STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235214	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clawson	535 N Main Clawson, MI 48017

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415 This citation pertains to intake: MI00149372. Based on interview and record review, the facility failed to follow the facility's grievance policy and follow up on concerns from a family member for one (R901) of three residents reviewed for resident rights. Findings include: A review of a complaint submitted to the State Agency (SA) documented in part . On Christmas day, the family gathered and waited with excitement for (R901)'s scheduled arrival of 1 PM . at 2 PM (R901) had yet to arrive. A family member then contacted the nursing home to get an ETA (estimated time of arrival) and was informed that he was not coming . The family member was told that because (R901) required a Geri chair for transport, an unknown nurse would not allow him to leave the facility. There are concerns that (R901) was treated unfairly due to his limited mobility . A review of R901's medical record revealed R901 was admitted to the facility on [DATE] with diagnoses that included: dementia, contractures of the left & right knee and the need for assistance with personal care. R901 required assistance from staff for all Activities of Daily Living (ADLs). Review of a Nursing note dated 12/25/24 at 8:09 PM, documented in part . Resident was supposed to go out for holiday visit to sister, resident was up and dressed upon geri chair, transportation unable <sic> take resident to sister house, because of geri chair. Resident sister called and writer answer <sic> the call she was angry that he is not able to go out . On 2/18/25 at 9:56 AM, a telephone interview was conducted with Family Member (FM) F (family to R901). When asked about Christmas of 2024, FM F explained they spoke to the facility's Social Worker (SW) who initially informed the family that they would have to make transportation arrangements for R901 to visit the family on Christmas. FM F stated the facility's SW later informed them that the facility would make arrangements for transportation for R901 to go home for Christmas. FM F stated it was past the scheduled time for R901 visit so they called the facility. FM F stated they were informed by a female that (R901) could not go home because of the geri chair. FM F stated they called the facility's SW all that week to follow up on the incident but the SW never returned their calls. FM F stated they assumed because it was a holiday week that the SW was probably off, so they attempted to call and leave messages for the SW the week after the holidays and the SW never returned their calls. (continued on next page)

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
	235214	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clawson	535 N Main Clawson, MI 48017

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/18/25 at 10:14 AM, the facility's SW G was interviewed and asked about the incident regarding R901 not being able to spend Christmas 2024 with their family. SW G stated they believed they were informed by the transportation personnel that (R901) could not be transferred in the van. SW G stated they wanted to review their notes and follow back up with the surveyor. At 10:27 AM, SW G returned and stated they usually would document everything but was unable to provide documentation. SW G stated they recall getting approval for R901 to be transported home for Christmas by the Administration but recalled being informed on 12/25/24 that the van was unable to accommodate R901's geri chair. SW G stated the family was not happy. SW G read a text message they sent to the staff on 12/25/24 at 2:40 PM, that documented (R901's) family was not happy and they (SW G) would handle the family and document the incident. SW G was asked to provide documentation that they followed up with the family regarding their concern and/or a grievance form that documented the family's concern. SW G stated they could not provide the documentation. Review of a facility policy titled Resident and Family Grievances revised 2/25, documented in part . It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal . Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance . Grievances may be voiced . Verbal complaint to a staff member . The staff member receiving the grievance will record the nature and specifics of the grievance on the designated resident assistance form or assist the resident or family member to complete the form . take any immediate actions needed to prevent further potential violations of any resident right . The facility will make prompt efforts to resolve grievances . On 2/18/25 at 2:51 PM, the Administrator was interviewed and asked about R901's Christmas visit that was not coordinated appropriately and the follow up of the facility with the family. The Administrator stated they were unaware of the family's concern because they had no grievances for the resident. The Administrator stated they would usually get a list of the residents that are going home for the holidays and knew of the incident of R901 not being able to go home for Christmas. The Administrator stated they were unaware of the family reaching out to the facility staff with no follow up from the facility regarding the incident. No further explanation or documentation was provided by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235214	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clawson	535 N Main Clawson, MI 48017

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 41415 This citation pertains to intake: MI00149343. Based on interview and record reviews the facility failed to ensure sufficient staffing was provided for multiple residents that resided on the second floor of the facility, approximately 43 out of a total census of approximately 68 residents, resulting in the potential for unmet care needs. Findings include: Review of a complaint submitted to the State Agency (SA) documented in part . (facility name) has many residents who have mental, physical, cognitive and intellectual impairments. A lot of residents are elderly and on hospice . (facility name) is very understaffed. There are not enough staff members to care for the residents. Many residents have fallen because there aren't enough staff members to assist residents when mobilizing . Residents need to be fed, and some are not fed timely because of staffing issues . There are very heavy residents that cannot be moved due to the lack of staff. This results in residents being left in the bed and urinating on themselves . the facility is short staffed during the midnight shift . On 2/18/25 at 11:44 AM, the facility's Scheduler D was interviewed and asked the criteria on scheduling staff members for each shift. Scheduler D stated they assigned staff based on Per Patient Daily (PPD) numbers and by the budget. When asked, Scheduler D explained the second floor required three CNAs and two Nurses for the midnight shift. Scheduler D was asked what the facility's protocol or back up plan was when a shift is understaffed. Scheduler D stated they have a back up list of staff they can call that will usually pick up the shift or have staff that is already on duty stay a little longer to help out. When asked to clarify the PPD/budget staffing versus staffing based on the acuity of the unit, Scheduler D explained the facility gave them a budget for 19 CNAs (Certified Nursing Assistant) a day. Scheduler D stated that if an additional staff was needed for a one on one for falls they would have to go to the Administrator. A review of the facility's assignment sheets from 1/2/25 to 1/6/25 and 1/11/25 to 1/13/25 identified multiple midnight shifts with less than three CNAs on duty. Review of a facility Midnight Daily Assignment Sheet dated 1/13/25, documented two nurses, Nurse A and Nurse B scheduled for the Midnight shift for the facility's second floor. There were no CNAs assigned to the second floor for that shift. A review of a census report for the facility revealed 43 residents resided on the second floor on 1/13/25. This indicated that Nurse A and Nurse B worked in the capacity as the Nurse and the CNA from 7 PM to 3 AM, when CNA C arrived at the facility to help on the second floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235214	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Point Nsg & Phy Rehab Ctr of Clawson	535 N Main Clawson, MI 48017

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the medical diagnoses and care plans for the residents that resided on the second floor revealed a heavy acuity. The residents that resided on the second floor had diagnoses that included: Dementia, dysphagia (difficulty swallowing), mental disorders, psychotic disorders, behavioral disorders, difficulty with walking, seizures, violent behaviors, hemiplegia (paralysis on one side of the body), bariatric residents, impulse disorders, asthma, respiratory failure, palliative care, hospice, overactive bladders, heart failure, wounds, diabetes, multiple residents noted for falls and a majority of the residents required staff assistance for all Activities of Daily Living (ADLs). On 2/18/25 at 3:11 PM, a telephone interview was conducted with CNA C . CNA C was asked about the midnight shift for 1/13/25. CNA C explained they came in to help out but was unaware that they had no CNAs scheduled for the second floor. CNA C stated they could not change every resident brief or help toilet everyone that needed it that shift. CNA C stated they were unable to pass all the ice waters out to the residents for that shift. CNA C stated they did not have any big issues that night but explained that's how a lot of falls occur by not having enough staff in place . At the end of the day when we don't' have enough bodies, it's not good . On 2/18/25 at 2:52 PM, a telephone interview was conducted with CNA E (who works on the second floor of the facility). When asked about the staffing for the midnight shifts, CNA E stated in part . I'll be honest the residents are not being changed and the residents are being neglected. They (the staff) keep saying that they are not going to over work themselves . They (Administration/Corporate) don't care about our residents and staff, we are very overworked . You will see most of the falls happens on the days we are short staffed . On 2/18/25 at 2:46 PM, the facility's Administrator was interviewed and asked about the identified understaffed shifts. The Administrator explained they had recently terminated a few of the night shift staff for sleeping while on shift and for other performance concerns. The Administrator stated they had a budget to follow in regards of scheduling staff. When asked about the 1/13/25 midnight shift where two nurses were expected to complete their duties and the duties of a CNA for 43 residents on a higher acuity unit, the Administrator stated they were unaware of the situation until the next morning. The Administrator stated staff usually calls them for any problem, however stated they were not informed of the situation until the next morning. When asked, the Administrator stated the facility did not have a policy regarding sufficient staffing. A review of the facility's assessment revealed no documentation of the specific staffing needs for each shift or unit. No further explanation or documentation was provided by the end of the survey.