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	06/23/2026

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 0805 Level of Harm - Actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Incident 3044880Based on interview and record review, the facility failed to ensure a snack was given in a form consistent with physician diet orders for one (R302) of four residents reviewed for therapeutic diets resulting in R302 choking on a peanut butter sandwich requiring emergency intubation and was hospitalized with extensive hypoxic ischemic brain injury [brain damage due to loss of oxygen]. Findings include:A Facility Reported Incident [FRI] was received by the State Agency [SA] on 6/9/26 that reported in part R302 ate a peanut butter and jelly sandwich, staff performed the Heimlich Maneuver and R302 was transported to the hospital.Review of the closed record revealed R302 was admitted into the facility on 2/2/23 with diagnoses that included: acute respiratory failure with hypoxia, facial weakness following cerebral infarction and Parkinson's Disease. According to the Minimum Data Set [MDS] assessment dated [DATE], R302 had moderate cognitive impairment.Review of R302's physician ordered diet dated 4/15/26 read in part, .6-Soft and bite sized texture. cut up meats.Review of a Nutritional Assessment for R302 dated 5/11/26 read in part, .Resident was recently down graded to 5-minced and moist per his request, then was upset that he could not get the foods he was requesting on that diet and was upgraded to 6-chopped and bite sized 4/15 per SLP [Speech Language Pathologist].Review of a SLP Evaluation and Plan of Treatment dated 4/15/26 read in part, .Eval of oral and pharyngeal swallow function. Oral Motor Structure and Function = Impaired. Oral Phase Impairments characterized by: effortful mastication and oral residue. What modified diet is recommended for the patient to swallow solids safely? = Soft & bite sized.Review of R302's Nutritional Care Plan revealed an intervention initiated 3/25/26 that read in part, .5-minced and moist texture.Review of a Transfer to Hospital Summary progress note by Registered Nurse [RN] ?C' dated 6/8/26 at 11:06 PM read in part, At approximately 2218 [10:18 PM], this nurse responded to a nurse aide calling for assistance. Upon arrival, the resident was seatedon [sic] the floor and being supported by the nurse aide. The nurse aide reported concern that the resident was choking and appeared to be in respiratory distress. Resident appeared to be in acute respiratory distress with labored breathing. Material consistent in appearance and odor with peanut butter was observed in the posterior oral cavity/pharyngeal area. Visible material was removed as able. Following abdominal thrusts, resident appeared to clear a portion of the obstructing material and had some improvement in air movement. At approximately 2228 [10:28 PM], the resident became unresponsive and pulseless. chest compressions were started immediately. EMS [Emergency Medical Services] arrived at approximately 2228. external defibrillator applied. advanced airway placed. ventilations provided through advanced airway.Review of hospital records dated 6/9/26 read in part, .[R302] presented after cardiac arrest. Patient was found at his facility ?blue in the face and with fluid still in his mouth'. CPR [cardiopulmonary resuscitation] was done for approximately 20 minutes. patient is intubated. patient's pupils are fixed and dilated and there is no purposeful movement. Result Entered: CT [computed tomography] HEAD WO [without] CONTRAST IMPRESSION: Diffuse loss of gray-white differentiation and sulcation [grooves and furrows] throughout the brain most suspicious for diffuse cerebral edema likely reflecting extensive hypoxic (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0805 Level of Harm - Actual harm Residents Affected - Few	ischemic brain injury with a provided history of cardiac arrest On 6/23/26 at 9:28 AM, a call was placed to RN ?C' and a text message was sent. No return call was made prior to the end of the survey.On 6/23/26 at 9:30 AM, Licensed Practical Nurse [LPN] ?B' was interviewed by phone and asked about what happened with R302 on 6/8/26. LPN ?B' explained she was R302's assigned nurse, but had just started at 10:00 PM that day, she had just received report when RN ?C' ran down the hall. Certified Nursing Assistant [CNA] ?A' had found R302 choking and they provided care until EMS arrived and took R302 to the hospital. LPN ?B' was asked about R302's diet. LPN ?B' explained R302 had been on a regular diet, but he had asked for his meat to be cut up because he had tremors due to his Parkinson's Disease, so he had weighted silverware and sometimes he needed assistance with eating because the tremors could be severe at times. LPN ?B' was asked if R302's diet had been downgraded due to swallowing issues. LPN ?B' explained R302 did not have swallowing issues that she knew of, but sometimes he would eat too fast and she would tell him to slow down his eating.On 6/23/26 at 9:42 AM, CNA ?A' was interviewed and asked about R302 on 6/8/26. CNA ?A' explained she had asked the nurse if anyone was on a puree diet, the nurse told her no one was, so she asked R302 if he wanted a snack. he told her he wanted a peanut butter sandwich, so she gave him a sandwich. after she passed out snacks to the residents that wanted one she circled back to check on the residents. saw R302 standing in the doorway to his room. she asked him if he was choking, and he indicated he was. she first tried hitting him on the back, then got behind him and performed the Heimlich Maneuver. he started to collapse, so she lowered him to the ground and started compressions. the nurses came and took over, then EMS came and took him to the hospital. CNA 'A' was asked if she had cut up the peanut butter sandwich prior to giving it to R302. CNA 'A' explained she had given R302 a whole sandwich. On 6/23/26 at 10:29 AM, LPN ?D' was interviewed by phone and asked what happened with R302 on 6/8/26. LPN ?D' explained she had punched out and was in the parking lot when she heard screaming, she went back inside and saw R302 lying on the floor with staff around him. went to help. saw a peanut butter sandwich on the table by the bed, there was maybe half of the sandwich left. LPN ?D' was asked what kind of diet was ordered for R302. LPN ?D' explained she knew R302 was on an altered diet, that is why she thought it was strange there was a sandwich on his table.On 6/23/26 at 11:25 AM, Registered Dietician [RD] ?G' was interviewed by phone and asked about R302's diet. RD ?G' explained R302 had been on a regular diet but he saw another resident who had a 5-minced and moist diet, and wanted to have that diet due to his tremors. he then wanted food that was not allowed on that diet so then he wanted to upgrade his diet. had SLP do an evaluation on him and he was upgraded to a 6-chopped and bite size diet.On 6/23/26 at 1:00 PM, the Director of Nursing [DON] was interviewed and asked if R302 should ever have been given a whole peanut butter sandwich when he was on a soft and bite size diet. The DON explained the sandwich should have been cut into pieces to make it easier to eat. The DON further explained they had since changed their process of diets and snacks to make it easier for staff and residents to understand what foods are allowed on altered diets.During the onsite survey, past noncompliance [PNC] was cited after the facility implemented actions to correct the noncompliance which included:An audit of all residents on altered diets.Decreasing the number of altered diets from four (minced and moist, soft and bite sized, mechanical soft and pureed) to two (mechanical soft and pureed).Peanut butter and jelly sandwiches were removed from the snack list.Specific foods for snacks according to the altered diet. Mechanical soft snacks are apple sauce, pudding, yogurt, cottage cheese and oatmeal cream pie. Puree snacks are apple sauce, pudding and yogurt. Residents on altered diets will be assessed on admission, quarterly and when there is a significant change.Dietary and Nursing staff were educated on revised Altered Diet Policy and revised Snack Policy.The facility was able to demonstrate monitoring of the corrective action and maintained compliance.