

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/08/2022
NAME OF PROVIDER OR SUPPLIER  Mission Point Nsg & Phy Rehab Ctr of Warren		STREET ADDRESS, CITY, STATE, ZIP CODE  11525 E Ten Mile Rd Warren, MI 48089	
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 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39918</p> <p>This citation pertains to intake MI00130425.</p> <p>Based on interview and record review, the facility failed to provide care consistent with professional standards of practice to treat existing pressure ulcers by 1) failing to initiate wound care treatments timely, 2) failing to complete wound care per orders, and 3) failing to follow up on a noted skin concern, affecting one sampled resident (R906) of five reviewed, resulting in the delayed and extended healing of wounds and infection, pain, and the potential for additional skin complications. Findings include:</p> <p>A review of R906's medical record indicated that the resident was initially admitted into the facility on [DATE] with medical diagnoses including but not limited to Intestinal Obstruction, Anemia, Kidney Disease, Atrial Fibrillation, Dementia without Behavioral Disturbance, Encephalopathy, Hemiplegia and Hemiparesis, Gastrostomy Status, Anxiety Disorder, Schizoaffective Disorder, Spinal Stenosis, Dysphagia, Peritoneal Adhesions, Dysarthria, and Muscle Weakness. R906's Minimum Data Set (MDS) assessment dated [DATE] indicated that the resident was severely cognitively impaired and completely dependent on staff for activities of daily living (ADLs). R906's medical record indicated that the resident was hospitalized from 4/1/22 to 4/12/22, from 5/14/22 to 5/17/22, from 6/24/22 to 7/1/22 (admitted on to hospice services upon return), and passed away in the facility on 7/29/22.</p> <p>Continued review revealed R906 was admitted on [DATE] with an abdominal wall surgical incision, unstageable sacral pressure ulcer, unstageable right hip pressure ulcer, unstageable left heel pressure ulcer, and left posterior leg venous stasis ulcer, per the wound care note dated 3/16/22. The note indicated the following measurements and information:</p> <ul style="list-style-type: none"> <li>-Abdominal wall surgical incision 15 cm (centimeters) with 16 staples in place</li> <li>-Sacral unstageable pressure ulcer 12.5 (centimeters) x 18.7 x UTD (unable to determine depth) 80% slough 20% necrotic tissue</li> <li>-Right hip unstageable pressure ulcer 13.8 x 11.5 x UTD 80% slough 20% necrotic</li> <li>-Left heel unstageable pressure ulcer 3.0 x 3.0 x UTD</li> <li>-Right anterior leg varicular (sic) ulcer 5.0 x 1.0 x UTD</li> </ul> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>-Left posterior leg venous stasis ulcer 2.5 x 2.5 x 1.2 cm.</p> <p>Additionally, the wound care note dated 3/16/22 did not provide any indication that any of R906's wounds were showing signs of infection.</p> <p>A review of R906's wound care orders revealed that treatments for the resident's wounds were not initiated on the treatment administration record (TAR) until 3/17/22. Furthermore, a review of R906's March 2022 TAR revealed:</p> <p>-Dakin's (1/4 strength) Solution 0.125 % (Sodium Hypochlorite) Apply to sacrum and Rt (right) hip topically every day shift for wound care. apply with ABD and border gauze. -Start Date- 03/17/2022 -D/C (discontinue) Date- 04/04/2022 - was not documented as completed on 3/18, 3/19, or 3/22/22.</p> <p>A review of R906's progress notes revealed:</p> <p>3/21/2022 18:59 (6:59 PM) Practitioner Progress Notes Late Entry: Note Text: .pt seen and examined for f/u (follow-up), continues to be confused .some worsening to R-hip/ischial wound on triad dressing per wound care .Skin: Abd (abdominal) wound with staples, healing .coccyx/R-buttock/hip wound pink w/o (without) drainage or foul odor .</p> <p>3/23/2022 15:00 (3:00 PM) Nursing Progress Note .Writer noted odor from right hip wound during wound care rounds with MD (Physician). Informed ID (Infectious Disease) of new findings. Received orders from ID for xray to rt hip, lab work, and antibiotic therapy .</p> <p>3/28/2022 20:29 (8:29 PM) .Infectious Disease Initial Evaluation Note .evaluated at the request of staff for the antibiotic management to treat an infected right hip pressure ulcer. Vital signs have been stable .afebrile . Most recent laboratory data show slightly elevated WBC (white blood cell) count of 12.4. Right hip x-ray obtained was negative for osteomyelitis, may consider advanced imaging. Right hip appears with slough, necrotic tissue associated with significant malodor. Appears to be clinically infected. Patient started on IV Rocephin and Flagyl (antibiotics) .</p> <p>R906 was sent to the hospital on 4/1/22 for respiratory distress and readmitted to the facility on [DATE].</p> <p>The wound care note dated 4/20/22 indicated the following wound details:</p> <p>-Rt shoulder abrasion - Length x Width x Depth: 7.0 (centimeters) x 5.2 x UTD</p> <p>-Rt heel unstageable 2.6 x 3.3 x UTD</p> <p>-sacrum 4 (Stage IV - full thickness skin loss extending to tendon, muscle, and/or bone) 38.5 x 17.8 x 6.7</p> <p>-Rt medial foot unstageable</p> <p>-Lt ant knee scattered 3.5 x 3.5 x UTD</p> <p>-Lt lat leg unstageable 4.0 x 5.0 x 0.2</p> <p>(continued on next page)</p>		

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>-Rt hip 4 (Stage IV) 17.2 x 16.5 x 6.8.</p> <p>No wound measurements or wound care assessments were noted from 4/12/22 prior to 4/20/22 (A wound assessment with effective date of 4/12/22 was seen in the record, however, it was signed as completed on 4/20/22).</p> <p>Review of the resident's April 2022 TAR revealed that detailed wound care orders were not entered into the record until 4/20/22, and were not initiated until 4/21/22 after the resident returned to the facility on [DATE]. The following wound care orders lacking details on what locations to apply the treatments were entered into the record:</p> <p>-Medihoney Wound/Burn Dressing Paste (Wound Dressings) Apply to wound topically every day shift every Tue, Fri for wound healing -Start Date- 04/15/2022 -D/C Date- 04/22/2022 (Also not documented as completed on the TAR on 4/15 or 4/22).</p> <p>-Silver Nitrate Ointment 10 % Apply to affected area topically one time a day for wound healing -Start Date- 04/13/2022 1000 -D/C Date- 05/16/2022.</p> <p>The following wound care orders were not documented as completed on 4/24/22 and 4/29/22:</p> <p>-Dakins (1/4 strength) Solution 0.125 % (Sodium Hypochlorite) Apply to Rt hip topically every day shift for wound care packing gauze soaked with Dakins and covering with border gauze. -Start Date- 04/21/2022 -D/C Date- 05/16/2022.</p> <p>-Dakins (1/4 strength) Solution 0.125 % (Sodium Hypochlorite) Apply to sacrum topically every day shift for sacral wound packing gauze soaked with Dakins and cover with border gauze -Start Date- 04/21/2022 -D/C Date- 05/16/2022.</p> <p>Continued review of R906's progress notes revealed:</p> <p>-4/18/2022 14:37 (2:37 PM) .Infectious Disease Progress Note .Follow up for sacral osteomyelitis .Sacrum continues to appear clinically infected. Continue with Zosyn (antibiotic) and local wound care .4/01: CT abdomen/pelvis + (positive) sacral ulcer concerning for OM (osteomyelitis) .Continue Zosyn .to complete a total 6 weeks course .</p> <p>A review of R906's May 2022 TAR revealed the following (resident hospitalized on [DATE] and readmitted on [DATE]):</p> <p>-Dakins (1/4 strength) Solution 0.125 % (Sodium Hypochlorite) Apply to Rt hip topically every day shift for wound care packing gauze soaked with Dakins and covering with border gauze. -Start Date- 04/21/2022 -D/C Date- 05/16/2022 - Documented as not completed on 5/3/22 and 5/13/22, and no documentation indicating completion on 5/7/22 and 5/8/22.</p> <p>-Dakins (1/4 strength) Solution 0.125 % (Sodium Hypochlorite) Apply to sacrum topically every day shift for sacral wound packing gauze soaked with Dakins and cover with border gauze -Start Date- 04/21/2022 -D/C Date- 05/16/2022 - Documented as not completed on 5/3/22 and 5/13/22, and no documentation indicating completion on 5/7/22 and 5/8/22.</p> <p>(continued on next page)</p>		

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>Wound care orders were not initiated for R906's right hip and sacral wounds until 5/19/22, and were not documented on the TAR as completed on 5/20/22 and 5/29/22.</p> <p>Continued review of R906's progress notes revealed:</p> <p>-5/3/2022 13:24:00 (1:24 PM) .Dakins (1/4 strength) Solution 0.125 % Apply to sacrum topically every day shift for sacral wound packing gauze soaked with Dakins and cover with border gauze - Not Completed Endorsed to Unit Manager . Written by Nurse D. No additional documentation was present indicating that the wound treatment was actually completed by the Unit Manager.</p> <p>-5/23/2022 16:19 (4:19 PM) .Infectious Disease Progress Note .Follow up for sacral osteomyelitis .Sacrum with improvement. More granulation is present, some malodor .Continue with Augmentin and Doxycycline (oral antibiotics). Continue local wound care. May need escalation to IV antibiotic therapy if no improvement on orals .</p> <p>-5/28/2022 20:31 (8:31 PM) .Nursing Progress Note .Writer spoke with ID regarding new onset of odor to Rt hip wound and increased drainage. Orders received to start antibiotic therapy .</p> <p>On 9/7/21 at 12:41 PM, Nurse D was interviewed regarding the note he entered on 5/3/22 related to being unable to complete wound care for R906 per order. Nurse D explained that he and another nurse were the only ones working on the unit that day and had 30 patients a piece (give or take) to take care of. Nurse D explained that normally three nurses would have been working that day.</p> <p>A review of R906's TAR for June 2022 revealed that the resident's wound treatments for the sacral and right hip wounds were not documented as completed on 6/4/22, 6/5/22, and 6/22/22.</p> <p>R906 was hospitalized on [DATE] and readmitted on [DATE]. The resident signed onto hospice services upon their re-admission.</p> <p>The last noted wound measurements present in R906's record were as follows:</p> <p>7/6/2022:</p> <p>-(R) post (posterior) shoulder abrasion Length x Width x Depth: 5.0 x 4.0 x 0.1 (cm)</p> <p>-(L) breast abrasion 5.0 x 9.5 x 0.1</p> <p>-sacrum 4 (Stage IV) 16.2 x 28.5 x 6.2</p> <p>-(R) Hip 4 (Stage IV) 7.5 x 15.2 x 9.0.</p> <p>A review of R906's TAR for July 2022 revealed that the resident's wound treatments for the sacral and right hip wounds were not documented as completed on 7/2/22, 7/3/22, 7/4/22, 7/5/22, 7/10/22, 7/12/22, and 7/16/22. Wound care was also not provided on 7/20/22 per the following notes:</p> <p>(continued on next page)</p>		

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>-Note Text: Dakins (1/4 strength) Solution 0.125 % Apply to to (R) hip and Sacrum topically every day shift related to PRESSURE ULCER OF SACRAL REGION, STAGE 4 .PRESSURE ULCER OF RIGHT HIP, STAGE 4 .and PRN (as needed) .Wound care not rendered please render wound care per orders .[and] . Unable to render wound care please render wound care per doctor orders medicate prior thank you .</p> <p>Additional progress notes for R906 in July 2022 included:</p> <p>-7/14/2022 14:16 (2:16 PM) .Nurse in to do resident wound care this A.M noted to be in distress prior to wound care crying out and moaning. Wound nurse notified resident primary nurse requested medication prior to wound care; resident was medicated and tolerated well. Wound nurse in to do wound care and noted that resident continued to moan and mumble a little; incoherently. The moment the wound nurse started to talking to the resident to introduce self and CNA (Certified Nurse Aide) and why we were present resident began crying and grabbing for the nurse. 1:1 provided with some success wound care rendered during this assessment it has been noted that resident is crying out in pain when (R) L/E (right lower extremity) is touched. (R) L/E is Swollen, tender to touch, warm/hot, this has been brought to the attention of the primary nurse. The ID doctor contacted .Nurse has also called [hospice] .the ID doctor called and wanted to know if Hospice was ok with the resident receiving abt (antibiotic) therapy .</p> <p>-7/21/2022 19:51 (7:51 PM) .Nurse to resident room several times this tour to assess resident ability to tolerate wound care, resident has been in more pain this tour than day's prior. Primary nurse asked to medicate resident for pain prior to wound care. Nurse stated hospice nurse in and is writing new orders for resident pain management. Wound nurse agreed to f/u (follow up) later to check resident status and assess if pain is managed enough for wound care. On f/u resident continue moaning at rest, there are order changes noted but medication has not yet arrived. The medication available for resident has been given and has a noted decrease with pain but not enough to render any wound care at this time; AEB (as exhibited by) moaning, with eyes closed and what sounds like crying .wound care has been held wound nurse does not believe that this is in the best interest of the resident [at] this time pain must be managed prior to wound care and be managed following wound care before it can be rendered to ensure optimal outcome for the resident .Written by Nurse C.</p> <p>-7/24/2022 21:15 (9:15 PM) .Note Text: Pt has maggots coming from wound which is in both legs pt also has dark green thick drainage coming from peg tube site saturated abd pad less than 5 mins contacted hospice nurse and alos (sic) contacted doctor and left voice message. (Written by Nurse B) No follow-up documentation addressing maggots was found prior to R906's passing on 7/29/22.</p> <p>On 9/7/22 at 11:39 AM, Nurse A was interviewed and indicated that she had filled in as the facility's wound care nurse in March, part of April, and some time in May 2022. When queried regarding R906's wounds, Nurse A indicated that the resident did have multiple wounds and a huge wound to the sacral area and right hip. Nurse A explained that R906 had very heavy wound treatments and wounds with a lot of drainage, and was also prescribed antibiotics several times. Nurse A also explained that R906's wounds were very painful, and that's why R906 went on hospice, because R906, Was just suffering at that point. When queried regarding expectation for completing wound treatments, Nurse A indicated that the floor nurses are responsible for completing the treatments if the wound care nurse is not at the facility and/or another nurse is not assigned to do treatments. When queried if she encountered problems with wound care being completed when it was supposed to, Nurse A stated, Kinda sorta .We desperately need staffing .we are sometimes very short-staffed.</p> <p>(continued on next page)</p>		

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>On 9/7/21 at 1:47 PM, Nurse C, the facility's current wound care nurse, was asked if the resident having maggots on their legs was reported to her. Nurse C indicated that it was, but she was off at the time and did not come back to work until July 27th. Nurse C explained that she had wrapped R906's legs previously because they were grossly edematous but did not have any open areas the last time she saw them. When queried if there was an order for wrapping the resident's legs, Nurse C indicated there was not, but she had done it as a result of nursing judgement to keep the resident comfortable, and that the physician and hospice had given the okay to do so. Nurse C was queried if she had seen the resident after returning to work and prior to the resident's death in the facility and responded, I believe I saw [R906] a couple times. When asked if she saw R906's leg, Nurse C said that she had, and the resident had what, Maybe would've been blisters and drainage from the edema . Nurse C indicated she had wrapped R906's legs and done an assessment on the resident when she returned but an additional assessment was not found.</p> <p>On 9/8/22 at 8:43 AM, Nurse B was interviewed regarding her assessment of maggots on R906's legs. Nurse B explained that the resident aide came out and said maggots were coming from [R906's] leg. Nurse B stated the resident had their two legs wrapped, so she cut the wraps open and found maggots on both legs. Nurse B was asked if the wraps were dated. Nurse B indicated they were but could not remember with what date. Nurse B did deny that R906's legs were draining any fluid but indicated that they were very edematous and wrapped due to the edema. Nurse B stated that she and another staff member cleaned the resident's legs and did not re-wrap them so they could air out and dry. Nurse B indicated that she reported her findings to the physician and to the hospice nurse. A review of the hospice notes scanned into the resident's medical record did not reveal any reference to a report of maggots.</p> <p>On 9/8/22 at 11:20 AM, the Nursing Home Administrator (NHA) and Director of Nursing (DON) were interviewed and queried if the expectation is that wound care treatments are initiated in a timely manner after a resident is admitted (or readmitted ) to which the DON responded, Absolutely .within 24 hours. The DON indicated that she also expects wound care orders to be details, and to specify the location the treatment is to be applied. When queried, the DON indicated that she expects wound care treatments to be carried out per order by staff, and that documentation should be present explaining if/why a treatment was not done. When queried regarding the maggots assessed on R906, the DON indicated that she did not necessarily expect follow-up related to that because the dressings were thrown away, legs left open to air, and there was nothing further (documentation was not found to reflect this).</p> <p>A review of the facility's policy titled, Wound Treatment Management and Documentation, revised 07/21, revealed, 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 .1. Wound treatments will be provided in accordance with physician orders .Treatments will be documented on the Treatment Administration Record . Wound treatments are documented at the time of each treatment .</p>		

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F 0687  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39918</p> <p>This citation pertains to intake MI00130885.</p> <p>Based on observation, interview, and record review, the facility failed to provide routine podiatry services for one sampled Resident (R902) of five reviewed for activities of daily living (ADLs), resulting in untrimmed toenails and the potential for worsening of condition and injury. Findings include:</p> <p>On 9/7/22 at 8:49 AM, R902 was observed in bed wearing a hospital-type gown. R902's toenails were observed to be excessively overgrown and thick.</p> <p>On 9/7/22 at 10:42 AM, R902 was observed lying in bed in the same hospital-type gown. A nurse was at R902's bedside, soaking the resident's feet and filing their toenails down. The nurse identified herself as the facility's Infection Control Nurse (ICN). The ICN asked if it appeared that R902's toenails had been taken care of recently to which she responded, To tell you the truth, no ma'am. I won't lie. When queried regarding being at the bedside taking care of R902's toenails, the ICN stated, I came in when they said they needed help. The ICN indicated that it did not appear that R902's fingernails nor toenails had been trimmed or taken care of in a while, acknowledged their length, and indicated she was going to take care of them today.</p> <p>A review of R902's record revealed a consent to receive podiatry services signed in 2020 and the following podiatry note dated 11/2/2020:</p> <p>.Foot care is requested by the Patient for evaluation, management and treatment of fungal toenails. The patient also related pain with shoe gear because of the long toenails .Upon examination today it is noted that the Patient has yellow, thick, elongated, dystrophic nails to all ten nail digits with lysis, subungual debris, and decay .Assessment: 1. Onychomycosis Toes 1-5 bilateral, 2. Peripheral Vascular Disease bilateral .The Patient is at increased risk of ulceration or infection to skin secondary to mycoses .</p> <p>No additional podiatry notes were noted in R902's record.</p> <p>A review of R902's care plan as well as Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident requires extensive assistance from staff for bed mobility, transfers, dressing, toilet use, and personal hygiene. The MDS also indicated that the resident was cognitively intact with medical diagnoses including Muscle Weakness, Contracture, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Hypertension, Hydrocephalus, Aphonia, Major Depressive Disorder, Unsteadiness On Feet, Cognitive Communication Deficit, Dysphagia, Overactive Bladder, and Anxiety Disorder.</p> <p>On 9/8/22 at 11:05 AM, the Director of Nursing (DON) was interviewed and indicated that R902 had not been seen by podiatry since 2020 and is on the list to be seen next week. When queried, the DON indicated that R902, Absolutely should have been seen, by podiatry prior to next week. The DON indicated that she needed to obtain a new consent for podiatry services because the facility switched providers, and the existing consent was for the old company.</p> <p>(continued on next page)</p>		

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F 0687  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	The facility provided clinical guidance regarding how to perform nail care, but did not have a policy to provide.		

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F 0925  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>39918</p> <p>This citation pertains in part to intake MI00130885.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program, affecting one sampled Resident (R902), resulting in the presence of live pests (black flies) in a resident living area. Findings include:</p> <p>On 9/7/22 at 8:49 AM, R902 was observed in bed wearing a hospital-type gown. Multiple black flies were noted to be flying around the room. A sticky fly trap was noted to be hanging up from the ceiling near the curtain between resident beds.</p> <p>On 9/7/22 at 10:11 AM, R902 was observed lying in bed. R902 had multiple black flies landing on them and their blanket.</p> <p>On 9/7/22 at 10:42 AM, R902 was observed lying in bed receiving nail care. Three black flies were noted flying around in the resident's room.</p> <p>On 9/8/22 at 8:54 AM, the Maintenance Director was interviewed and indicated that the facility had been utilizing the Large fly program treatment service from their pest control company for A couple years. Pest logs were reviewed and the Maintenance Director indicated that the pest control company comes every month and feels that they have been effective. The Maintenance Director did acknowledge the presence of black flies in the facility and stated that last night (9/7/22) the pest control company came out and installed fly lights (to attract and kill flies) in the main dining room and outside of the courtyard door. When queried regarding fly traps in resident rooms, the Maintenance Director stated those are only put up when necessary and that he didn't usually like to put those up. The Maintenance Director was asked about flies present in the room where R902 resides and indicated he wasn't aware of any issues there, stating Nothing more than normal.</p> <p>On 9/8/22 at 10:07 AM, multiple black flies were noted to be flying around R902's room. No open food or source of the flies was apparent when scanning the room. The fly trap hanging from the ceiling was no longer present.</p> <p>On 9/8/22 at 11:20 AM, the Nursing Home Administrator (NHA) and Director of Nursing (DON) were interviewed. When queried regarding observations of black flies in the facility, the DON acknowledged it was an ongoing issue. She stated she had heard there were fly traps in R902's room and that the facility was looking into putting up a fly light by the C-wing entrance close to where R902's room is located.</p> <p>A review of the facility's policy titled, Pest Control Program, dated 1/11/2021, revealed, It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents .Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations .</p>		