

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 6/25/2025
NAME OF PROVIDER OR SUPPLIER MISSION POINT NSG & PHY REHAB CTR OF FOREST HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 1095 MEDICAL PARK DR GRAND RAPIDS, MI 49506		
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E0000 SS=	Initial Comments On June 25, 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 Nursing and Physical Rehab Center of Forest Hills was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000			

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

TITLE

(X6) DATE

Electronically Signed

07/10/2025

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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K0000 SS=	<p>INITIAL COMMENTS</p> <p>On June 25, 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 Nursing and Physical Rehab Center of Forest Hills 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 single-story building of type I (332) construction, built in 1971. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors.</p> <p>The facility has 58 certified beds. At the time of the survey the census was 57.</p> <p>The requirement at 42 CFR, subpart 483.90 (a) is not met as evidence by:</p>	K0000		
K0321 SS= E	<p>Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to</p>	K0321	<p>Element #1:</p> <p>A Hall Resident Care Supply room door self-closer has been adjusted. The A Hall Resident Care Supply room door was checked to ensure the door self-closed to a positive latch.</p> <p>Element #2:</p> <p>This deficient practice has the potential to affect 15 occupants of the facility in the event</p>	7/21/2025

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K0345 SS= F	<p>have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide for the protection of hazardous areas in accordance with LSC 19.3.2.1. This deficient practice could potentially affect 15 occupants of the facility in the event of a fire not being contained to the hazardous area.</p> <p>Findings Include:</p> <p>On 6/25/25 at 10:00am, observation revealed the A Hall Resident Care Supply room door did not self-closing to a positive latch as required in LSC 8.7.1.3.</p> <p>These findings were confirmed during an interview with Maintenance #1 at the time observed.</p>	K0345	<p>of a fire not being contained to the hazardous area. Hazardous area doors in the facility have been checked and verified that they self-closed to a positive latch. Doors that did not self-close to a positive latch were fixed at the time of the audit.</p> <p>Element #3: Nursing Home Administrator/designee has completed re-education with the Environmental Service Director on the Fire and Smoke Doors policy by the completion date.</p> <p>Element #4: Environmental Services Director/designee will complete audits on hazardous area doors to ensure they self-close to a positive latch. Audits will be completed weekly for four weeks and then monthly thereafter until substantial compliance is sustained.</p> <p>Results of the audits will be reported to facility QAPI committee for review and recommendations. This plan of correction will be monitored at the routine Quality Assurance (QAPI) meeting until such a time it is identified by the committee that sustained substantial compliance has been achieved.</p> <p>The Nursing Home Administrator is responsible for attaining and maintaining compliance.</p>	7/21/2025
	Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is		Element #1: Fire alarm devices have been recorded and	

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	<p>tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric 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 records review and interview, the facility failed to ensure that the fire alarm system was installed, tested, and maintained in accordance with LSC Section 19.3.4.1, 9.6 and NFPA 72. This deficient practice could potentially affect all occupants of the facility in the event of failure to the Fire Alarm System.</p> <p>Findings Include:</p> <p>1. On 6/25/25 during the review of facility records between 11:30am and 3:30pm, the documentation provided for the testing of fire alarm devices were not recorded to be tested individually by location to at a minimum pass or fail as required by NFPA 14.6.2.4(7).</p> <p>2. On 6/25/25 during the review of facility records between 11:30am and 3:30pm, there was no current documentation for the bi-annual smoke detector sensitivity testing as required in NFPA 72 14.4.5.3. Last record was 12/30/2022.</p> <p>These findings were confirmed during an interview with Maintenance #1 at the time the records were reviewed.</p>		<p>tested by location to at a minimum of pass or fail by 07/09/2025 by Boynton Fire Safety Service.</p> <p>Bi-annual smoke detector sensitivity testing has been completed on 07/09/2025 by Boynton Fire Safety Service.</p> <p>Element #2: This deficient practice could potentially affect all occupants in the event of failure to the fire alarm system. Ensure fire alarm system is tested and maintenance in accordance with LSC Section 19.3.4.1, 9.6 and NFPA 72.</p> <p>Element #3: Nursing Home Administrator/designee has completed re-education with the Environmental Services Director on Fire Alarm System policy by the completion date.</p> <p>Element #4: Environmental Services Director/designee will complete audits to ensure that Fire alarm devices have been recorded and tested by location to at a minimum of pass or fail and the smoke detector sensitivity testing gets completed as required. Audits will be completed weekly for four weeks and then monthly thereafter until substantial compliance has been sustained.</p> <p>Results of the audits will be reported to facility QAPI committee for review and recommendations. This plan of correction will be monitored at the routine Quality Assurance (QAPI) meeting until such a time it is identified by the committee that sustained substantial compliance has been achieved.</p>		

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K0363 SS= E	Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire	K0363	<p>The Nursing Home Administrator is responsible for attaining and maintaining compliance.</p> <p>Element #1: The corridor room door at resident room #20 has been repaired. Resident room #20 door has been checked to ensure the door closed to a positive latch.</p> <p>Element #2: This deficient practice could potentially affect 15 occupants of the facility in the event of a fire not being contained to the smoke compartment. Resident room doors in the facility have been checked and verified that they close to a positive latch. Any doors that did not close to a positive latch were fixed at the time of the audit.</p> <p>Element #3: Nursing Home Administrator/designee has completed re-education with the Environmental Services Director on the Fire and Smoke Doors policy to a positive latch by the completion date.</p> <p>Element #4: Environmental Services Director/designee will audit to ensure resident room doors close to a positive latch. Audits will be completed for 10 random resident rooms weekly for four weeks and then monthly thereafter until substantial compliance has been sustained.</p> <p>Results of the audits will be reported to facility QAPI committee for review and</p>	7/21/2025

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	<p>protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide corridor doors that would close and resist the passage of smoke in accordance with LSC 19.3.6.3. This deficient practice could potentially affect 15 occupants of the facility in the event of a fire not being contained to the smoke compartment</p> <p>Findings Include:</p> <p>On 6/25/25 at 10:10am, observation revealed the corridor room door at resident room #20 did not close to a positive latch as required in LSC 19.3.6.3.5.</p> <p>These findings were confirmed during an interview with Maintenance #1 at the time observed.</p>		<p>recommendations. This plan of correction will be monitored at the routine Quality Assurance (QAP) meeting until such a time it is identified by the committee that sustained substantial compliance has been achieved.</p> <p>The Nursing Home Administrator is responsible for attaining and maintaining compliance.</p>	