STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235722	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	313 Sherwood Street 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #s MI00150458 and MI00152210. Based on interview and record review, the facility failed to ensure appropriate documentation of administration and accountability of controlled substances for one (R704), of four residents reviewed for medication administration. Findings include: Review of complaints reported to the State Agency included allegations that residents were not receiving their medication as ordered, and concerns with controlled substances. Review of the clinical record revealed R704 was admitted into the facility on 5/1/20, readmitted on [DATE] and signed onto hospice on 5/5/25. Diagnoses included: fibromyalgia, cerebral atherosclerosis, and unspecified dementia with agitation. According to the Minimum Data Set (MDS) assessment dated [DATE], R704 had severe cognitive impairment, received scheduled and as needed (PRN) pain medication, had occasional pain and was taking opioid medication. Review of the Medication Administration Records (MARs) and the corresponding Control Substance Records (CS) revealed multiple discrepancies in which the medication was documented as administered on the MAR, but not reflected as such on the CS record. The following discrepancies for R704's controlled substances included: For the order Hydrocodone-Acetaminophen Tablet 10-325 MG (Milligram) Give 1 tablet by mouth four times a day for Pain, this medication was scheduled to be administered at 0500 (5:00 AM), 1100 (11:00 AM), 1700 (5:00 PM), and 2300 (11:00 PM). On 6/7/25 at 1700, the MAR documented with a check mark (which indicated the medication was administered) by Nurse 'A', however there was no entry of this administration on the CS form. There was no documented refusal on the MAR, CS form, or progress notes for this administration. The CS form documented this medication was only removed for administration on 6/7/25 at 0500, 1100 and 2300. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235722	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	313 Sherwood Street 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/12/25 at 2300, the MAR documented with a check mark by Nurse 'B', however there was no entry of administration on the CS form. There was no documented refusal on the MAR, CS form, or progress notes for this administration. The CS form documented this medication was only removed for administration on 6/12/25 at 0500, 1100 and 1700. On 6/13/25 at 1700, the MAR documented with a check mark by Nurse 'C', however there was no entry of administration on the CS form. There was no documented refusal on the MAR, CS form, or progress notes for this administration. The CS form documented this medication was only removed for administration on 6/13/25 at 0500, 1600 and 2200. On 6/20/25 at 0500, the MAR documented with a check mark by Nurse 'C', however there was no entry of administration on the CS form. There was no documented refusal on the MAR, CS form, or progress notes for this administration. The CS form documented this was only removed for administration on 6/20/25 at 1100, 1700 and 2300. On 6/22/25 at 1700, the MAR documented with a check mark by Nurse 'A', however there was no entry of administration on the CS form. There was no documented refusal on the MAR, CS form, or progress notes for this administration. The CS form documented this was only removed for administration on 6/22/25 at 0500, 1100 and 2300. For the order, Morphine Sulfate (Concentrate) Solution 20MG/ML give 0.25 ml sublingually three times a day for pain scheduled for 5 AM, 1 PM and 9 PM, the following discrepancies were identified between the MAR and CS form: 5/22/25 documented on the MAR as given at 5 AM, 1 PM, and 9 PM, signed out on the CS form for only 1 PM and 9 PM. 5/26/25 documented on the MAR as given at 5 AM 1 PM, and 9 PM, signed out on the CS form for only 5 AM and 9 PM. 5/28/25 documented on the MAR as given at 5 AM, 1 PM, and 9 PM, signed out on the CS form as given at 5 AM, 12 PM, 6 PM and 8 PM. 6/1/25 documented on the MAR as given at 5 AM, 1 PM, and 9 PM, signed out on the CS form for only 5 PM and 9 PM. 6/5/25 documented on the MAR as given at 5 AM, 1 PM, and 9 PM, signed out on the CS form for only 5 PM and 9 PM. 6/11/25 documented on the MAR as given at 5 AM, 1 PM, and 9 PM, signed out on the CS form for only 5 AM. 6/12/25 documented on the MAR as given at 5 AM and 1 PM, signed out on the CS form as given at 8 AM, 1 PM, an illegible time, and 1 PM. 6/15/25 documented on the MAR as given at 1 PM and 9 PM, signed out on the CS form as given at 9 PM and again at 9 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235722	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	313 Sherwood Street 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6/16/25 documented on the MAR as given at 1 PM and 9 PM, no documentation on the CS form for 6/16/25. 6/17/25 documented on the MAR as given at 1 PM and 9 PM, signed out on the CS form as given at 9 PM and again at 9 PM. 6/20/25 documented on the MAR as given at 5 AM and 1 PM, signed out on the CS form for only 5 AM. 6/22/25 all three doses were held on the MAR, however the CS form documented a dose pulled at 10:29 PM. 6/30/25 documented on the MAR as given at 5 AM, 1 PM and 9 PM, signed out on the CS form as given at 8 AM and 9 PM. 7/1/25 documented on the MAR as given at 5 AM and 1 PM, signed out on the CS form for only 1 PM. 7/4/25 documented on the MAR as given at 1 PM and 9 PM, signed out on the CS form for only 9 PM. 7/5/25 signed out on the MAR as given at 5 AM and 1 PM, no documentation on the CS form for 7/5/25. 7/6/25 signed out on the MAR as given at 1 PM, no documentation on the CS form for 7/6/25. 7/7/25 signed out on the MAR as given at 5 AM, 1 PM, and 9 PM, signed out on the CS form for only 1 PM and 9 PM. On 7/8/25 at 3:51 PM, an interview was conducted with the Director of Nursing (DON). The DON reported they had identified a concern with a diversion issue with controlled substances in February 2025 and had revised their auditing of this process. The DON acknowledged they only looked for holes in the CS forms and did not verify if there were any missed opportunities for administration. The DON further reported when Nurses administered a narcotic (controlled substance), both the MAR and CS forms should match. A review of a facility provided policy titled, Storage of Controlled Substances was conducted and read, .4. A controlled substance accountability record is prepared by the pharmacy/facility for all Schedule II, III, IV, and V medication .7. Controlled substance inventory is regularly reconciled to the Medication Administration Record (MAR) and documented on a Control Count Sheet (or similar form) or in accordance with facility policy .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235722	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	313 Sherwood Street 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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235722	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nursing & Physical Rehabilitation Ce	313 Sherwood Street 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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation, interview, and record review, the facility failed to implement an effective plan of action to correct identified quality deficiencies related to controlled substances (medications regulated by the government due to having a high risk of abuse and/or addiction), resulting in the continuation of deficient practices related to having an effective process to accurately account for all controlled substances for six (R704, R705, R706, R707, R709, and R710) of seven residents reviewed. This had the potential to affect all residents who resided in the facility who were prescribed controlled substances. Findings include: On 8/12/25, a revisit survey was conducted to determine compliance with deficiencies identified during the facility's recertification survey completed on 7/8/25According to a CMS (Center for Medicare and Medicaid) 2567 form dated 7/8/25, the facility was found to be noncompliant with regulatory requirements related to pharmacy services/controlled substances, specifically the failed to ensure appropriate documentation of administration and accountability of controlled substances. A review of the facility's Plan of Correction (POC) with an alleged compliance date of 8/2/25 revealed the facility would do the following to correct the deficient practice: .An audit was conducted of all current narcotic count sheets, for Norco and/or Morphine, to identify any discrepancies. This audit was completed on 7/8/25 .Training for all nursing staff involved in handling narcotics, focusing on proper documentation practices and the importance of legible handwriting was conducted. A segment on managing and counting liquid narcotics accurately, addressing common pitfalls and best practices was included. A system of accountability was established where repeated errors in narcotic counts or documentation will lead to further training or potential disciplinary actions based on the severity and frequency of the errors and was completed by 8-2-2025 . (Contracted pharmacy) was contacted to request additional tracking-controlled substance records be sent with Morphine orders to improve the reliability of Morphine tracking by providing sufficient documentation space. Requirements were added to document the tracking-controlled substance records using black ink, writing legibly and documenting immediately after administration of the medication .The Director of Nursing (DON) or designee under the direction of the Consulting Pharmacist will complete weekly audits x 6 weeks of narcotic count sheets to ensure compliance with new documentation standards and accuracy in narcotic counts and that all issues identified have been addressed and are appropriate. The findings will be submitted to Quality Assurance and Performance Improvement (QAPI). Any concerns identified will be addressed immediately .On 8/12/25, it was identified that there were concerns with 1. accurately accounting for liquid morphine (not recording the actual amount when received from the pharmacy and documenting conflicting amounts used versus what was remaining in the bottle), 2. conducting an inventory count for the medication carts according to proper procedures (counting done with the incoming and outgoing nurse and both nurse's signing off at the time of the count), and 3. documenting on the controlled substance records when a medication was used from the supply. A review of facility audits implemented and initiated due to the prior identified deficiency with controlled substances revealed the first audit was completed on 8/4/25 (two days after the facility's alleged compliance date according to their POC. The 8/4/25 audit was conducted by Unit Manager, Licensed Practical Nurse (LPN) 'F' and included the resident who was the subject of the deficiency (R704) during the abbreviated survey on 7/8/25. The audit included a section that asked, Is the resident receiving scheduled Norco or Morphine Y (yes)/N (no) and a second section that asked, Did the scheduled doses in the MAR (Medication Administration Record) match the control substance record? Y/N Both sections were marked Y for R704 who was originally cited on 7/8/25, despite identified deficiencies with accurate documentation and counting of R704's Morphine. A second audit was conducted by LPN 'F' on 8/6/25 and included R709, a resident sampled on the 8/12/25 survey who deficiencies were identified related to accurate counting of liquid morphine upon receipt from the pharmacy and after use. The audit indicated there were no issues with R709. On 8/12/25 at 12:05 PM, the DON was asked about the auditing process implemented to correct the deficient practice identified on 7/8/25. The DON reported LPN 'F' was assigned to complete the audits and she did not receive any report of identified issues and did not conduct any audits herself. The DON reported the only audits they had were the ones completed by LPN 'F' on 8/4/25 and 8/6/25. At approximately 12:30 PM, the DON was further interviewed regarding R704 and the deficiencies identified. When queried about whether the items on the audit forms captured all the elements of compliance with controlled substances, the DON reported more was supposed to be audited besides comparing the controlled substance record to the MAR. On 8/12/25 at 3:55 PM, an interview was conducted with the Administrator. The Administrator reported they