STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235664	A. Building B. Wing	05/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 This citation pertains to intake #s: MI00122520 and MI00125036. Based on observation, interview and record review, the facility failed to maintain a clean, comfortable, homelike environment, as evidenced by soiled floors, walls, and odors throughout the building. This deficient practice had the potential to affect all 64 residents in the facility. Findings include: From 5/2/22 at 8:30 AM to 5/3/22 at 5:30 PM, the facility was observed to have lingering offensive odors present throughout the hallways. On 5/3/22 at 2:25 PM, observation of the facility's west hallway revealed there was a dried, dark brown substance that appeared to be sprayed onto the wall and surrounding ceiling. 34208 On 5/2/22 at 10:35 AM, a review of room [ROOM NUMBER] was conducted. Upon entry to the room, a noticeable pervasive odor of urine and feces was detected. Bed 112-A, the bed nearest the door was observed to be against the wall and multiple brown stains were observed smeared on the wall next to the bed. The sheets on 112-B were observed to have a large wet spot that was yellow in color, no one was present in the bed at that time. The trash can in the room was noted to be full with no can liner. On 5/2/22 at 11:20 AM, the floor in the hallway near room [ROOM NUMBER] was observed to have large sticky spots and an audible sticking sound could be heard when the floor in that area was walked upon. On 5/2/22 at 11:40 AM, a second review of room [ROOM NUMBER] was conducted. The yellow stained sheet on 112-B could still be observed. The room remained with a foul odor of urine and feces. On 5/2/22 at 1:00 PM, an observation of the bed in 112-A was conducted and revealed sheets soiled with food debris/crumbs and drink spillage from the lunch meal. The room remained with a foul odor of urine. On 5/2/22 at 2:35 PM, the bed in 112-A remained with food debris/crumbs and drink spillage. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/3/22 at 8:35 AM, the floor in the hallway near room [ROOM NUMBER] remained with the large sticky spots. On 5/3/22 at 11:40 AM and 4:50 PM, and 5/4/22 at 9:50 AM, room [ROOM NUMBER] remained with a foul odor of urine. A facility document titled Environmental Conditions was reviewed and revealed the following: [Name of facility] is committed to following a proper procedure for resident, staff and visitor safety . PURPOSE: To ensure the facility is designed, constructed, equipped, and maintained to provide a safe, functional, sanitary, and comfortable environment for the residents, staff and visitors .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 Based on observation, interview and record review the facility failed to report an allegation of abuse to the State Agency (SA) for one resident (R729) of three residents reviewed for abuse/neglect. Findings include: On 5/2/22 at approximately 11:38 a.m., R729 was observed in their room, laying in their bed. R729 indicated that they had an issue with CNA U in which CNA U hit them while providing care. R729 indicated that nobody had followed up with them and was unsure of the status of CNA U. On 5/2/22 the medical record for R729 was reviewed and revealed the following: R729 was initially admitted to the facility on [DATE] and had diagnoses including Bipolar disorder and Morbid Obesity. A review of R729's MDS (minimum data set) with an ARD (assessment reference date) of 4/7/22 indicated R729 needed extensive assistance from facility staff with most of their activities of daily living. R729's BIMS score (brief interview of mental status) was 15 indicating intact cognition. A Nursing progress note dated 4/19/2022 revealed the following: Resident stated that she has been abused by an AIDE [CNA U] Administrator notified at the time the incident was reported . On 5/4/22 at approximately 1:43 p.m., Nurse W was queried regarding the allegation, and they indicated that R729 had informed them of the allegation after CNA U had left the room. Nurse W indicated they informed the Administrator once whey were made aware of the allegation. Nurse W was queried what R729 had reported to them, and they indicated that R729 alleged CNA U had hit them on the side while doing care. Nurse W indicated that they removed CNA U from providing care and assessed R729 for any skin impairments and none were identified. On 5/5/22 at approximately 8:05 a.m., The Administrator was queried regarding the allegation of CNA U hitting R729 during care on 4/19/22. The Administrator was queried if they had reported the allegation to the SA immediately, but not later than 2 hours, and they indicated they did not. The Administrator was queried why they did not report the allegation to the SA and they indicated that R729 did not use the word abuse at all that they felt it was more of an issue with the way the care was being provided. A Review of a facility document pertaining to Abuse, Neglect and Exploitation revealed the following: . Reporting of all alleged violations to the Administrator, state agency . and to all other required agencies (e.g., law enforcement when applicable) within specified timeframe's . Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse .

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 This citation pertains to intake #MI00128087. Based on interview and record review the facility failed to complete a thorough investigation in a timely manner for an allegation of misappropriation for one resident (R713) of three residents reviewed for abuse/neglect. Findings include: On 5/2/22 a facility reported incident submitted to the Stage Agency (SA) was reviewed that alleged R713 had reported on 4/11/22 an allegation of misappropriation pertaining to a missing debit card and fraudulent charges that were made on it. On 5/2/22 at approximately 11:44 a.m., R713 was observed in their room, laying in their bed. R713 was queried regarding the allegation of misappropriation pertaining to their debit card. R713 indicated that their nephew had come at the beginning of the month to pay their bills with the card and that the card was missing and when they called the bank there were some charges on it that they believed they had not made. R713 indicated they had called the police and the police were investigating but they did not know the status of the investigation. On 5/2/22 the medical record for R713 was reviewed and revealed the following: R713 was initially admitted to the facility on [DATE] and had diagnoses including Chronic obstructive pulmonary disease and Congestive heart failure. A review of R713's MDS (minimum data set) with an ARD (assessment reference date) of 1/21/22 indicated R713 needed extensive assistance from facility staff with most of their activities of daily living. R713's BIMS score (brief interview of mental status) was 15 indicating intact cognition. On 5/2/22 a facility investigation pertaining to R713's allegation was reviewed and revealed the following: Incident Summary: On 04/11/22, Resident [R713], informed Administrator that she discovered her debit card missing between 04/03 and 04/05. [R713]said that her nephew arrived at the facility on 04/03 as he normally does, to get an account of monthly bills that need to be paid on her behalf. Resident [R713] states that when her nephew arrived, the debit card could not be found. Resident [R713] states that she checked her account and noticed fraudulent charges were made on 04/01. At this time, Resident [R713] stated that she made a claim with her bank and canceled her card. Per resident, fraudulent charges happened at a Detroit store. Resident [R713] states that she also informed the police. Resident [R713] informed Administrator that a new debit card arrived. Administrator inquired if Resident [R713] had any valuable items in her room that she would like locked up. She states that she has one additional debit card and prefers to keep it with her. 5 Day investigation will ensue (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Investigation Summary/Actions Taken: During interview via Administrator, Resident [R713] was offered to lock up any additional valuable belongings. Resident [R713] stated that she had a [name of grocery] debit card that she preferred to keep with her. Administrator noted that Resident [R713's] belongings were in close proximity to the resident. Resident [R713] informed Administrator that a new debit card arrived. DON, [Director of Nursing] states that staff members looked thoroughly in the residents room for the debit card, however, it was not found. [Receptionist F] stated that she was part of the team who searched for the card. She states that the room was thoroughly searched, to no avail. Administrator advised Resident [R713] to include the details of fraudulent charges found on 04/01 in the already reported police report. Resident [R713] stated she would include these details in the police report that she initiated. Per Resident [R713], there has been no additional information by the bank or police department in identifying the individual who made the fraudulent charges on 04/01 at a Detroit store. In review of the 5-day investigation, it is substantiated that Resident [R713] debit card was out of her possession to fraudulent charges encountered on 04/01. However, it's inconclusive of the individual responsible for the charges. Administrator advised Resident [R713] that she would assist in all measures (as requested) in the investigation with the police and bank. To date, Resident [R713] prefers to keep her valuables within her reach at her bedside . On 5/2/22 at approximately 3:17 p.m., The Administrator was queried regarding the facility reported investigation of R713's alleged misappropriation. The Administrator indicated that R713 had called police and that they had never spoken with the police department or followed up with the officer in charge of the investigation. The Administrator was queried regarding interviewing of other residents in the facility to ascertain if a pattern had developed of misappropriation and they indicated they did not interview any other residents pertaining to this specific event to see if anyone was missing money or had fraudulent charges on any cards. The Administrator was queried regarding the lack of facility staff witness statements from alleged dates of the missing card (4/3/22-4/5/22) and the Administrator indicated the only staff member statement completed in the investigation was from receptionist F regarding the search for the missing debit card. The Administrator was queried how they could complete their investigation when no other staff were interviewed regarding the missing card when R713 had indicated the date window they though it had gone missing or why no other residents were queried if they had any missing money during the timeframe the alleged allegation took place and they indicated that it would make sense to complete those interviews but that it was not done. On 5/5/22 a document pertaining to abuse/neglect and exploitation was reviewed and revealed the following: A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Investigations may include but not limited to: . Identifying staff responsible for the investigation; 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence); 3. Investigating different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 This citation pertains to intake #MI00125854 Based on observation, interview and record review the facility failed to ensure the facility staff maintained professional standards, protocols, and practices for one (R703) of 28 sampled residents. Findings include: On 5/2/22 at 11:20 AM, R703 was observed sitting in a wheelchair in the hallway just outside of the therapy room. When asked to have discussion in their room, R703 began making comments about religion and appeared very confused. On 5/2/22 at 12:34 PM, R703 was observed seated in a wheelchair in their room with their pants down around their ankles behind the privacy curtain. When asked what they were doing, R703 responded by asking to join them for lunch. Review of the clinical record revealed R703 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: unspecified psychosis not due to a substance or known physiological condition, bipolar disorder current episode mixed, paranoid schizophrenia, and schizoaffective disorder bipolar type. According to the Minimum Data Set (MDS) dated [DATE], R703 had moderate cognitive impairment, was usually able to make self understood and sometimes understands others, was independent with setup help only for locomotion on and off the unit and used a wheelchair for mobility. Review of the physician orders included an antibiotic order for Nitrofurantoin Microcrystal (antibiotic) Capsule 100 MG Give 1 capsule by mouth every 6 hours for UTI (Urinary Tract Infection) for 10 Days with a start date of 4/28/22. Further review of the Medication Administration Record (MAR) revealed a code of 9 (which meant see progress note) on 5/2/22 at 12:00 PM and a blank entry for 5/2/22 at 6:00 PM. The entry at 12:00 PM was noted as initialed by Nurse Extern 'B'. Review of the electronic MAR note for the corresponding entry was noted as written by Student Nurse (Nurse Extern 'B') which read, pharm notified. There was no further explanation as to whether the medication was not available for administration, or whether the physician had been notified of the missed administration for either entries above. On 5/3/22 at 2:39 PM, an interview was conducted with Nurse Extern 'B'. When asked about their documentation for R703 on 5/2/22 regarding the antibiotic medication, Nurse Extern 'B' reported they were not assigned to R703. When asked how that could be when their initials were documented on R703's MAR as the person that administered the medication, as well as an entry that the pharmacy had been notified, Nurse Extern 'B' reported their supervisor on 5/2/22 was Unit Manager 'E' (who was not available for interview due to family emergency per the Director of Nursing/DON) and when they split the middle hallway, sometimes they switched rooms back and forth and Unit Manager 'E' may have used their medication cart for R703's medication and signed under their name. When asked if that was how medications should be administered and documented, Nurse Extern 'B' declined to offer any further explanation. (continued on next page)

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Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/3/22 at 2:55 PM, an interview was conducted with the DON. When informed of the discussion with Nurse Extern 'B' and whether that followed standards of professional practices, the DON reported that should never have occurred, staff were not to share medication carts and use same computer logins.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 This citation pertains to intake #MI00122520 Based on observation, interview, and record review, the facility failed to ensure wound care was rendered per physician's orders for one resident (R#717) of three residents reviewed for wound care. Findings include: A review of a facility provided policy titled, Wound Treatment Management and Documentation revised 7/2021 was conducted and read, Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. The facility completes accurate documentation of wound assessments and treatments, including response to treatment, change in condition, and changes in treatment . On 5/2/22 at 11:35 PM, R717 was observed in their bed. At that time, an interview was conducted with R717 and said they had not been out of their bed in about a week. R717 said they had sores on the back of their legs, and they were supposed to have the dressings changed daily; but staff were not doing it. With R717's permission, their legs were observed and appeared to have large gauze pads on their calves secured to their leg with medical tape. It was observed the tape around their legs was dated 4/29/22. On 5/3/22 at 2:55 PM, R717 was observed in bed. At that time, with R717's permission, their legs were again observed to have the large gauze pads secured to their calves with medical tape dated 4/29/22. R717 said staff told them they ran out of the white gauze they were supposed to use to wrap their legs. R717 said the doctor told them the wound dressings were supposed to be changed every day, but they hadn't been changed in, a couple of days. A review of R717's clinical record was conducted and revealed an admitted [DATE] with diagnoses that included: heart failure, peripheral vascular disease, clotting factor deficiency, protein calorie malnutrition, and muscle weakness. A review of R717's physician's orders revealed an order dated 3/18/22 that read, Cleanse open areas at bilateral lower legs (calf) with wound cleanser, apply xeroform (a specialized gauze that is non-adherent and maintains a moist wound environment) and wrap with kirlex <sic> (a bulky rolled gauze) q (every) day and PRN (as needed). Continued review of R717's clinical record included a review of their Treatment Administration Record and revealed the following: On 4/30/22 and 5/1/22 Licensed Practical Nurse (LPN) 'DD' signed off the treatment as being completed. On 5/2/22 Nurse Extern 'C' signed off the treatment as being completed. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/3/22 at 4:40 PM, R717's dressings were observed with the facility's Director of Nursing. The DON confirmed the date on the dressings were 4/29/22. At that time, it was brought to the DON's attention staff had signed off as having done the treatments on 4/30/22, 5/1/22, and 5/2/22. It was also brought to the DON's attention that the physician's orders were not gauze taped to the calves, rather xeroform gauze to be wrapped in kerlix. The DON was then asked if the observed dressing on R717's legs was appropriate and they said they knew the facility had been out of kerlix so they would look into an alternate wound covering, but the tape was not acceptable. Upon exiting the room, the DON told R717's assigned nurse to change the dressings and wrap them with ACE wraps. On 5/4/22 at 8:20 AM R717 was observed in bed. With their permission, an observation of R717's legs again revealed gauze taped to their legs dated 5/4/22. R717 said staff had changed the dressings but they were still out of the kerlix. On 5/4/22 at 2:01 PM, a follow-up interview was conducted with the facility's DON. They were made aware R717's dressings to their legs were again, gauze taped to their legs. The DON said, I gave them supplies yesterday, they didn't use them? The DON was then asked if individual nurses reserved the professional judgment to not follow a physician's order for wound treatment or whether the physician should have been contacted about the lack of supplies; and perhaps could have ordered something alternative; they offered no explanation at that time.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 This citation pertains to intake #s: MI00122520 and MI00124521. Based on observation, interview and record review, the facility failed to recognize changes in the resident's behaviors and implement increased supervision/monitoring per plan of care for one (R703) of nine residents reviewed for accidents/supervision, resulting in R703 contacting R704 in a quarreling manner in which R704 sustained a skin tear and R703 allegedly contacting R705 in which R704 received a bruise to their arm. Findings include: On 5/2/22 at 11:20 AM, R703 was observed sitting in a wheelchair in the hallway just outside of the therapy room. When asked to have discussion in their room, R703 began making comments about religion and appeared very confused. On 5/2/22 at 12:34 PM, R703 was observed seated in a wheelchair in their room with their pants down around their ankles behind the privacy curtain. When asked what they were doing, R703 responded by asking to join them for lunch. Review of the clinical record revealed R703 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: unspecified psychosis not due to a substance or known physiological condition, bipolar disorder current episode mixed, paranoid schizophrenia, and schizoaffective disorder bipolar type. According to the Minimum Data Set (MDS) dated [DATE], R703 had moderate cognitive impairment, was usually able to make self understood and sometimes understands others, was independent with setup help only for locomotion on and off the unit and used a wheelchair for mobility. Review of the care plans included several for behaviors, which read: I self propel around the facility daily. There are times when I may stop at the nurses station, dining room and/or the entrance of other peers room. There may be times when I don't have a specific destination Initiated on 7/14/21. Interventions included: Intervene in any observed interaction that may have a negative outcome (Initiated 7/14/21). Monitor my interactions with other peers (Initiated 7/14/21). I have potential to demonstrate behaviors I tap the top of my hands r/t (related to) Dementia. I may yell out at times at staff and/or residents or attempt to touch them agressively <sic> (Date initiated 8/27/21, Revised 1/4/22). (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness (Initiated 8/27/21). Provide consistency in care to promote my comfort with ADLs. Maintain consistency in timing of ADLs, caregivers and routine, as much as possible Initiated 8/27/21. Redirect my behavior as needed Initiated 8/27/21. Review of facility reported incident (FRI) reports revealed R703 was involved in several incidents of resident-to-resident altercations on 11/7/21 with minor injuries. Review of multiple FRI reports revealed R703 has been involved in multiple other incidents of resident-to-resident altercations (both at this facility and several at a sister facility). According to the FRI investigation summary reported on 11/7/21 at 4:57 PM, .On 11/7/21 at approximately 3:40pm, Nurse 'AA' informed the Administrator that while (R703) and (R704) were conversing with each other, resident (R703) made contact with resident (R704) via the lower limbs in a quarreling manner. Resident (R704) responded in like manner which led to both residents making continuous contact via the lower limbs, which resulted in a small skin tear to the lower limb of resident (R704) .In review of the MAR (Medication Administration Record), resident (R703) refused all medications from 11/7-11/11/21, including those to treat her diagnosis of psychosis. She recently completed a round on antibiotics on 11/3 . According to the FRI investigation summary which was reported on 11/7/21 at 5:31 PM, .On 11/7/21 at approximately 5pm, Nurse 'Z' notified the Administrator that resident (R705) had discoloration to the upper left limb. When Nurse 'Z' inquired of the origin, resident (R705) stated and made a motion with her hand that resident (R703) made contact to resident (R705's) upper extremity earlier in the day with her hand .In review of the MAR, resident (R703) refused medications from 11/7-11/11/21, including those to treat her diagnosis of psychosis. She recently completed a round of antibiotics on 11/3. On 11/11, MD advised that resident (R703) be admitted for an inpatient psychiatric stay . Following these incidents, the facility identified a pattern of increased behaviors following R703's refusal of psychotropic medication and urinary tract infection. Further review of the clinical record included recent progress notes and MAR entries of R703 refusing their psychotropic medication beginning 4/20/22 and initiation of antibiotics for a urinary tract infection on 4/28/22. There was no evidence that the facility had identified R703's refusal of medication and infection and need for increased monitoring for interactions with other residents during this time. On 5/2/22 at 11:25 AM, R704 was observed seated in w/c in hallway on the east hall watching tv with several other residents. R704 declined going to their room to discuss details of the incident with R703 and reported no further concerns. Review of the clinical record revealed R704 was admitted into the facility on [DATE] with diagnoses that included: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, aphasia following cerebral infarction, and anxiety disorder. (continued on next page)

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	235664	A. Building B. Wing	05/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the MDS assessment dated [DATE], R704 had no communication concerns, had intact cognition, required extensive assistance of one-person physical assist for bed mobility and transfers, was independent with setup help only for locomotion on and off the unit, had upper and lower extremity impairment on one side, and used a wheelchair for mobility. On 5/2/22 at 11:30 AM, R705 was observed lying in bed. The resident was non-verbal but used hand gestures and responded appropriately to yes/no questions asked. R705 denied any further concerns with R703 since the incident in November 2021. Review of the clinical record revealed R705 was admitted into the facility on [DATE] with diagnoses that included: COVID-19 (12/21/21), unspecified sequelae of unspecified cerebrovascular disease, aphasia following cerebral infarction, and mood disorder. According to the MDS assessment dated [DATE], R705 was usually understood and usually able to understand others, had intact cognition, required extensive assistance of one person for bed mobility, and was totally dependent upon two or more people for transfers, dressing, personal hygiene. On 5/2/22 at 2:35 PM, an interview was conducted with the Administrator to review the FRI's involving R703, R704, and R705. The Administrator reported R703 and R704 had been observed kicking each other and upon starting skin sweeps to rule out potential abuse for residents that were non-verbal, they identified the bruise on R705's arm. The Administrator reported there have been no further incidents since November. When asked what had been implemented in November 2021 to prevent future occurrences, they reported R703's room was changed to have no roommate and to be closer to the nursing station in center hallway for increased supervision. When asked if they were aware of any recent changes in R703's behaviors such as medication refusals, or start on antibiotic for urinary infection, the Administrator reported they were not. The Administrator was asked about what the current nurse staffing was for Monday 5/2/22 and reported there were currently two nurses and two certified nursing assistants (CNAs). When asked if fully staffed, what would be the schedule, the Administrator reported their census was 64 and there was supposed to be three nurses and five CNAs. When asked how nursing staff were able to provide additional supervision/monitoring for residents such as R703 given the current staffing levels, the Administrator was unable to offer any further explanation. On 5/3/22 at 8:50 AM, an interview was conducted with the Director of Nursing (DON). When asked about what supervision was being provided for R703 given the recent changes in behaviors such as medication refusal and start of antibiotic medication, the DON reported Behaviors were escalated and believe they (behaviors) indicated an infection .Generally (R703) a happy camper .should've seen her, she kicked and yelled in my office . When asked what had been done following that to make sure adequate supervision was provided following their outburst in the DON's office, especially given the concerns regarding the current nurse staffing assignment, the DON reported the resident was argumentative and refusing urine collection over the weekend. The DON further reported R703 started on antibiotic medication Since it was apparent from her behaviors and history repeats itself. Staffing is biggest challenge.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 This citation pertains to intake#'s MI00122520, MI00125084, MI00126959, MI00127165, MI00128225 and MI00125036. Based on observation, interview and record review the facility failed to ensure sufficient nursing staff were provided to meet resident needs for four residents (R#'s 703, 713, 716 and 717 of four residents reviewed for staffing. Findings include: On 5/2/22 a concern submitted to the Stage Agency was reviewed which indicated the facility did not have enough staff to care for the residents. Resident #713 On 5/2/22 at approximately 11:44 a.m., R713 was observed in their room, laying in their bed. R713 was queried if they had any concerns regarding their care and they indicated that there is not enough staff to get them out of bed. R713 indicated they have not had a wheelchair in their room in over a week and nobody is around to get them out of bed because it takes two people to get them up. R713 indicated they have not been able to get out of bed in over a week. On 5/4/22 at approximately 8:31 a.m., R713 was observed in their room, laying in their bed. R713 indicated that nobody was able to get them out of bed on the previous day (5/3). R713 indicated that they still did not have a wheelchair in their room. On 5/4/22 at approximately 12:37 p.m., R713 was still observed in their room, laying in their bed in a hospital gown. R713 was queried if anyone had offered to get them up for the day and they indicated that nobody had but that someone had brought them in a wheelchair and said that it had been in the therapy room for the last week. On 5/4/22 at approximately 12:40 p.m., CNA (Certified Nursing Assistant) K and CNA EE were queried together why they were not able to assist R713 out of bed yet. CNA EE indicated they had been busy that morning and did not have the time required to assist R713 out of bed. CNA K indicated that staffing is short, and they do they best they can to just get check and changes completed. CNA EE indicated they would try to get R713 up after the lunch meal because they needed two people to get R713 up because they require a Hoyer lift. On 5/2/22 the medical record for R713 was reviewed and revealed the following: R713 was initially admitted to the facility on [DATE] and had diagnoses including Chronic obstructive pulmonary disease and Congestive heart failure. A review of R713's MDS (minimum data set) with an ARD (assessment reference date) of 1/21/22 indicated R713 needed extensive assistance from facility staff with most of their activities of daily living. R713's BIMS score (brief interview of mental status) was 15 indicating intact cognition. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of R713's care plan revealed the following: have an ADL Self Care Performance Deficit r/t (related to) decreased mobility .Interventions: TRANSFERRING-Hoyer (Mechanical Lift) by X 2 person assist . Resident #716 On 5/3/22 at approximately 2:42 p.m., R716 was observed in their room, laying in their bed in a hospital gown. R716 was queried how the care in the facility was and they indicated that nobody had gotten them out of bed all day long. R716 indicated there was not enough help to get her out of bed. On 5/4/22 at approximately 8:34 a.m., R716 was observed in their room, laying in their bed in the same hospital gown as the previous day. R716 was queried if anyone had assisted them out of bed the previous day (5/3) and they indicated that nobody had. R716 was queried if anyone had helped them change their gown and they indicated nobody had and that there are not enough staff. R716 indicated that they were worried the same thing was going to happen as the previous day because they are supposed to get up early in the morning and nobody had come to help get them up. On 5/2/22 the medical record for R716 was reviewed and revealed the following: R716's MDS with an ARD of 2/27/22 revealed R716 needed extensive assistance from staff with their activities of daily living. R716's BIMS score was 13 indicating intact cognition. 30675 R703: Review of the clinical record revealed R703 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: unspecified psychosis not due to a substance or known physiological condition, bipolar disorder current episode mixed, paranoid schizophrenia, and schizoaffective disorder bipolar type. According to the Minimum Data Set (MDS) dated [DATE], R703 had moderate cognitive impairment, was usually able to make self-understood and sometimes understands others, was independent with setup help only for locomotion on and off the unit and used a wheelchair for mobility. Review of the care plans included several for behaviors, which read: Interventions included: Intervene in any observed interaction that may have a negative outcome (Initiated 7/14/21). Monitor my interactions with other peers (Initiated 7/14/21). I have potential to demonstrate behaviors I tap the top of my hands r/t (related to) Dementia. I may yell out at times at staff and/or residents or attempt to touch them agressively <sic> (Date initiated 8/27/21, Revised 1/4/22). Interventions included: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer medications as ordered. Monitor/document for side effects and effectiveness (Initiated 8/27/21). Provide consistency in care to promote my comfort with ADLs. Maintain consistency in timing of ADLs, caregivers and routine, as much as possible Initiated 8/27/21. Redirect my behavior as needed Initiated 8/27/21. Review of facility reported incident (FRI) reports revealed R703 was involved in several incidents of resident-to-resident altercations on 11/7/21 with minor injuries. Following these incidents, the facility identified a pattern of increased behaviors following R703's refusal of psychotropic medication and urinary tract infection. Further review of the clinical record included recent progress notes and MAR entries of R703 refusing their psychotropic medication beginning 4/20/22 and initiation of antibiotics for a urinary tract infection on 4/28/22. There was no evidence that the facility had identified R703's refusal of medication and infection and need for increased monitoring for interactions with other residents during this time. On 5/2/22 at 2:35 PM, an interview was conducted with the Administrator to review the FRI's involving R703. The Administrator reported there have been no further incidents since November. When asked what had been implemented in November 2021 to prevent future occurrences, they reported R703's room was changed to have no roommate and to be closer to the nursing station in center hallway for increased supervision. When asked if they were aware of any recent changes in R703's behaviors such as medication refusals, or start on antibiotic for urinary infection, the Administrator reported they were not. The Administrator was asked about what the current nurse staffing was for Monday 5/2/22 and reported there were currently two nurses and two certified nursing assistants (CNAs). When asked if fully staffed, what would be the schedule, the Administrator reported their census was 64 and there was supposed to be three nurses and five CNAs. When asked how nursing staff were able to provide additional supervision/monitoring for residents such as R703 given the current staffing levels, the Administrator was unable to offer any further explanation. On 5/3/22 at 8:50 AM, an interview was conducted with the Director of Nursing (DON). When asked about what supervision was being provided for R703 given the recent changes in behaviors such as medication refusal and start of antibiotic medication, the DON reported Behaviors were escalated and believe they (behaviors) indicated an infection .Generally (R703) a happy camper .should've seen her, she kicked and yelled in my office . When asked what had been done following that to make sure adequate supervision was provided following their outburst in the DON's office, especially given the concerns regarding the current nurse staffing assignment, the DON reported the resident was argumentative and refusing urine collection over the weekend. The DON further reported R703 started on antibiotic medication Since it was apparent from her behaviors and history repeats itself. Staffing is biggest challenge. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	When asked about what the facility was doing regarding the staffing challenges and making sure the resident's needs were being provided such as activities of daily living, incontinence care, etc., the DON reported, For a few months, only a few of us were here. Like I said staffing is the root of all evil. Is it more important to give a shower, or make sure they are dry? When asked how staffing was handled on the weekend and if they utilized any weekend managers, the DON reported, Weekend manager is out on maternity leave now. Had a conversation with the Unit Managers the other day, so not really completed training on that yet. 34208 On 5/2/22 at 11:35 AM, R717 was interviewed about their experience in the facility. R717 expressed concerns they were not getting the scheduled showers, their hair washed, and had not been out of bed in at least a week. R717 was asked if they would like to get out of bed into a chair or their wheelchair and said they would. R717 said staff would have to help them, and since their therapy had stopped, no one had been assisting them to get out of bed. R717 said the staff seems too busy. On 5/2/22 at 2:58 PM, an interview was conducted with CNA 'J' about their assignment for their shift. CNA 'J' said staffing for the shift was two nurses and two CNA's. CNA 'J' was asked how many residents they were assigned on their shift and reported 34. CNA 'J' was asked if they would be able to complete all their required tasks (including scheduled baths) with 34 patients and did not directly answer the question but said, I'm just trying to keep everyone changed and dry. On 5/22/22 at 3:00 PM, a review of the schedule on the 1 East unit was reviewed and indicated CNA 'K' had rooms 101-124, CNA 'J' had rooms 126 thru 150 (it was noted CNA 'J's assignment included several transmission-based precaution rooms), Unit Manager Nurse 'E' was assigned rooms 101-128, and Nurse Extern 'B' was assigned rooms 129-150. On 5/22/22 at 3:05 PM, a review of a facility map revealed the facility layout contained areas, 1 West, rooms 101-116, 1 Center Hall rooms 117-135, and 1 East rooms 136-150. On 5/3/22 from 11:18 AM to 11:35 AM an observation of the 1 East hallway was conducted. During the observation, a resident in room [ROOM NUMBER] was continually yelling and calling out, Hello, hello, hello as well as banging on something in the room as they attempted to get staff's attention. It was also noticed the call light indicator above the door had been activated. No staff were present in the hallway from 11:18 AM to 11:35 AM to answer the resident's calls for help. On 5/3/22 at 4:40 PM, a conversation between the facility's Director of Nursing (DON) and R717 was overheard. R717 told the DON they had not been out of bed in over a week. On 5/4/22 at 1:55 PM, R717 was observed in their bed. They had been asked if they had been assisted out of bed and said they had not. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/4/22 at 2:01 PM, the DON was asked if R717 had been out of bed. The DON said they did not know but had told the nurse she should be assisted out of bed. At that time, it was shared with the DON R717 remained in bed and reported she had not been assisted out of bed. The DON said they would go check on R717. At that time, the DON was asked if there were enough staff to meet the resident's needs and preferences and said there were not enough staff, stating, We are staffing challenged. The DON was then asked if they had considered not taking new admissions since they were unable to care for the residents they had in the building. The DON said they tried, but the admissions still come.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675 Based on interview and record review, the facility failed to obtain timely lab services as directed by the physician for one (R703) of one resident reviewed for urinary tract infection, resulting in delay in treatment of a urinary tract infection. Findings include: According to the facility's policy titled, Laboratory, Radiology and other Diagnostic Services dated 12/2020 documented: .The facility must provide or obtain laboratory .services to meet the needs of its residents .The facility is responsible for the timeliness of the services . Review of the clinical record revealed R703 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: unspecified psychosis not due to a substance or known physiological condition, bipolar disorder current episode mixed, paranoid schizophrenia, and schizoaffective disorder bipolar type. According to the Minimum Data Set (MDS) dated [DATE], R703 had moderate cognitive impairment and was continent of bowel and bladder. Review of facility reported incident (FRI) reports revealed R703 was involved in several incidents of resident-to-resident altercations on 11/7/21 with minor injuries. The facility identified that the resident's changes in behaviors and subsequent altercations with other residents stemmed from having a urinary tract infection. Review of the physician orders included: An order on 4/20/22 for UA (Urinalysis) C&S (Culture and Sensitivity) one time only for 3 days. An order on 4/28/22 for Nitrofurantoin Microcrystal Capsule 100 MG Give 1 capsule by mouth every 6 hours for UTI for 10 Days. Review of R703's urinalysis results available in the clinical record revealed this test had not been collected until 4/25/22 (five days after it was ordered); received by lab on 4/26/22 at 7:38 AM; and positive results were not reported until 4/29/22 at 5:06 PM. Further review of the clinical record revealed there was no documentation that the physician had been notified of the delay in obtaining the urinalysis, or any additional guidance and/or recommendations. (continued on next page)

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/3/22 at 8:50 AM, an interview was conducted with the Director of Nursing (DON). When asked about the delay in obtaining R703's urine for the physician ordered urinalysis, the DON reported they had attempted to obtain via straight catheterization, but the resident had refused. When asked if that had been documented anywhere, the DON reviewed the clinical record and reported, I only see where it was obtained and refusing meds at that time. The DON further reported that Unit Manager 'E' would know more but was not available to talk due to family emergency. When asked when the lab would be expected to pick up a urine specimen once ordered, the DON reported lab came on Tuesdays and Thursdays. The DON further reported, Was some time issues with current lab we are with. Initially trying (to obtain urine specimen) and when came back from the weekend Unit Manager 'E' said R703 was still refusing. When asked about whether anyone had attempted over the weekend, the DON reported they were not able to say. When asked how the results came to the facility, the DON reported over the past couple of weeks they were now integrated into their electronic clinical record. The DON confirmed R703 began the antibiotic medication for behaviors thought to be indicative of a urinary tract infection based on previous experience with R703's behaviors and that the lab results did not come until 4/29/22. On 5/3/22 at 9:33 AM, a phone interview was conducted with Nurse Practitioner (NP 'BB') who had ordered the urinalysis and antibiotic medication. When asked if they had been notified by nursing staff that R703 may have been refusing the urine collection as reason for the delay, NP 'BB' reported they did not recall staff reaching out about that. When asked when a UA was ordered, when would it be expected to be completed, NP 'BB' reported Lab comes Tuesday and Thursday, so either day unless it's ordered STAT. When asked what symptoms R703 had to start antibiotics prior to receiving the urine results, NP 'BB' stated, When R703 starts to have mental status changes, it's usually behaviors for her and mental status changes.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 This citation pertains to intake #MI00125036 Based on observation, interview, and record review, the facility failed to ensure water at the bedside for hydration for one resident (R#702), of one resident reviewed for hydration. Resulting in the resident complaining of being thirsty. Findings include: On 5/2/22 at 10:35 AM, R702 was observed in their bed asleep. R702's bedside table was to the left side of their bed with nothing on it, including water for drinking. On 5/2/22 at 11:40 AM, R702 was observed in their bed, R702's bedside table appeared again to the left side of the bed with nothing on it, including water for drinking. An interview was conducted with R702 regarding any concerns at the facility and they denied concerns, but; did request some water to drink at that time. On 5/2/22 at 2:35 PM, R702 was observed sleeping in their lowered bed seated at a 90-degree angle. R702's bedside table was over the bed and elevated to a level higher than their head. R702's bedside table was clear and did not include any water for drinking. On 5/3/22 at 8:40 AM R702 was observed in bed. R702's bedside table was to the left side of their bed with nothing on it, including water for drinking. On 5/3/22 at 4:50 PM, R702 was observed with the Facility's Director of Nursing (DON). Upon entry to the room, R702 asked for some water to drink. It was observed R702's bedside table was over the lowered bed and elevated approximately two feet higher than the level of R702's head. No drinking water was observed on the table at that time. The DON was asked if the elevated position of the table was appropriate and said it was not. They were then asked if R702 should have drinking water and said they should. The DON exited the room and asked the Certified Nursing Aide (CNA) why R702 didn't have any water and the CNA told the DON they had already passed all the water. The DON had no explanation why the CNA said all the water had been passed, but R702 was observed without water. On 5/4/22 at 1:55 PM, R702 was observed in their bed asleep. R702's bedside table was to the left of their bed and had nothing on it, including water for drinking. On 5/5/22 at 9:15 AM, R702 was observed in bed. During the observation, Staff entered the room and placed a cup of water on R702's bedside table, however; it was observed R702's bedside table was approximately four feet out of their reach at the foot of their bed. Staff did not position the table within R702's reach prior to entering the room. (continued on next page)

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R702's clinical record was conducted and revealed they admitted to the facility on [DATE] and a readmitted on [DATE] with diagnoses that included: encephalopathy, seizures, dysphagia, hemiplegia, major depressive disorder, psychotic disorder, and major depressive disorder. R702's Minimum Data Set assessment dated [DATE] revealed R702 had intact cognition (evidenced by a 15 out 15 Brief Interview for Mental Status Score), was non-ambulatory, and required extensive to total assistance from one or two staff members for all activities of daily living. A review of R702's physician's orders revealed an order for a regular texture diet and regular consistency fluids. A review of a facility provided policy titled, Hydration revised 1/2021 was conducted and read, Policy: The facility offers each resident sufficient fluid, including water and other liquids, consistent with resident needs and preferences to maintain proper hydration and health .

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	235664	A. Building B. Wing	05/05/2022

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Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 This citation pertains to intake #MI00125854 Based on observation, interview, and record review, the facility failed to ensure three unlicensed personnel (UP A, B and C) were appropriately qualified of 38 Nursing departmental staff reviewed for qualified personnel, had an active Nursing license to practice as a Licensed Practical Nurse (LPN) in the State of Michigan. This resulted in an Immediate Jeopardy (IJ) to the health and safety of the residents when UP A, B and C provided nursing services (including: medication administration, wound care, PEG (percutaneous endoscopic gastrostomy) care and tracheostomy care to six residents (R's 703, 713, 715, 717, 718 and 719) of six residents reviewed for qualified personnel. This had the likelihood to result in serious injury, serious harm, and/or death due to the potential risk of PEG tube complications, malfunction and/or dislodgement, Respiratory complications (from the tracheostomy), wound infections and medication errors. Findings include: The IJ began on 3/1/22. The IJ was identified on 5/3/22. The facility was notified of the IJ on 5/3/22 at 11:23 a.m., A plan to remove the immediacy was requested. The immediacy was removed on 5/4/22 based on the facility's implementation of an acceptable plan of removal as verified on-site by the survey team. Although the immediacy was removed the facility's deficient practice was not corrected and remained with no actual harm with potential for more than minimal harm that is not immediate jeopardy. A review of the staffing credentials for UP A, UP B and UP C was reviewed and revealed the following: UP A had completed a Licensed Practical Nurse program on 4/27/21 but was not currently licensed to practice Nursing in the State of Michigan. UP B had completed a Licensed Practical Nurse program on 3/26/20 but was not currently licensed to practice Nursing in the State of Michigan. UP C had completed a Licensed Practical Nurse program on 4/27/21 but was not currently licensed to practice Nursing in the State of Michigan. Resident #713 (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 5/2/22 the medical record for R713 was reviewed and revealed the following: R713 was initially admitted to the facility on [DATE] and had diagnoses including Chronic obstructive pulmonary disease and Congestive heart failure. A review of R713's MDS (minimum data set) with an ARD (assessment reference date) of 1/21/22 indicated R713 needed extensive assistance from facility staff with most of their activities of daily living. R713's BIMS score (brief interview of mental status) was 15 indicating intact cognition. A review of R713's March 2022 medication administration record (MAR) revealed the following: UP C administered approximately 15 different medications to R713 on 3/1 including Novolog (insulin), Gabapentin (controlled substance) and Eliquis (anticoagulant) and 15 medications on 3/18 including the Novolog, Gabapentin and Eliquis. UP A administered approximately 11 medications on 3/14/22 including Novolog, Gabapentin and Eliquis. UP B administered approximately 15 medications on 3/10/22 including the Novolog, Gabapentin and Eliquis. A review of R713's April 2022 medication administration record (MAR) revealed the following: UP C administered approximately 11 medications to R713 on 4/14 including Novolog, Gabapentin and Eliquis, 13 medications on 4/15 including the Novolog, Gabapentin and Eliquis, 12 medications on 4/20 including the Novolog, Gabapentin, Eliquis and Oxycodone (controlled substance), 11 medications on 4/27 including the Novolog, Gabapentin and Eliquis, 13 medications on 4/28 including Novolog, Gabapentin, Eliquis and Oxycodone, 12 medications on 4/29 including Novolog, Gabapentin and Eliquis and 3 medications on 4/30. UP A administered approximately 15 different medications to R713 on 4/17/22, 19 different medications on 4/22/22, 15 medications on 4/26, and 15 medications on 4/30. UP B administered approximately 15 different medications on 4/4, 16 medications on 4/20 and 15 medications on 4/28. Resident #715 On 5/2/22 the medical record for R715 was reviewed and revealed the following: R715 was initially admitted to the facility on [DATE] and had diagnoses including Dementia, Failure to thrive and Chronic kidney disease. A review of R715's MDS (minimum data set) with an ARD (assessment reference date) of4/5/21/22 indicated R715 needed extensive assistance from facility staff with most of their activities of daily living. R715's BIMS score (brief interview of mental status) was 14 indicating intact cognition. A review of R715's March, April, and May 2022 treatment administration records (TAR) revealed the following: UP C completed would care dressings on 3/10, 4/14, 4/19, 4/21 and 4/29. UP A had documented as having completed wound care on 4/26. (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 5/4/22 at approximately 11:04 a.m., The facility Medical Director was queried regarding their knowledge of UP A, B and C administering medications and completing treatments in the facility without an active Nursing license. The Medical Director indicated that it was not their responsibility to ensure staff are appropriately licensed to practice Nursing. On 5/5/22 at approximately 9:45 a.m., UP A was queried regarding the education of the supervision component that was required of them. UP A indicated that the facility educated them that they could no longer independently administer medications or do any blood work UP A indicated they now must be directly supervised by a Registered Nurse. UP A was queried if they have their own cart and assignments previously and they indicate they did and that they were permitted to administer medications. On 5/5/22 at approximately 10:21 a.m., Nurse W was queried regarding the education that they were provided regarding their responsibilities in providing supervision to UP A, B and C. Nurse W indicated that the unlicensed personnel are no longer permitted to do any blood work or administer any medications on their own. 30675 Resident #713 Review of the clinical record revealed R703 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: unspecified psychosis not due to a substance or known physiological condition, bipolar disorder current episode mixed, paranoid schizophrenia, and schizoaffective disorder bipolar type. According to the Minimum Data Set (MDS) dated [DATE], R703 had moderate cognitive impairment, was usually able to make self-understood and sometimes understands others, was independent with setup help only for locomotion on and off the unit and used a wheelchair for mobility. Review of the physician orders included an antibiotic order for Nitrofurantoin Microcrystal (antibiotic) Capsule 100 MG Give 1 capsule by mouth every 6 hours for UTI (Urinary Tract Infection) for 10 Days with a start date of 4/28/22. Further review of the Medication Administration Record (MAR) revealed a code of 9 (which meant see progress note) on 5/2/22 at 12:00 PM and a blank entry for 5/2/22 at 6:00 PM. The entry at 12:00 PM was noted as initialed by Nurse Extern 'B'. Review of the electronic MAR note for the corresponding entry was noted as written by Student Nurse (Nurse Extern 'B') which read, pharm notified. There was no further explanation as to whether the medication was not available for administration, or whether the physician had been notified of the missed administration for either entries above. On 5/3/22 at 2:30 PM, an interview was conducted with Registered Nurse (RN 'O'). They reported they were assigned to the middle hall. When asked who the nurse was that was assigned to the west hall, RN 'O' reported that was Nurse Extern 'B'. When asked to speak with Nurse Extern 'B', RN 'O' reported they thought they were in a room with a resident, but they were on a break outside of the facility without RN 'O' knowledge. When asked who the nurse was providing supervision for Nurse Extern 'B', RN 'O' reported they were the nurse assigned, but they had their own assignments and if they needed help, Nurse Extern 'B' knew to come to them. (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 5/3/22 at 2:39 PM, an interview was conducted with Nurse Extern 'B'. When asked about their documentation for R703 on 5/2 regarding the antibiotic medication, Nurse Extern 'B' reported they were not assigned to R703. When asked how that could be when their initials were documented on R703's MAR as the person that administered the medication, as well as an entry that the pharmacy had been notified, Nurse Extern 'B' reported their supervisor on 5/2/22 was Unit Manager 'E' (who was not available for interview due to family emergency per the Director of Nursing/DON) and when they split the middle hallway, sometimes they switched rooms back and forth and Unit Manager 'E' may have used their medication cart for R703's medication and signed under their name. When asked if that was how medications should be administered and documented, Nurse Extern 'B' declined to offer any further explanation. When asked about their experience and education background, Nurse Extern 'B' reported they began working at the facility in August (2021) and finished the practical nursing program but had not taken the boards yet. When asked if they had a supervisor, they reported currently that was Registered Nurse (RN 'O'). When asked what type of supervision they were provided such as if they were side by side right there, or just in the building, Nurse Extern 'B' reported, As long as the RN supervisor is in the building, the former DON (Staff 'CC') explained this to me when I hired in August. On 5/3/22 at 2:55 PM, an interview was conducted with the DON. When informed of the discussion with Nurse Extern 'B' and whether that followed standards of professional practices, the DON reported that should never have occurred, staff were not to share medication carts and use same computer logins. When asked about their use of graduate nurses and what specifically that meant regarding nursing care provided, the DON reported, Was informed they were graduate nurses when I came so I didn't look at their credentials. Was told during COVID they had allowances by the Governor, and a graduate nurse was allowed as long as they had RN supervision. When asked what they meant by RN supervision, the DON reported Been very vague I was looking for specifics, but it didn't specify they needed to be one to one, it was very vague .But I was not aware it was rescinded until today. It was rescinded April 30th (2020) .I should've been notified. I am very upset today it was rescinded April 30th, how am I supposed to know that, why didn't they (corporate) tell me? When asked what was being done since they now became aware of that information and Student Nurses were still working on the floor, the DON reported She's coming off at 3 (3:00 PM). I'm going to pull all of them off. It should be noted that prior to the survey team bringing these concerns to the attention of the facility, it was reported the three unlicensed personnel were performing nursing duties without the direct supervision of a Registered Nurse. 34208 R718 On 5/2/22 at 3:30 PM, R718 was observed in their bed. R718 was not responsive to attempts at verbal communication. It was observed R718 had a tracheostomy with oxygen delivered via trach-tube, and a feeding tube used for delivery of enteral nutrition. A review of R718's MARs and TAR's was conducted and revealed the following: March 2022: (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	UP 'C' performed tracheostomy care and replaced R718's inner cannula on 3/3/22, performed assessments for tube feeding function, anticoagulant medications, pain, oxygen status, and COVID 19, as well as administered eight medications including: Keppra, Heparin, insulin, and Dilantin on 3/3/22. April 2022 UP 'C' performed tracheostomy care and replaced R718's inner cannula on 4/3/22 and 4/4/22. UP 'C' administered R718's tube feeding nutrition on 4/3/22 and 4/4/22. UP 'C' performed assessments for feeding tube function, anticoagulant medications, pain, oxygen status, and COVID-19 on 4/3/22 and 4/4/22. UP 'C' administered eight medications on 4/3/22 and eight medications on 4/4/22. The medications administered by UP 'C' included: Keppra (seizure medication), Heparin (injected anti-coagulant), insulin injections, and Dilantin (seizure medication). UP 'B' performed tracheostomy care and replaced R718's inner cannula on 4/20/22, 4/21/22, and 4/22/22. UP 'B' administered R718's tube feeding nutrition on 4/14/22, 4/20/22, 4/21/22, and 4/22/22. UP 'B' performed assessments for tube feeding function, anticoagulant medications, pain, oxygen status, and COVID-19 on 4/14/22, 4/20/22, 4/21/22 and 4/22/22. UP 'B' administered eight medications on 4/14/22, 4/20/22, 4/21/22, and 4/22/22. The medications administered by UP 'C' included Keppra, Heparin, insulin, and Dilantin. UP 'C' performed tracheostomy care and replaced R718's inner cannula, administered R718's tube feeding nutrition, performed assessments for tube feeding function, anticoagulant medications, pain, oxygen status, and COVID-19 as well as administered eight medications including: Keppra, Heparin, insulin, and Dilantin on 4/25/22. May 2022 UP 'B' performed tracheostomy care and replaced R718's inner cannula on 5/1/22, performed assessments for tube feeding function, anticoagulant medications, pain, oxygen status, and COVID 19 as well as administered eight medications including: Keppra, Heparin, insulin, and Dilantin on 5/1/22. R719 A review if R719's MAR's and TAR's was conducted and revealed the following: March 2022 UP 'A' provided suprapubic catheter care, performed assessments for R719's suprapubic catheter, performed pain assessments and assessments for COVID-19 as well as administered six medications including Keppra on 3/5/22, 3/6/22, 3/22/22, and 3/25/22. UP 'B' performed pain assessments, COVID-19 assessments, and administered six medications including Keppra on 3/17/22 and 3/18/22. April 2022 UP 'A' performed pain assessments, COVID-19 assessments, and administered six medications including Keppra on 4/5/22, 4/8/22, 4/11/22, 4/14/22 and 4/16/22. (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	UP 'C' provided suprapubic catheter care, performed assessments for R719's suprapubic catheter, performed pain assessments and assessments for COVID-19 as well as administered six medications including Keppra on 4/6/22, 4/9/22, 4/10/22 4/13/22, 4/18/22, 6/19/22, 4/23/22, and 4/24/22. UP 'B' performed pain assessments, COVID-19 assessments, and administered six medications including Keppra on 4/15/22, 4/19/22, 4/24/22, and 4/30/22. It was noted UP 'B' administered medications on those dates, but assessment and care for R719's suprapubic catheter were all left blank on the TAR on 4/15/22 and 4/19/22. May 2022 UP 'C' provided suprapubic catheter care, performed assessments for R719's suprapubic catheter, performed pain assessments and assessments for COVID-19 as well as administered six medications including Keppra on 5/1/22. UP 'B' performed pain assessments, COVID-19 assessments, and administered six medications including Keppra on 5/2/22. It was noted the assessments and care for R719's suprapubic catheter were blank on the TAR on 5/2/22. UP 'A' administered six medications including Keppra on 5/3/22. R717 A review of R717's MAR's and TAR's was conducted and revealed the following: March 2022 UP 'B' performed pain and COVID-19 assessments as well as administered six medications including two blood pressure medications (Coreg and Hydralazine) to R717 on 3/17/22, 3/18/22, and 3/31/22. It was further noted UP 'B' performed a wound care treatment on R717 on 3/31/22. UP 'A' performed COVID-19 assessments, pain assessments, administered eight medications, and performed wound care treatments on 3/22/22 and 3/25/22 for R717. It was further noted UP 'A' administered a narcotic pain medication to R717 on 3/25/22. UP 'C' performed pain and COVID-19 assessments as well as administered eight medications and performed a wound care treatment for R717 on 3/26/22. April 2022 UP 'A' performed pain assessments, COVID-19 assessments, administered eight medications including several cardiac medications and performed wound care treatments for R717 on 4/5/22, 4/8/22, 4/11/22, 4/14/22, and 4/16/22. UP 'B' performed pain assessments, COVID-19 assessments, administered nine medications including several cardiac medications and a narcotic pain medication, and performed wound care treatments for R717 on 4/15/22, 4/19/22, 4/24/22, and 4/30/22. (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	UP 'C' performed pain assessments, COVID-19 assessments, administered seven medications, and performed wound care treatments for R717 on 4/5/22, 4/8/22, 4/11/22, 4/14/22, and 4/16/22. May 2022 UP 'C' performed pain assessments, COVID-19 assessments, administered eight medications (including Coumadin) and performed wound care treatments for R 717 on 5/1/22 and 5/2/22. It was further noted UP 'C' administered a narcotic pain medication to R717 on 5/2/22. UP 'B' performed pain assessments, COVID-19 assessments, administered nine medications (including a narcotic pain medication), and performed wound care treatments for R717 on 5/2/22. The immediacy was removed when the facility implemented the following: -Re-education is completed by the administrator to the Director of Nursing to ensure resident assessments, medication administration, and treatments are performed by a licensed nurse. -Unlicensed personnel A and B were immediately removed from the medication carts on 05/03/22 at 3pm. -Unlicensed personnel A, B, and C were educated on the principal duties and responsibilities outlined in the Nurse Extern job description and permanently removed from all responsibilities outside these parameters. -The Nurse Extern job description/policy will be revised to reflect that the nurse extern can only work under the supervision of a registered nurse. -Unlicensed personnel A, B and C will only work under the supervision of a Registered Nurse. -All working nurse (RN/LPN) staff were educated on the principal duties and responsibilities of the Nurse Extern. Nursing staff who did not receive the education will receive the education via email and in person at the start of their next shift. -HR has completed an audit to ensure all nurses hired by the facility have a current, up-to-date license per the state of Michigan.

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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. 32568 Based on observation, interview, and record review, the facility failed to implement an effective plan of action to correct identified quality deficiencies related to testing staff for COVID-19, resulting in the continuation of staff not being tested two times a week per the facility policy and guidance from the Centers for Disease Control and Prevention (CDC). This has the potential to affect all residents who reside in the facility. Findings include: According to a CMS (Center for Medicare and Medicaid) 2567 form dated 5/5/22, the facility was found to be noncompliant with the regulatory requirement related to testing staff for COVID-19. A Plan of Correction with an alleged compliance date of 6/1/22 documented the facility would do the following: .Staff will be re-educated on the Coronavirus Testing policy, with an emphasis on testing per Center for Disease Control (CDC) guidelines and facility policy according to the community transmission rates .The DON (Director of Nursing)/designee will audit resident and staff testing per Center for Disease Control (CDC) guidelines and facility policy according to the community transmission rates, 3 times weekly for 4 weeks and 2 times weekly for 2 weeks. The DON will report findings to QAPI (Quality Assurance and Performance Improvement) for monitoring and recommendations at least monthly until compliance is achieved .The Director of Nursing is responsible for attaining and maintaining compliance .Date of Compliance 06-01-22. Review of a facility audit titled, COVID-19 Testing - Residents & Staff revealed no issues were identified the weeks of 5/29/22, 6/5/22, 6/12/22, 6/19/22, 6/26/22, and 7/3/22 for the Staff Testing per CDC guidelines? section, indicated by a check mark that meant yes. The audit form was signed by the Administrator (initials). Review of COVID-19 testing for five staff members who were not up to date with their COVID-19 immunizations revealed two staff members (Certified Nursing Assistants - CNAs F and G) were not consistently tested twice per week according to CDC guidelines and the facility policy during the timeframe of 6/2/22 through 7/11/22 (after the facility's alleged date of compliance on 6/1/22). On 7/12/22 at 9:00 AM, the DON, who was identified as the facility's Infection Control Preventionist (ICP) was interviewed. The DON reported all staff were tested for COVID-19, regardless of their vaccination status, two times per week. The DON reported Testing Coordinator H was responsible for testing and tracking all of the staff tests. When queried about who was responsible to oversee that it was being done, the DON reported Testing Coordinator H was responsible. When queried about the audits conducted as part as the facility's plan of correction, the DON reported she did not participate in the audits and identified the initials on the audits as the Administrator's. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/12/22 at 9:13 AM, the Administrator was interviewed. When queried about how compliance was determined by the facility for staff COVID-19 testing and how the audits were capturing any deficiencies, the Administrator reported the facility identified a concern with the way the audits were being done. The Administrator reported on 5/29/22, she did a baseline audit and there were no deficiencies identified at that time. When queried about the effectiveness of the audits when they document no issues since the compliance date of 6/1/22 yet CNA F and CNA G were not testing two times per week per the regulatory requirements, the Administrator reported that she developed a new tool to log tests as of 7/11/22 after it was discovered CNA F and CNA G did not test two times per week. When queried about how the audits were conducted to determine compliance with COVID-19 testing, the Administrator reported she went off of whatever the Testing Coordinator reported. On 7/12/22 at 9:45 AM, Testing Coordinator H was interviewed and the log she used to track staff COVID-19 testing was reviewed. When queried about if it was identified that CNA F and CNA G did not test two times a week per requirements since 6/2/22, Testing Coordinator H reported she did not identify that and therefore did not report anything to the Administrator. Review of the log revealed CNA F and CNA G did not test two times per week. Review of a facility policy titled, Quality Assurance and Performance Improvement, revised 4/2019, revealed, in part, the following: .The QA (Quality Assurance) Committee shall be interdisciplinary and shall .Develop and implement appropriate plans of action to correct identified quality deficiencies .

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 This citation pertains to intake #MI00128225 Based on observation, interview, and record review, the facility failed to follow the Center for Disease Control (CDC) protocol for COVID-19 ensuring that current infection control principles/CDC protocols were practiced including appropriate personal protective equipment (PPE) use, and ensuring staff were knowledgeable of residents requiring isolation precautions for COVID-19 rooms which resulted in an Immediate jeopardy (IJ). This deficient practice caused the outbreak of COVID-19 in the facility, the need to transfer a resident to an acute care setting and the likelihood for serious harm, injury, and or death. The IJ began on 5/2/22. The IJ was identified on 5/3/22. The facility was notified of the IJ on 5/3/22 at 12:46 p.m., A plan to remove the immediacy was requested. The immediacy was removed on 5/3/22 based on the facility's implementation of an acceptable plan of removal as verified on-site by the survey team. Although the immediacy was removed the facility's deficient practice was not corrected and remained isolated with actual harm that is not immediate jeopardy. On 5/2/22 at approximately 9:00 AM, the facility's Administrator and Director of Nursing (DON) reported the facility was experiencing a COVID-19 outbreak and had several active cases in their building. They reported the 1 East Unit (Rooms 136-150) had been designated for COVID-19 positive residents and those residents were placed on transmission-based precautions. They further reported some rooms in the Center Hallway (Rooms 117-135) were designated for new admissions who had not been vaccinated for COVID-19 and those residents were also placed on transmission-based precautions. On 5/2/22 at approximately 11:00 AM, a review of a facility provided list of staff and residents positive for COVID-19 was reviewed and revealed the following: LPN 'D' tested positive on 4/12/22 R728 tested positive 4/12/22 LPN 'X' tested positive 4/16/22 Staff Member 'Y' tested positive 4/18/22 Registered Nurse 'O' tested positive 4/19/22 R721 tested positive 4/21/22 (continued on next page)

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	235664	A. Building B. Wing	05/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Beverly Hills	18200 W 13 Mile Road Beverly Hills, MI 48025

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	R722 and R725 tested positive 4/25/22 R#'s 720, 723, 726, and 727 tested positive 4/28/22 R724 tested positive 4/30/22 R719 tested positive 5/1/22 On 5/2/22 at 11:20 AM, room [ROOM NUMBER] was observed to have signs posted that indicated the room was a transmission-based precaution room and personal protective equipment (PPE) including: an N95 face mask, eye protection, isolation gown, and gloves were required for entry. At that time, Receptionist 'F' was observed outside of the room wearing a black, ear loop style surgical mask. Receptionist 'F' was then observed to don an isolation gown, eye protection, and gloves and entered the room, but was not observed to don an N95 face mask prior to entering the room. On 5/2/22 at 2:45 PM, R719's room was observed to have signs posted that indicated the room was a transmission-based precaution room and personal protective equipment (PPE) including: an N95 face mask, eye protection, isolation gown, and gloves were required for entry. At that time, Housekeeper 'N' was observed to exit room [ROOM NUMBER] wearing a blue, ear loop style surgical mask, an isolation gown, eye protection, and gloves. Housekeeper 'N' was observed to remove their used PPE in the hallway and place it in the garbage can on the housekeeping cart. On 5/22/22 at 2:50 PM, R722 and R723's room was observed to have signs posted that indicated the room was a transmission-based precaution room and personal protective equipment (PPE) including: an N95 face mask, eye protection, isolation gown, and gloves were required for entry. At that time, Certified Nursing Aide (CNA) 'J' was observed outside of the room wearing a blue, ear loop style surgical mask, preparing to enter the room. CNA 'N' donned the eye protection, gown, and gloves and entered the room. CNA 'N' was not observed don an N95 mask prior to entry. On 5/2/22 at 3:50 PM, a review of R#'s 719, 720, 721, 722, 723, 724, 726, 726, and 727 physician's orders was conducted but did not reveal any orders for transmission-based precautions. On 5/2/22 at approximately 4:20 p.m., Family Member A (FM A) was queried regarding their concerns pertaining to infection control in the facility. FM A indicated the facility has a problem with COVID-19. FM A indicated they were concerned about the way staff were wearing their masks and indicated they have seen COVID-19 positive residents out of their room and wheeling up and down the hallway. On 5/3/22 at 8:35 AM, R720 and R721's room was observed to have signs posted that indicated the room was a transmission-based precaution room and personal protective equipment (PPE) including: an N95 face mask, eye protection, isolation gown, and gloves were required for entry. From the hallway CNA 'L' and CNA 'M' were observed in the room assisting R721. CNA 'L' and CNA 'M' were not observed to be wearing isolation gowns, gloves, or N95 masks while in the room. When the staff exited the room CNA 'L' was asked what PPE should be worn in the room. CNA 'L' reported they were supposed to wear an N95 mask, isolation gown, eye protection, and gloves. They were then asked why they were not observed wearing the N95 mask, isolation gown, or gloves and said, I forgot. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 5/3/22 at 11:20 AM, R726 and R727's room was observed to have signs posted that indicated the room was a transmission-based precaution room and personal protective equipment (PPE) including: an N95 face mask, eye protection, isolation gown, and gloves were required for entry. From the hallway, Housekeeper 'P' was observed in the room wearing an N95 mask with two straps, the bottom strap intended for the back of the neck and the top strap intended to be worn on the crown of the head. Housekeeper 'P's mask was observed to be secured to their face by the top strap and the bottom strap was observed hanging under their chin. On 5/3/22 at 11:32 AM, Nurse Extern 'A' was observed wearing a blue, surgical, ear-loop style mask with a white N95 mask over the surgical mask, preventing a proper seal of the N95 mask. On 5/3/22 at 1:50 PM, Registered Occupational Therapist (OTR) 'Q' was observed preparing to enter a transmission-based precaution room wearing a blue, surgical, ear-loop style mask with a white N95 mask over the surgical mask, preventing a proper seal of the N95 mask. It was also noted the N95 mask was only secured by the top strap, while the bottom strap hung under OTR 'Q's chin. At that time, OTR 'Q' was asked about wearing an N95 mask over a surgical mask and said, It's for safety. They were then asked if they were educated about the proper use of N95 masks and ensuring a good seal to the face, and utilizing both straps, OTR 'Q' had no response, but said they would fix it when they went in the room. On 5/4/22 at 1:57 PM, Housekeeper 'P' was observed preparing to enter a transmission-based precaution room wearing a blue, surgical, ear-loop style mask with a white N95 mask over the surgical mask, preventing a proper seal of the N95 mask. At that time, they were asked if it was appropriate to wear a surgical mask under an N95 mask and said they did not know. On 5/4/22 at 2:01 PM, an interview was conducted with the facility's DON/Infection Control Preventionist regarding proper wearing of N95 masks. They were asked if it was appropriate to wear a surgical mask under an N95 mask and said they didn't see why staff couldn't wear two masks. They were then asked if an N95 mask would properly seal with a surgical ear-loop style mask underneath and said they did not know. At that time, they were requested to provide the package insert for the N95 masks used in the facility, however; it was not provided by the end of the survey. On 5/5/22 at 9:20 AM, CNA 'K' was observed donning PPE to enter a transmission-based precaution room. CNA 'K' was observed to don an N95 mask with only the top strap securing the mask to their face. The bottom strap was observed dangling underneath CNA 'K's chin as they entered the room. An interview with the facility's DON/Infection Control Preventionist was conducted on 5/3/22 at 10:02 AM regarding their COVID-19 outbreak. The DON reported that on 4/12/22 Licensed Practical Nurse (LPN) 'D' tested positive for COVID-19 and on 4/16/22 R728 tested positive. The DON said they did not know how R728 contracted the virus. At that time, the DON was asked what PPE staff were supposed to wear in the transmission-based precaution rooms and said staff were to wear an N95 mask, eye protection, an isolation gown, and gloves. The DON was then asked if staff should doff used PPE in the hallway and said they should not. They were then asked when staff other than nursing staff were last educated on PPE use and said, Probably December. The interview with the DON continued and they were then asked if residents on transmission-based precautions should have a physician's order for the precautions and said they should. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 5/5/22 at 12:00 PM, a review of the facility's monthly infection control program documentation was conducted and revealed the following: January 2022: There was no monthly summary that indicated the type of infections, calculated infection rate, or month-to-month comparisons. The monthly infection control log (line listing) indicated all infections met the definition of infections, however; the line list did not include any information about resident symptoms of infection or laboratory diagnostics. The documentation indicated R732 admitted to the facility on [DATE] (had not been discharged) and had a dental infection identified on 1/8/22. This infection was documented as a hospital acquired infection, not a nursing home acquired infection. The January documentation also indicated R730 admitted to the facility on [DATE] (had not been discharged) and had a wound infection identified on 1/20/22. This infection was documented as a hospital acquired infection, not a nursing home acquired infection. The data did not include any pharmacy reports or laboratory/diagnostic results. February 2022: There was no monthly summary that indicated the type of infection, calculated infection rate, or month-to-month comparisons. The monthly infection control log (line listing) did not indicate whether all infections met or did not meet infection criteria and did not include any information about resident symptoms of infection or laboratory diagnostics. It was noted there was no departmental surveillance, pharmacy reports, or laboratory/diagnostic results. The documentation indicated R731 admitted to the facility on [DATE] (had not been discharged) and had a urinary tract infection identified on 2/1/22. This infection was documented as a hospital acquired infection, not a nursing home acquired infection. The February documentation also indicated R725 admitted to the facility on [DATE] (had not been discharged) and had a wound infection identified on 2/9/22. This infection was documented as a hospital acquired infection, not a nursing home acquired infection. March 2022: There was no monthly summary that indicated the type of infection, calculated infection rate, or month-to-month comparisons. The monthly infection control log (line listing) did not indicate whether all infections met or did not meet infection criteria and did not include any information about resident symptoms of infection or laboratory diagnostics. It was noted there was no departmental surveillance, pharmacy reports, laboratory/diagnostic results, or in-service or education provided. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 5/5/22 at 12:37 PM, an interview was conducted with the facility's DON/Infection Control Preventionist. They were asked how they determined an infection met criteria for definition of an infection and reported they used McGeer's Criteria (a set of criteria based on symptoms and laboratory/diagnostics to define an infection). They were asked why no evidence of infections meeting McGeer's criteria was present with the documentation, and they had no explanation. They were then asked about calculating a monthly infection control rate and admitted they did not know how to calculate the rate. They further reported the facility was challenged for staff and they taught themselves how to run the facility's Infection Control Program. Lastly, they were asked if there was any corporate support to assist them with the program and they reported there was not. A facility document titled Infection Prevention and Control Program was reviewed and revealed the following: Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases, ectoparasites and infections .4. Standard Precautions: a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. d. Licensed staff shall adhere to safe injection and medication administration practices .All staff have responsibilities related to the cleanliness of the facility and are to report problems outside of their scope to the appropriate department .5. Isolation Protocol (Transmission-Based Precautions): a. A resident with an infection communicable disease, or ectoparasite infestation shall be placed on isolation precautions as recommended by current CDC guidelines. b. Residents will be placed on the least restrictive isolation precaution for the shortest duration possible under the circumstances. c. When a resident on isolation precautions must leave the resident care unit/area the charge nurse on that unit shall communicate to all involved departments the nature of the isolation and shall prepare the resident for transport in accordance with current isolation precaution guidelines . The immediacy was removed when the facility implemented the following: -All current residents were assessed by a licensed nurse for signs and symptoms of respiratory illness. -All residents were re-tested for COVID-19 per outbreak protocol. 3. Staff members identified as not wearing proper PPE received written counseling and completed a PPE competency evaluation by the DON (Director of Nursing) on 5/3/22. -Education was provided to all working staff by the DON/Designee regarding appropriate utilization of PPE, Transmission Based Precautions, and Hand Hygiene. Employees who did not receive the education on 5/03/22 will received it via email and will receive in-person training before their next scheduled shift. -The Infection Preventionist and Administrator were educated by the Regional Clinical Director on the Infection Outbreak Response policy & Infection Prevention and Control Program. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	38271 30675

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F 0886 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Perform COVID19 testing on residents and staff. 34208 This citation pertains to intake #MI00128225 Based on observation, interview and record review, the facility failed to ensure staff COVID-19 testing per Center for Disease Control (CDC) guidelines and facility policy. This deficient practice had the potential to affect all residents who reside in the facility. Findings include: A review of a facility policy titled, Coronavirus Testing with a revision date of 3/2022 was conducted and read, Policy: The facility will implement testing of facility residents and staff including individuals providing services under arrangement and volunteers, for COVID-19 .Table 1: Testing Summary. Testing Trigger: Newly Identified COVID-19 positive staff or resident in a facility that can identify close contacts .Staff .Test all staff, regardless of vaccination status .Testing Trigger .Newly Identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts .Staff .Test all staff, regardless of vaccination status, facility-wide or at a group level .Testing of Staff and Residents in Response to an outbreak .5. If no additional cases are identified by broad based-testing .HCP (Health Care Personnel) caring for residents who are not up to date with all recommended COVID-19 vaccine doses can be discontinued after 14 days an no further testing is indicated .6. If additional cases are identified, testing should continue on affected units(s) or facility-wide every 3-7 days .Table 2: Routine Testing Intervals by County COVID-19 Levels of Community Transmission .Level COVID-19 Community Transmission Substantial (orange) .Minimum Testing Frequency of Staff who are not up to date . Twice a Week. High (red) .Minimum Testing Frequency of Staff who are not up to date .Twice a week . On 5/2/22 at 11:33 AM, The Director of Nursing informed the survey team the facility was experiencing a COVID-19 outbreak that began around 4/12/22 and their most recent positive case was identified on 5/1/22. They indicated they had begun their outbreak investigation and were testing employees for COVID-19 twice a week, and if staff were unvaccinated additionally, they were tested twice a week based on levels of COVID-19 transmission in the community regardless of whether the facility was in an outbreak. On 5/4/22 at 4:23 PM, a request was made for COVID-19 test results for Dietary Aide 'S', CNA 'J', and COVID-19 vaccination exempt Licensed Practical Nurse (LPN) 'V'. The following results were received on 5/5/22: Dietary Aide 'S'-Test results from 4/29/22 and 5/2/22. CNA 'J', who had been observed working in the facility on 5/2/22-Test results from 2/14/22, 2/16/22, and 2/28/22. Dietary Aide 'T'-No test results received LPN 'V' (unvaccinated)-Test results from 1/30/22 and 4/27/22. (continued on next page)

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F 0886 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/5/22 at approximately 10:00 AM, a review of a facility provided document titled, FACILITY COVID POSITIVITY PERCENTAGE was reviewed and from March 7, 2022 to May April 4, 2022, the facility was in the orange level and from April 18, 2022 to May 2, 2022, the facility was in the red level. It should be noted that the facility was using community positivity and not community transmission in deteremining testing frequency. This is not inline with CDC guidelines. On 5/5/22 at 12:37 PM, an interview was conducted with the facility's Director of Nursing/Infection Control Preventionist regarding the test results received. They said Dietary Aide 'T' only worked in the facility for a week and was no longer employed, but should have had at least one test when they hired in. They were asked if CNA 'J' was exempt from testing because they had contracted COVID-19 in past 90 days and provided no evidence CNA 'J'; was exempt from testing. When asked about LPN 'V' and the twice weekly testing for unvaccinated staff they said LPN 'V' had recently re-started at the facility. On 5/5/22 at approximately 1:45 PM, a review of LPN 'V's payroll information provided by Human Resources Staff 'R' was conducted and revealed they had been employed and actively working at the facility since 1/20/22, which indicated twice weekly testing should have been provided.

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F 0888 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure staff are vaccinated for COVID-19 34208 This citation pertains to intake #MI00128225 Based on observation, interview, and record review, the facility failed to ensure additional strategies to mitigate the spread of COVID-19 in unvaccinated staff members, and ensure a process was in place to track the vaccination status for contractors and vendors. This deficient practice had the potential to affect all residents who reside in the facility. Findings include: On 5/2/22 at approximately 9 AM, the facility's Administrator was requested to provide the facility's COVID-19 staff vaccination policy and a complete list of contract companies/vendors who provided services within the facility. During the entrance, they were also asked if they used any nurse staffing agencies and indicated they did. A review of a facility provided policy titled, COVID-19 Vaccination Mandate implemented 11/12/2021 (with no revision date) was reviewed, and it was noted the policy did not address any additional strategies (COVID-19 testing, personal protective equipment use, staff assignment considerations, etc.) utilized by unvaccinated staff members to mitigate the potential spread of the virus. Furthermore, the policy did not address the facility's process for tracking vaccination status of contractors/vendors. On 5/4/22 at 3:30 PM, the facility provided the contractor/vendor list that was requested on 5/2/22. A review of the list was conducted and only listed two transportation companies, the medical group, the wound care physician, and the contracted company for the ancillary services of podiatry, audiology, and optometry. On 5/5/22 at 9:22 AM, an interview was conducted with the facility's Administrator regarding the provided vendor/contractor list. They were asked to confirm the list as being complete and they indicated it was. At that time, they were asked if the facility's Therapy Department was a contracted company and they said they were. They were also asked about any Hospice Services, or the Psychiatric services. They also indicated these were contracted companies. The Administrator was asked why these were not on the list provided and had no explanation but said they would be added. On 5/5/22 at 10:10 AM, a second request was made for any additional policies that pertained to staff COVID-19 vaccination requirements and an updated vendor/contractor list. At approximately 1:40 PM, an updated vendor list was provided that listed the same two transportation companies, the medical group, the wound care physician, the ancillary services group, a hospice company, psychiatric services, and therapy services. It was noted this list did not contain the laboratory company, the pest control company, or any of the nurse staffing agencies used by the facility. An updated staff COVID-19 vaccination requirement policy was not received by the end of the survey.