

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg Phy Rehab Ctr of Madison Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 31155 Dequindre Madison Heights, MI 48071	

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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34275</p> <p>This citation pertains to Intake # MI00121870</p> <p>Based on observation, interview, and record review, the facility failed to timely notify the physician of a resident's change in condition to ensure timely hospital treatment after a fall for a resident with a diagnosis of thrombocytopenia (a condition characterized by abnormal low levels of platelets generally requiring emergency care following major injury) for one (R31) of one resident reviewed for quality of care/falls, resulting in pain, severe bruising, an extended stay in the hospital and delay in diagnosis of a C2 (cervical spine) fracture. Findings include:</p> <p>A complaint was filed to the State Agency by a (name redacted) hospital staff that alleged concerns regarding a failure to seek immediate treatment after a fall due to the extent and severity of the injuries. The Complainant noted the residents face and neck area were severely bruised and swollen upon admission and the resident had a fractured left forament transversarium at the CT vertebrae.</p> <p>Review of (name redacted) hospital records documented, in part: In ED (emergency department), was found to have a significant hematoma with facial ecchymosis (bleeding under skin caused by bruising), C2 fracture . pancytopenic with platelet of 45 (a condition in which there is a lower-than normal number of red and white blood cells and platelets in the blood) .History of Present Illness .(name redacted) presents to the hospital apparently 5 days after multiple falls .She has extensive ecchymosis over her face, neck, and shoulders and is . thrombocytopenic (low platelet count) .Fracture of the left foramen transversarium at C2 .Per the EMS (emergency medical services) run sheet documentation she was sent here for a second opinion after the falls, although the reason for the delay is not appropriate. The patient herself is demented with markable impaired memory, she becomes quite tearful when asked a question she cannot answer .The resident reports posterior neck pain .Wound Care .Purple, diffused, irregular shaped ecchymosis to the forehead, peri orbital, eyes areas that extend under chin and cervical, back probable residual bleeding .Purple ecchymosis to L anterior forearm approximately 13 x 5 cm (centimeters) .</p> <p>On 8/24/21 at approximately 12:39 AM, R31 was observed with bruising covering her entire face and neck. Bruising was also noted on the right arm. A second observation was made on 8/25/21 at approximately 8:59 AM, again the resident was observed to have bruising of dark purple/black color over her entire face, neck, right and left arms. The resident reported having pain from lying in bed for so long but was not able to provide any information as to the fall and/or hospitalization .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235187	If continuation sheet Page 1 of 15

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<p>F 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the resident's clinical record documented that the resident was initially admitted to the facility on [DATE] with diagnoses that included: Type II diabetes, schizoaffective disorder, dementia with behavior and anxiety. A review of R31's Minimum Data Set (MDS) indicated the resident was significantly cognitively impaired.</p> <p>Continued review of the resident's record documented, in part, the following:</p> <p>Nursing Progress Note (8/5/21-3:08 PM): Writer was informed by staff the resident was on floor .observed resident on floor in supine position face down .Hematoma/Laceration to right side of skull . (Authored by Nurse 'X)</p> <p>Nursing Progress Note (8/5/21 - 10:34 PM): .Pain assessment: 5 patient cries out during any movement to her entire body. patient medicated times 1 with some relief .</p> <p>Nursing: Post Fall Documentation (8/6/21- 11:05 PM): Pain Assessment . Res did not give a numerical number but did say she was in pain .Res had bruising to the entire right side of her face, her neck and arm .</p> <p>Nursing: Post Fall Documentation (8/7/21- 9:00 PM): Pain Assessment 4/10 .Discoloration/bruising to the right side of face, neck, chin and left forearm. Laceration to top head .</p> <p>Nursing Progress Note: (8/9/21 - 4:20 PM): doctor request for patient to be sent to (name redacted) hospital . patient face and neck remains bluish in color. patient c/o (complains of) generalized body pain and medicated without relief .</p> <p>An Incident/accident report (date 8/5/21) was reviewed and documented, in part, the following: Resident (name redacted) R31 .Incident location .Resident's room .Nursing Description: Writer was informed by staff that resident was on floor between bed and nightstand. Observed resident on floor in supine position face down .Hematoma/laceration to right side of skull .STAT X-Ray .Injury Type .Bruise 1) top of scalp . Hematoma 1) Top of Scalp .</p> <p>R31's Care plan documented, in part: Focus: I have thrombocytopenia (a condition characterized by abnormal low levels of platelets) .Interventions .Observe for abnormal bleeding, bruising .weakness .: (11/24/21)</p> <p>A Radiology Results Report dated 8/5/21 documented in part, Procedure .Skull less than 4 views .Reason for Study .Localized swelling, Mass and Lump, Head .Findings: no acute fracture .Conclusions: Normal skull series. Skull radiographs are insensitive for subtle abnormalities. If clinical concern continues to exist, further workup with CT imaging is recommended .</p> <p>An attempt to contact Nurse X was made on 8/26/21 at approximately 8:20 AM. No contact was made, and the Facility reported the nurse was out on leave.</p> <p>(continued on next page)</p>

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F 0580 Level of Harm - Actual harm Residents Affected - Few	<p>On 8/26/21 at 9:50 AM an interview and record review were conducted with MD (Doctor of Medicine) W regarding R31. MD W reported that he was aware of R31's fall and had viewed her hospital records including photos and was aware of her severe bruising and fracture. He stated that residents who sustain a head trauma, like R31, should be sent out immediately to the hospital for further assessment and noted that he was not made aware of the situation on 8/5/21, but on 8/9/21 ordered the resident to be sent to the hospital. MD W indicated that Physician Extender Y may provide further information with respect to delayed hospital care. With respect to R31's diagnosis of thrombocytopenia he indicated that he was aware the resident had a low Platelet count and stated he had been in contact with the Hematologist yesterday. When asked when CBC (complete blood counts) should be obtained for residents with thrombocytopenia, he reported they should be completed monthly. When asked why the last CBC was completed in 11/2020, MD W indicated that it should have been done monthly. In addition, he stated that if a resident has a Platelet level under 15, they should be sent immediately to the hospital and residents who have bleeding should also be addressed immediately.</p> <p>On 8/26/21 at 11:20 AM, an interview was conducted with the Director of Nursing (DON) regarding a delay in hospitalization following R31's fall. The DON reported that he was aware of the fall and returned to the facility on Monday, August 9, 2021, and noted that R31 was severely bruised everywhere and needed to be sent to the Hospital for further evaluation. When asked if given the residents diagnoses, bruising and reported pain, should the resident have been sent out earlier, the DON reported that they should.</p> <p>On 8/26/21 at approximately 3:01 PM a voice message was left with Physician Extender Y. No return call was made prior to the end of the Survey.</p> <p>The facility policy titled, Change of Condition and Physician Notification documented, in part: .Physical Symptoms .If any one of these items occur contact the physician .Pain .New onset that is greater than 4 on 10-point scale .Pain worsening in severity or duration .Vital signs .Complete blood count .Platelets less than 50,000 .</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>22960</p> <p>Based on observation, interview, and record review, the facility failed to maintain privacy curtains in a sanitary manner, in six resident rooms (Rooms 102, 106, 122, 124, 205, and 208), resulting in soiled privacy curtains. Findings include:</p> <p>On 8/24/21 at 8:00 AM, during a tour of the facility with Housekeeping Manager U, the privacy curtains were observed to be soiled in rooms 102-1, 106-1, 122-1, 124-2, 205-1, 208-1, and 208-2. When queried about the cleaning frequency of the privacy curtains, Housekeeping Manager U stated that the curtains were audited monthly and cleaned as needed, and that they were changed when a room was deep cleaned/discharged .</p> <p>Review of the privacy curtain audit sheets revealed the last audit had been done on 8/11/21.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>41415</p> <p>Based on observation, interview and record review, the facility failed to ensure medications was administered according to professional standards of practice for one R77 of six residents reviewed for medication observation. Findings include:</p> <p>On 8/25/21 at 8:19 AM, a medication observation was conducted with Licensed Practical Nurse (LPN) L . While preparing medications for a resident, LPN L opened the top drawer of the medication cart revealing a plastic medication cup containing four pills. LPN L quickly closed the drawer and was asked to reopen the drawer. The medication cup was labeled with a resident's room in black marker. Two big white pills, one small white pill and one yellow pill was identified. When asked, LPN L stated in part, I get so busy sometimes and she (R77) gets her pills crushed, so it helps me to pre-pour hers. At the time of the observation, LPN L was preparing medications for another resident, however LPN L had already prepared medications for R77 and stored it in their cart. LPN L acknowledged that they shouldn't have prepared R77's medications without administering them before preparing and administering medications for other residents.</p> <p>Observation of the prepared medication for R77 contained the following: Aspirin 81 mg (milligram) chewable tablet, Metformin HCL 1000 mg tablet, Xanax 0.25 mg tablet and Senna Lax tablet.</p> <p>On 8/25/21 the Director Of Nursing (DON) B was interviewed and asked if it was normal protocol for the nurses to prepare medications and store them in their medication cart while preparing and administering medications for other residents. The DON B replied, absolutely not, it's unacceptable practice. At this time the facility policy for medication administration was requested, however not provided by the end of survey.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>Based on observation, interview and record review the facility failed to follow up with the neurologist as recommended by the hospital for one R68 of three residents reviewed for hospitalization s. Findings include:</p> <p>On 8/24/21 at 8:48 AM, R68 was observed sitting up in their bed. R68 was interviewed and answered all questions appropriately.</p> <p>Review of R68's medical chart revealed the resident was transferred to the hospital on 5/8/21 and 7/16/21.</p> <p>Review of a hospital History and Physical dated 5/9/21 documented in part, Chief Complaint- Breakthrough seizure . past medical history significant for seizure disorder . came to the hospital from extended care facility with a breakthrough seizure at facility patient did not recall event . was seen by neurology started on IV (Intravenous) Kepra IV fluid hydration she was admitted for further evaluation and treatment</p> <p>Review of a hospital Patient Discharge Summary dated 5/10/21 documented in part, Recommended Follow Up Information . (Doctor name redacted) Neurology . Follow Up Within 3-7 days</p> <p>Review of a Physician Progress Note dated 5/18/21 at 2:43 PM, documented in part (R68) is currently in observation unit due to being sent to the hospital . Impression . convulsions . PLAN . follow up with neurology when feasible</p> <p>R68 was admitted into the facility on [DATE] with a readmitted [DATE] and diagnoses that included: epilepsy, convulsions, and cerebral palsy.</p> <p>Review of the clinical record revealed no follow consultation documented with Neurology.</p> <p>Review of a Nursing Progress Note dated 7/16/21 at 6:00 PM, documented in part Resident had a grand mal seizure that lasted 7 minutes during dinner time. MD (Medical Doctor) notified, and the resident was send <sic> to the hospital via 911.</p> <p>Review of a SBAR (Situation Background Assessment Recommendation) Summary for Providers dated 7/16/21 at 6:01 PM, documented in part . resident had a seizure while she was in her bed for 7 minutes. During the seizure she urinated on her and she was constantly screaming . HR (heart rate) was 145 .</p> <p>Review of a hospital Patient Discharge Summary dated 7/19/21 documented in part, . DIAGNOSIS: Breakthrough seizure .</p> <p>Review of a Physician Progress Note dated 8/5/21 at 7:02 AM, documented in part . convulsions . follow up with neurology when feasible .</p> <p>Review of the clinical record revealed no follow up with Neurology documented.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/25/21 at 3:56 PM, the Director of Nursing (DON) B was asked to provide all Neurology consultation reports from May 2021 to current.</p> <p>On 8/26/21 at 3:52 PM, DON B stated the facility was unable to find a Neurology follow up consultation report. The DON stated they attempted to contact the Neurologist to see if the patient followed up in their office, however the Neurologist office was closed.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34275</p> <p>Based on observation, interview and record review the facility failed to ensure weekly weights were obtained two newly admitted /readmitted (R11 and R180) out of three reviewed for weights.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Weight Management (Revision date 2017) documented, in part: 1. Weigh all residents upon admission and readmission; weigh weekly for an additional three (3) weeks .All residents are weighed; staff can compare current weight to previous weight. Residents with weight variance are re-weighed within 48 hours .</p> <p>R180</p> <p>On 8/24/21 at approximately 9:23 AM, a full breakfast tray was placed on not eaten was observed in front of the resident. Unit Manager Nurse C reported that the resident had not been eating much.</p> <p>On 8/25/21 at approximately 8:49 AM during a med pass, 30 ml (milliliter)of sugar-free prostat was poured into a cup of water and mixed. It was observed R180 took two sips, and the remaining cup was left at the bedside table and the nurse exited out of the room.</p> <p>A review of R180's clinical record documented the resident was admitted to the facility on [DATE] with diagnoses that included: type II diabetes, acute respiratory failure, dementia without behavioral disturbance and anxiety disorder. A review of her Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 8/15 (moderately impaired cognition). The MDS indicated the resident was on a therapeutic diet and needed one person assistance from feeding.</p> <p>Continued review of the record noted the only weight taken from 8/4/21 to 8/25/21 were as follows:</p> <p>8/4/21: 153.0 Lbs.</p> <p>8/17/21: 123.0 Lbs.</p> <p>* Indicating a 19.60 weight loss within 30 days. It should be noted there were no further weights noted in the resident's clinical record.</p> <p>Progress notes authored by Registered Dietian E documented, in part, the following:</p> <p>8/5/21: (name redacted) R180 nutritional status was evaluated .My weight history is admission weight pending .My appetite/intake has been fair .</p> <p>8/17/21: Weight Change Note: .WEIGHT WARNING .RD review for sig weight change. Resident is triggering for sig weight loss at 30 days. Suspect initial weigh included w/c (wheelchair) or was otherwise inaccurate . Plan to add Medpass 2.0 12 mL 1x per day .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/25/21 at approximately 3:27 PM, an interview was conducted with RD E. When asked the facility protocol for obtaining weights, RD E reported that residents should be weighed upon admission and every week for at least four weeks. When queried as to R180's significant weight loss (19.6%), RD E stated that while an initial weight of 153 lbs. was logged into the resident's record, it most likely was taken from a hospital record and the resident was not weighed. When asked why a weight was not completed the second week after admission, the RD stated that it should have been. on WT.</p> <p>On 8/26/21 at 11:16 AM, an interview was conducted with the Director of Nursing (DON) regarding obtaining weights to ensure an accurate weight management. The DON reported that a resident should be weighed on the first day they are admitted if possible and then weekly thereafter to determine accuracy and possible decline.</p> <p>41415</p> <p>R11</p> <p>On 8/24/21 at 8:41 AM, an observation of R11 was made sitting up in their bed. An interview was conducted and R11 answered all questions appropriately.</p> <p>08/25/21 at 11:18 AM, R11 was observed sitting up in bed eating breakfast out of a Styrofoam container. When asked the resident stated his brother sent breakfast to him. Gravy with meat in it over hashbrowns was observed.</p> <p>R11 was admitted into the facility on [DATE] with diagnoses that included: end stage renal disease, congestive heart failure, dependence on renal dialysis and long-term use of insulin.</p> <p>Review of R11's weights revealed the following:</p> <p>2/18/2021 167.0 lbs. (pounds)</p> <p>3/3/2021 200.0 lbs.</p> <p>This indicated a possible weight increase of 19.76 %.</p> <p>The facility failed to weigh the resident weekly from the admitted and failed to document a re-weight to verify the accuracy of the admission weight.</p> <p>Review of the clinical record and dietary assessments failed to acknowledge and follow up on the weight discrepancy and the missed weekly weight.</p> <p>On 8/25/21 at 3:26 PM, Registered Dietician (RD) E was interviewed and asked about the discrepancy in the weights and why the weekly weights weren't obtained per protocol and replied they were not employed with the facility at that time but would look into it.</p> <p>On 8/25/21 at 3:56 PM, Director Of Nursing (DON) B was interviewed and asked how often weight should be obtained for a new admission and asked about the lack of follow up on the weight discrepancy and stated in part, . Once a week, but dialysis takes it too . DON B acknowledged the facility failed to obtain the weight weekly and stated they would look into it and follow up.</p> <p>(continued on next page)</p>		

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F 0692 Level of Harm - Actual harm Residents Affected - Few	On 8/25/21 at 4:17 PM, RD E returned with dialysis communication forms from February and pointed out that one of the forms dated 2/20/21 documented a weight of (converted to 212.5) which still identified a weight discrepancy. RD E was asked to provide any documentation that the facility was aware of the weight discrepancies at that time and followed up on it. No further information or documentation was provided by the end of survey.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41415</p> <p>This citation contains two deficient practice statements (DPS).</p> <p>DPS #1</p> <p>Based on observation, interview, and record review the facility failed to maintain good infection control standards and practices and ensure an effective Infection prevention and control program for 81 residents of 81 residents residing in the facility. Findings include:</p> <p>On 8/25/21 at 8:19 AM, a medication observation was conducted observing Licensed Practical Nurse (LPN) L. LPN L prepared and administered medications to R180. LPN L then prepped R180's left hand, second digit with an alcohol pad then used the lacing device and lancet to obtain a blood sample to test the resident's blood sugar level. The nurse held a gauze on the second digit for a few seconds and removed it. LPN L disposed of their gloves and the used gauze. R180's second digit continued to bleed. Blood was observed falling on the resident other fingers and onto the bedside table. LPN L quickly exited the room to return to their cart to obtain additional gauze. LPN L returned and immediately applied pressure to the second digit with the new gauze. LPN L was observed with blood all over both hands and the tape roll that they grabbed. LPN L continued to apply pressure for a few more minutes than applied a band aid. LPN J was not wearing gloves. LPN J then exited the room, wiped their hands with a disinfectant wipe and utilized the hand sanitizer. LPN J was observed to have touched the medication cart drawers, laptop, medication cups, water cups, medication packets and then proceeded to prepare and administered medications to the next resident.</p> <p>LPN J failed to wash their hands with soap in water after coming in contact with a resident's blood.</p> <p>A facility policy titled Cleaning Spills or Splashes of Blood or Body Fluids (revised January 2021) documented in part, . Spills or splashes of blood or other body fluids must be cleaned and the spill or splash area decontaminated as soon as practical . Whoever spills or splashes blood or body fluid . shall notify environmental services . Whoever is exposed to blood or body fluids shall report the occurrence to the Infection Preventionist and wash his/her hands as soon as practical after exposure .</p> <p>On 8/25/21 at 2:07 PM, the Director of Nursing (DON) B was interviewed and asked about the facility blood spill protocols regarding the observation with LPN J and asked if that was the facility normal protocol, DON B stated in part No, that requires automatic hand washing, and she should have reported that to us because that requires us to do additional things. DON B stated they would follow up.</p> <p>Review of the facility's Monthly Infection Control Log for the months of June and July 2021, revealed an incomplete analysis of data, trends and clusters, corrective actions and preventative measures taken by the facility.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg Phy Rehab Ctr of Madison Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 31155 Dequindre Madison Heights, MI 48071	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of both logs for June and July 2021 revealed the failure of the facility to ensure infection surveillance, analyzation of the data, reporting (if necessary) and the implementation of any education, training or interventions needed. Failure to review and analyze the data also reveals the concern of the facility to quickly identify infections, clusters, and outbreaks timely to intervene.</p> <p>A facility policy titled Infection Surveillance lasted reviewed 12/20, documented in part . A system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections . Monthly time periods will be used for capturing and reporting data . All resident infections will be tracked. Outbreaks will be investigated .</p> <p>On 8/26/21 at 4:12 PM, the DON who also serves as the facility's Infection Control Nurse (ICN) was interviewed and asked about the missing data for the months of June and July. The DON stated the facility has a new system in place and newly hired staff to help. The DON stated they have been putting in a lot of hours to try and capture things as they are happening.</p> <p>A facility policy titled Infection Preventionist last reviewed 12/20 documented in part, . Responsibilities of the Infection Preventionist include but are not limited to . Develop and implement an ongoing infection prevention and control program to prevent, recognize and control the onset and spread of infections . Establish facility-wide systems for the prevention, identification, reporting, investigations and control of infections and communicable diseases .</p> <p>22960</p> <p>Deficient Practice #2</p> <p>Based on interview and record review, the facility failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in water borne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all of the 81 residents in the facility.</p> <p>Findings include:</p> <p>On 8/24/21 at 1:00 PM, review of the facility's Water Management Plan (WMP) binder, revealed an undated document entitled Water Safety Plan Workbook Instructions, with the following guidance: 1. Establish the Facility Water Safety Team, Complete Worksheet 1. 2. Perform an ASHRAE 188 Compliance Audit, Complete Worksheet 2. 3. Describe each facility water system and draw a flow diagram. Complete Worksheet 3 . 4. Evaluate hazards, establish control limits, and monitor water systems. Complete appropriate worksheets and implement monitoring . 5. Verify Water Safety Plan. Water Safety Team shall meet regularly to review water safety program .Annually update ASHRAE 188 Compliance Audit (Worksheet 2), Annually update and re-verify flow diagrams and hazard analysis (Worksheets 3 through 18), Record all Water Safety Team meetings to document meeting and actions .</p> <p>Further review of the facility's WMP binder, revealed a template with worksheets for developing a WMP. The template was labeled with the facility's previous name but was blank otherwise.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview to discuss the facility's Water Management Plan (WMP), at 1:30 PM on 8/24/21, with Maintenance Supervisor T, it was found that no active WMP was being carried out in the facility.</p> <p>When asked if there was currently a team in place to oversee the WMP, Maintenance Supervisor T stated, Basically not.</p> <p>When asked if there was a facility risk assessment that identified where legionella and other OPPP could grow and spread in the facility, Maintenance Supervisor T stated they flush the toilets weekly in the unit that is currently off-line but stated there is not a map showing where high risk areas are within the facility.</p> <p>When asked if the facility has specified testing protocols and acceptable ranges for control measures, Maintenance Supervisor T stated We check the water temperatures in the resident bathrooms.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>41415</p> <p>Based on interview and record review the facility failed to establish and implement an effective antibiotic stewardship program that included protocols for appropriate antibiotic use for two (R's 31 and 51) of 18 sampled residents reviewed for antibiotic use. Findings include:</p> <p>Review of the facility's Monthly Infection Control Log (Line List) for May, June & July 2021 revealed no documentation of any of the residents meeting the criteria for antibiotic usage. The logs contained no documented signs or symptoms or evaluation of appropriateness of the prescribed antibiotics.</p> <p>On 8/26/21 at 4:12 PM, the Director of Nursing (DON) who also serves as the facility's Infection Control Nurse (ICN) was interviewed and asked about the criteria utilized by the facility and they confirmed that it was the McGreer criteria. When asked about the missing data on the facility's log the DON stated in part that the facility recently implemented a new program that doesn't allow the documentation to show the resident's meeting criteria for the antibiotics.</p> <p>Review of the facility's Month End Operation / Antibiotics reports for the month of May, June and July of 2021 revealed R's 31 & 51 were currently receiving antibiotics and not documented on the facility's Infection Control Log.</p> <p>Review of R31's physician orders revealed the following:</p> <p>Keflex Capsule 250 MG (milligram), Give 1 capsule by mouth one time a day for UTI (Urinary Tract Infection) prevention suppressive therapy. Start Date 1/23/2018 and End Date of 8/11/2021.</p> <p>Review of a hospital Patient Discharge Summary dated 8/16/21 documented in part, . Diagnosis: UTI . despite the administration of Keflex (for three and half years) for UTI prevention suppressive therapy the resident was hospitalized and diagnosed with a UTI.</p> <p>On 8/26/21 at 10:09 AM, Physician W who was identified as R31's primary physician at the facility was interviewed. Physician W was asked about their beliefs on treating residents with antibiotics prophylactically with antibiotics and stated in part, . I am not a fan of that, I don't believe in that . When specifically asked about R31 and the years of Keflex administration to prevent a UTI which the resident was recently admitted in the hospital for, Physician W stated that he had inherited that resident from a prior physician at the facility and was told that urology made that recommendation.</p> <p>On 8/25/21 at 2:29 PM, the DON was asked to provide a copy of the urology consultation report that documented the Keflex to use as prevention and suppressive therapy and no additional documentation was provided by the end of survey.</p> <p>Review of 51's physician orders revealed the following:</p> <p>Demeclocycline HCl Tablet, give 300 mg by mouth two times a day related to HYPO-OSMOLALITY AND HYPONATREMIA. Start date of 4/3/2020 and End date Indefinite.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R51 had been receiving this antibiotic for 1 year and 4 months at the time of this survey.</p> <p>On 8/26/21 at 2:11 PM, the DON was asked how R's 31 and 51 was receiving antibiotics for the past year but neither are documented on the facility's log. The DON was asked why both residents were receiving long term antibiotics, the DON obtained both resident names and stated they will follow up.</p> <p>No further explanation or documentation was received by the end of survey.</p>		