p> <p>On 7/15/24, an onsite, unannounced investigation was conducted.</p> <p>A review of R801's clinical record revealed R801 was admitted into the facility on [DATE] for hospice respite (short term placement to provide a temporary break for caregivers) and discharge home on 6/11/24 with diagnoses that included: heart failure and dementia. A review of R801's discharge Minimum Data Set (MDS) assessment dated [DATE] revealed R801 had severely impaired cognition.</p> <p>A review of an Admission/Readmission Assessment for R801 dated 6/6/24 revealed they were totally dependent on staff for bed mobility, transfers, and ADLs.</p> <p>A review of a Functional Abilities assessment dated [DATE] revealed R801 was dependent on staff for upper and lower body dressing.</p> <p>A review of a (Facility Name) Resident Assistance Form dated 6/9/24 revealed a concern was expressed by a family member regarding clean clothes on (R801) each day and a nightgown at night. It was documented that the DON spoke with the staff and hospice nurse caring for R801. It was documented that it was found that the care plans and tasks for R801 were not updated.</p> <p>On 7/15/24 at approximately 4:45 PM, an interview was conducted with the DON. When queried about the grievance for R801 regarding changing the resident's clothing, the DON confirmed it was substantiated that R801's clothing was not changed for two days. The DON reported R801's family provided clothing and a nightgown for each day of R801's respite stay at the facility and it was the expectation that residents' clothing was changed each day. The DON reported the care plan was not updated timely to ensure there was a task to inform CNAs to change the resident's clothing and nightgown each day. When queried if a care plan was needed and if assisting with clothing changes was part of basic daily care, the DON reported it was part of daily care.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R801's care plans revealed an intervention initiated on 6/6/24 that noted, Assist resident with . dressing . On 6/9/24, the following interventions were added, The resident is totally dependent x 1 staff member for dressing and Change residents' clothes every morning and replace each outfit with the new outfit in the armoire that has the correct day of the week on the post in note.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>This citation pertains to Intake Number MI00145053.</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper sanitizing and washing practices were used to clean dishes and utensils, and failed to provide proper hand washing facilities in the kitchen. This has the potential to affect all residents who eat from the kitchen. Findings include:</p> <p>A review of a complaint submitted to the State Agency on [DATE] revealed an allegation that the facility was without hot water in the kitchen.</p> <p>On [DATE] at 9:00 AM, multiple rolling carts with meal trays were observed in the hallway. The trays contained disposable foam food containers, plastic cutlery, and reusable cups and mugs. At that time, an observation was made of the facility's kitchen. Instructions for hand washing were posted above the hand washing sink that noted Wet your hands with hot running water (at least 100 degrees F - Fahrenheit) . After several minutes of running the hot water in the sink, the water remained cold. At that time, an interview was conducted with [NAME] 'A'. [NAME] 'A' reported there was no hot water in the kitchen. When queried about how the dishes were washed, [NAME] 'A' reported they were washed with boiling water, then rinsed and sanitized in the three compartment sink. When queried about how long the kitchen had been without hot water, [NAME] 'A' stated, weeks to months.</p> <p>On [DATE] at 9:34 AM, an interview was conducted with the Administrator. When queried about what was happening with the hot water, the Administrator reported the facility was still figuring out what was wrong and was working with a company to fix it. The Administrator reported it had been going on for a while and said Environmental Services Manager (EMS) 'E' would have more information. When queried about how the facility was ensuring dishware was properly sanitized, ESM 'E' reported food was served in foam containers and plastic cutlery was used and other dishes were cleaned with boiling water.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:55 AM, [NAME] 'C' and Dietary Aide 'G' were observed scraping food off of cooking utensils and pots and pans and pouring boiling water on the dishes. Afterward, [NAME] 'C' brought the dishes to the three compartment sink. After rinsing a metal pot, [NAME] 'C' submerged the pot in the sanitizing compartment for approximately one second and placed it on the drying rack. [NAME] 'C' reported the sanitation was checked to ensure it was at the proper sanitation level by using test strips. A review of the test strip package that contained the test strips used by [NAME] 'C' to check the sanitation level revealed they expired on [DATE] and included the following instructions: Dip paper in quat (quaternary) solution for 10 seconds .Testing solution should be between ,d+[DATE] degrees F . An observation of the bottle of sanitizing solution used in the three compartment since revealed it was a quat sanitizing solution. A review of instructions posted above the three compartment sink titled, Sanitizer Test Procedures noted, .Dip 1.5 inch strip in clean, fresh, room temperature sanitizer solution. Hold for required time on container .Immediately compare .Quat check label .Strip immersion .10 seconds .Dishware .Immersion time .1 minute . When queried about why she did not submerge the pot in the sanitizing solution for 1 minute per the instructions, [NAME] 'C' stated, That's how I always do it (submerging for one second). When queried about the temperature of the water in the sanitizing compartment, [NAME] 'C' reported she was unaware it needed to be at room temperature (,d+[DATE] degrees F).</p> <p>On [DATE] at 10:34 AM, an interview was conducted with Dietary Manager 'D'. Dietary Manager 'D' reported he was concerned about the kitchen not having hot water for so long and they were doing what they could to ensure the dishes were properly sanitized. Dietary Manager 'D' reported staff washed the dishware with boiling water, then used the three compartment sink to rinse and sanitize. When queried about how long the dishes needed to be submerged in the sanitizing solution to ensure proper sanitation, Dietary Manager 'D' reported they must submerge for one minute.</p> <p>On [DATE] at 1:14 PM, [NAME] 'B' was observed preparing the three compartment sink and boiling water on the stovetop. [NAME] 'B' was filling the rinse compartment of the sink and turned on the sanitizer dispenser to dispense sanitizer liquid into the sanitize compartment. [NAME] 'B' reported it was going to take a long time because she had to boil water for the sanitizing compartment (it should be noted that the temperature of that compartment should be room temperature). At 2:45 PM, [NAME] 'B' was asked if she tested the sanitization level of the sanitizing compartment prior to washing dishes. [NAME] 'B' said she did not, but that the water was measured at 92 degrees F in the sanitizing compartment prior to sanitizing the dishes (Cook 'B' showed a photo of the temperature that was taken prior to washing the dishes). At that time, [NAME] 'B' obtained a test strip and held it in the liquid for over 30 seconds which revealed a blue color which was not consistent with proper levels of sanitation. When queried, [NAME] 'B' reported it had to be submerged for one minute (instead of the required 10 seconds). When queried about why she was trying to bring the temperature up in the sanitizing compartment, [NAME] 'B' did not have an explanation.</p> <p>A review of a facility policy titled, Three Compartment Sink, revised [DATE], revealed, in part, the following: . The sanitizer sink: a. Quaternary sanitizer solution will be used at the PPM (parts per million) per manufacturers guidelines b. Water temperatures must be cool, between ,d+[DATE] degrees to minimize the evaporation of sanitizer solution c. Sanitizing sink will be tested for appropriate PPM concentration before using .Sanitizing solution will be recorded on facility approved log for each use .</p> <p>(continued on next page)</p>		

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