

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 254250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 5/21/2025
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NAME OF PROVIDER OR SUPPLIER MISSION POINT NSG & PHY REHAB CTR OF FLINT	STREET ADDRESS, CITY, STATE, ZIP CODE G 3201 BEECHER RD FLINT, MI 48532
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E0000 SS=	Initial Comments On May 21, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Mission Point Nsg & Phy Rehab Ctr of Flint was found not to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
E0041 SS= F	Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b) (1)(i) and (ii) of this section. §483.73(e), §485.625(e), §485.542(e) (e) Emergency and standby power systems. The [LTC facility CAH and REH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.542(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2), §485.542(e)	E0041		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 482.15(e)(3), §483.73(e)(3), §485.625(e)(3), §485.542(e)(2) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. * [For hospitals at §482.15(h), LTC at §483.73(g), REHs at §485.542(g), and and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued</p>			

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	<p>August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to implement emergency and standby power systems based on the emergency plan. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99), Life Safety Code (NFPA 101) and NFPA 110, when a new structure is built or when an existing structure or building is renovated. The facility must implement the emergency power system inspection, testing and maintenance requirements found in NFPA 99, NFPA 110 and NFPA 101, LSC. Facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. This deficient practice could affect all occupants in the event power is lost to the facility.</p> <p>Findings Include:</p> <p>On May 21, 2025 at approximately 3:00 PM, record review revealed the facility cannot produce a letter of reliability for the natural gas generator.</p>			

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K0000 SS=	<p>This may lead the facility back-up power supply vulnerable to fuel supply issues.</p> <p>These findings were confirmed through interview with the maintenance director at the time of record review.</p> <p>INITIAL COMMENTS</p> <p>On May 21, 2025 a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Mission Point Nsg & Phy Rehab Ctr Of Flint was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code.</p> <p>The facility is a 4 story building of type II(222) construction, built in 1972. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 167 certified beds. At the time of the survey the census was 113.</p>	K0000		

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K0291 SS= F	<p>Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure automatic emergency lighting is provided in accordance with 7.9. This deficient practice could affect all occupants in the event power is lost to the facility.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. On May 21, 2025, at approximately 2:15 PM record review revealed the facility cannot produce documentation to verify the emergency battery back-up lights are tested monthly for 30 seconds 2. On May 21, 2025, at approximately 2:15 PM record review revealed the facility cannot produce documentation to verify the emergency battery back-up lights are tested monthly for 90 minutes. 3. On May 21, 2025 at approximately 11:15 AM observation revealed the facility battery back-up emergency light in the generator room does not work when illuminated. <p>These findings were confirmed through interview with the maintenance director at the time of record review and observation.</p>	K0291		
K0345 SS= F	<p>Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric</p>	K0345		

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	<p>Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 70 and NFPA 72. This deficient practice could affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. On May 21, 2025, at approximately 10:40 AM observation revealed the facility fire alarm system has a standing supervisory alarm on the main fire alarm panel for a tamper switch in the main riser room. This may lead to confused staff and loss of confidence in the fire alarm system. 2. On May 21, 2025 at approximately 10:45 AM observation revealed a standing trouble alarm on the facility fire alarm system. This may lead to confused staff and loss of confidence in the fire alarm system. 3. On May 21, 2025 at approximately 12:00 PM observation revealed a tamper switch in the riser room that is not wired into anything. This may lead to fire water sprinkler supply being shut down unknown to the facility. 3. On May 21, 2025 at approximately 1:30 PM observation revealed the pull station near the dining room exit door is blocked by a display board and not visible. 			

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K0353 SS= F	<p>These findings were confirmed through interview with the maintenance director at the time of observation.</p> <p>Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to provide sprinkler system maintenance and testing as required by NFPA 25. This deficient practice could affect approximately all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>1. On May 21, 2025, at approximately 10:45 AM observation revealed a dirty sprinkler head in the schedulers office across from the reception desk. This may lead to the sprinkler head not functioning as designed when needed during a fire.</p>	K0353		

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	<p>2. On May 21, 2025 at approximately 1:45 PM record review revealed the annual fire sprinkler inspection report listed the horizontal sideways sprinkler heads are due for testing.</p> <p>3. On May 21, 2025 at approximately 1:50 PM record review revealed the annual fire sprinkler inspection report stated the dry pendant sprinkler in the freezer is due for testing.</p> <p>4. . On May 21, 2025 at approximately 1:55 PM record review revealed the annual fire sprinkler inspection report stated the fire sprinkler system gauges are due for replacement.</p> <p>5. On May 21, 2025 at approximately 2:00 PM record review revealed the annual fire sprinkler inspection report stated the fire sprinkler system spare sprinkler head cabinet needs the proper wrench.</p> <p>6. On May 21, 2025 at approximately 1:50 PM record review revealed the Pre-Action fire suppression system is due for internal and check valve testing.</p> <p>7. On May 21 2025 at approximately 1:50 PM record review revealed the Pre-Action fire protection system is past due for the 3 year full flush.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation and record review.</p>			

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K0372 SS= E	<p>Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoke barriers were constructed to a minimum 1/2-hour fire resistance rating in accordance with 8.5, as required by 19.3.7.3 and 8.6.7.1(1). This deficient practice could affect 40 occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On May 21, 2025, at approximately 11:30 AM observation revealed the 3rd floor double rated fire doors do not close when released from the magnetic hold open devices. This may lead to smoke, heat and fire passing from one compartment into the adjacent compartment.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0372		

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K0521 SS= F	<p>HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure heating, ventilation and air conditioning is in compliance with 9.2. This deficient practice could affect all occupants in the event of a fire in the HVAC system.</p> <p>Findings Include:</p> <p>On May 21, 2025, at approximately 2:25 PM record review revealed the facility cannot produce documentation to verify the 4 year damper inspection was complete. This may leave the facility dampers in a nonworking condition unknown to the facility.</p> <p>These findings were confirmed through interview with the maintenance director at the time of record review.</p>	K0521			

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K0712 SS= F	<p>Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct fire drills as required by 19.7.1.4 through 19.7.1.7. This deficient practice could affect all occupants in the event of a fire.</p> <p>Findings Include:</p> <p>On May 21, 2025, at approximately 1:30 PM record review revealed the facility cannot produce documentation for the required first shift, first quarter fire drills were conducted. This may leave staff unprepared to deal with a fire emergency.</p> <p>These findings were confirmed through interview with the maintenance director at the time of record review.</p>	K0712			
K0918 SS= E	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life</p>	K0918			

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	<p>safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure generators or other alternative power source are in accordance with NFPA 110, NFPA 99, NFPA 111 and NFPA 70. This deficient practice could affect 15 occupants in the event of a electrical related fire.</p> <p>Findings Include:</p> <p>On May 21, 2025, at approximately 10:50 AM</p>			

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	<p>observation revealed 2 powerstrips connected together in the social work office. This could potentially lead to an electrical related fire.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>				