| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35103<br><br>Based on interview and record review, the facility failed to provide a 30-day written notice of discharge with notification to the Office of the State Long-Term Care Ombudsman and the State Agency for one Resident (R1) of three residents reviewed for notice before discharge. This deficient practice resulted in an inappropriate discharge from the facility without notification of discharge and appeal rights to the Resident and/or Resident's Representatives. Findings include:<br><br>This deficiency pertains to Complaint Intake #MI00143858.<br><br>Review of R1's Minimum Data Set (MDS) Annual assessment, dated (in process) 4/6/24, revealed R1 was admitted to the facility on [DATE] with active diagnoses that included: stroke, heart failure, end-stage renal disease, neurogenic bladder (with surgical placement of a suprapubic catheter), diabetes mellitus, Non-Alzheimer's dementia, depression, antisocial personality disorder, chronic obstructive pulmonary disease, hemiplegia (paralysis of one side of the body), morbid obesity, and dependence on wheelchair. R1 scored 15 of 15 on the Brief Interview for Mental Status (BIMS) indicative of intact cognition. R1 required maximal assistance (more than half the effort) for shower/bathing, upper body dressing, lower body dressing, lying to sitting on the side of bed, and chair/bed-to-chair transfer. R1 was totally dependent upon staff for toilet transfers, toilet hygiene and putting on/taking off footwear. R1 used a wheelchair for mobility and was documented as Not attempted due to medical condition or safety concerns for being able to Walk 10 feet in the last seven days.<br><br>Review of R1's Discharge Instructions and Recap of Stay, effective date 4/8/24 at 8:16 a.m., revealed the following, in part:<br><br>Reason for Admission: Hemiplegia post CVA [cerebrovascular accident (stroke)].<br><br>3. discharge date : 04/08/2024.<br><br>4. discharged to: His Home.<br><br>5. With (Who?) Facility Driver and (blank) .<br><br>7. Reason for discharge: . 5. Behavior status as resident endangers the safety of individuals in the facility .<br><br>(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 |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Social work-Recap of Stay .<br><br>3. Barriers (emotional, cognitive, financial, literacy concerns, transportation-appointments/items for daily living, safety, psychological to discharge and steps taken for discharge: [R1] will require daily assistance for his ADL's (activities of daily living), [Home Health Agency] will be admitting him on 4/9/24 (day after discharge). [R1] and family would benefit from behavioral therapy and counseling services to help with their family dynamics .<br><br>3. Nursing Services-Recap of Stay<br><br>1. Brief summary of medical stay: admitted with hemiplegia s/p CVA . Now being discharged r/t (related to) behavioral issues despite education and counseling.<br><br>2. Physical functioning status-check all that apply: . Non-ambulatory, Assist with ADLs . 5. Any problems/non-adherence encountered during the stay and treatment/education provided: behavioral issues of violent and sexual nature. This section signed by Registered Nurse (RN) E .<br><br>In-Home Care or Services<br><br>1. Referrals made to (choose all that apply): 1. HHA (Home Health Care) Agency. [Name of HHA] documented.<br><br>Medical Equipment Arrangements: 3. N/A (not applicable)<br><br>Signatures: R1's activated DPOA signed that I understand the discharge plan on 4/8/24.<br><br>Physician Summary: [R1] was admitted with hemiplegia s/p CVA. He received therapy and has achieved the ability to perform his ADLs with assistance from home health and a home aid. On multiple occasions he has been counseled and educated after being sexually inappropriate with staff and patients. He was evaluated by [Behavioral Health Agency] who reported these behaviors were not a part of dementia and are due to his antisocial-personality disorder. He continued with physical and sexual aggression towards fell ow patients and is now being discharged because of that. Signed by Physician on 4/8/24.<br><br>Review of R1's Medical Determination, signed and dated 2/20/24 by Psychologist F and 2/21/24 by Physician G, determined R1 was no longer capable of participating in the medical treatment decision making process effecting (sic) his/her own health care.<br><br>During an interview on 4/30/24 at 2:59 p.m., Social Services Director (Staff) B said she was present with R1 prior to, and during his discharge to home on 4/8/24. Staff B also acknowledged a home visit, to assess the safety of R1's discharge to home, was not completed prior to R1's 4/8/24 involuntary discharge from the facility. Staff B said she felt that it was appropriate to use a home assessment completed prior to R1's failed discharge to home in July of 2023.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 4/30/24 at 2:59 p.m., Staff B was asked why R1 was discharged from the facility, Staff B stated, His behaviors no longer permitted him to continue to reside here. There are certain rules . they should abide by in how they are treating their fell ow residents. He was told he was being discharged because of his behaviors. I told [R1's DPOA] on multiple occasions that because of his behavior he was going to have to be discharged . Staff B said no other facility would take R1, so the only place he could go was home. When asked if a 30-day notice of involuntary discharge was provided to R1's resident representative, the Ombudsman, or the State Agency, Staff B stated, There is a policy on involuntary discharges. I have not gone through that process, so I do not know the exact steps. Staff B acknowledged no notice of involuntary discharge, which included the right to appeal, had been provided to the Resident (R1), DPOA, the Ombudsman, or State Agency.<br><br>During an interview on 4/30/24 at 12:37 p.m., Ombudsman S confirmed they had not received any notification of R1's involuntary discharge from the facility. When asked about R1's alleged behaviors while in the facility, Ombudsman S stated, Behaviors are not a dischargeable offense. Ombudsman S said the discharge must have been voluntary (agreeable to the Resident and Resident Representative) because I did not get an involuntary discharge notification.<br><br>During a telephone interview with R1's DPOA on 4/30/24 at 4:53 p.m., the DPOA was asked if they (she, the family, or R1) had been given a choice on R1's discharge from the facility. DPOA L stated, No, they (facility staff) were forcing them (him) out of there. He needs 24/7 care, and we can't do that at home. [Staff B] told us that he is getting evicted out of there (the facility) because he has been touching girl's breasts . I feel like he was set up. There was him and another lady, and he said she asked him to touch her breast and he did it and then they were dropping him off at home (discharging him home) . They sent him home with no help . They (Nursing Home) said they were kicking him out .<br><br>During an interview on 5/1/24 at 11:22 a.m., the Nursing Home Administrator (NHA) stated, How could [Social Services Advocate B] say she didn't discharge him because of behaviors? The NHA reviewed R1's Discharge Recap assessment and confirmed it clearly said all over in the document that he (R1) was being discharged because of his behaviors and yet a 30-day notice was not provided .<br><br>During a telephone interview on 5/1/24 at 11:56 a.m., R1 was asked how the discharge to home had gone. R1 stated, .They more or less kicked me out. They packed my stuff and they said they would have help (home health) when I got home, and I got home and there was no help .They (family members) are pretty stressed out . I know it wasn't right how they discharged me .<br><br>Review of R1's Admission and Financial Agreement, signed 4/21/17, revealed the following, in part: . The Facility may terminate this Agreement and transfer or discharge the Resident in accordance with applicable State and Federal laws and regulations. The Facility shall give the Resident or Responsible Party advance notice of any reason for transfer or discharge as required by applicable State or Federal laws and regulations .<br><br>Review of the Transfer and Discharge policy, dated 6/2023, revealed the following, in part: .6. Non-Emergency Transfers or Discharges - initiated by the facility, return not anticipated.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | a. Document the reasons for the transfer or discharge in the resident ' s medical record, and in the case of necessity for the resident ' s welfare and the resident ' s needs cannot be met in the facility, document the specific resident needs that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the needs. Document any danger to the health or safety of the resident or other individuals that failure to transfer or discharge would pose.<br><br>b. At least 30 days before the resident is transferred or discharged , notify the resident and the resident ' s representative in writing in a language and manner they understand. (This time frame does not apply if the resident has not resided in the facility for 30 days.)<br><br>c. Contents of the notice must include:<br><br>i. The reason for transfer or discharge;<br><br>ii. The effective date of transfer or discharge;<br><br>iii. The location to which the resident is transferred or discharged ;<br><br>iv. A statement of the resident ' s appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; and<br><br>v. The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman.<br><br>vi. For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities must be included in the notice.<br><br>vii. For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder must be included in the notice.<br><br>d. A copy of the notice shall be provided to a representative of the Office of the State Long-Term Care Ombudsman.<br><br>e. If the information in the notice changes prior to effecting the transfer or discharge, the Social Services Director must update the recipients of the notice as soon as practicable once the updated information becomes available.<br><br>f. In the case of facility closure, the Administrator must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | g. Orientation for transfer or discharge must be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand. Depending on the circumstances, this orientation may be provided by various members of the interdisciplinary team.<br><br>h. Assist with transportation arrangements to the new facility and any other arrangements, as needed.<br><br>i. Assist with any appeals and Ombudsman consultations, as desired by the resident.<br><br>j. The physician shall document medical reasons for transfer or discharge in the medical record, when the reason for transfer or discharge is for any reason other than nonpayment of the stay or the facility ceasing to operate. A copy of the physician ' s order for discharge should be attached to the discharge notice . |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Prepare residents for a safe transfer or discharge from the nursing home.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35103<br><br>Based on interview and record review, the facility failed to provide and document a safe and orderly involuntary discharge for one Resident (R1) of three residents reviewed for facility discharge. This deficient practice resulted in harm, based on a reasonable person standard, when R1 was discharged to home without notice to family members living in the home, no provision of home health services upon discharge from the facility, emotional distress due to lack of care, and return to the hospital resulting from unaddressed care needs. Findings include:<br><br>This deficiency pertains to Complaint Intake #MI00143858 which alleged the facility failed to complete a thorough discharge plan for R1. The complaint was received from an advocacy agency and included the following information, in part: . The facility transported [R1] back to his residence without notifying [Wife H] and refused to provide an answer why he was returning to the residence . On 4/9/24, [R1] was observed at his resident to be lying in bed with his catheter bag bulging from not being changed. [Wife H] reported that she is on oxygen and is in no position to provide primary care to [R1] .There is concern that [Nursing Home Name] performed an unsafe and unprepared discharge that has now placed [R1] at risk of harm due to having no services and no proper caretaker.<br><br>Review of R1's Minimum Data Set (MDS) Annual assessment, dated (in process) 4/6/24, revealed R1 was admitted to the facility on [DATE] with active diagnoses that included: stroke, heart failure, end-stage renal disease, neurogenic bladder (with surgical placement of a suprapubic catheter), diabetes mellitus, Non-Alzheimer's dementia, depression, antisocial personality disorder, chronic obstructive pulmonary disease, hemiplegia (paralysis of one side of the body), morbid obesity, and dependence on wheelchair. R1 scored 15 of 15 on the Brief Interview for Mental Status (BIMS) indicative of intact cognition. R1 required maximal assistance (more than half the effort) for shower/bathing, upper body dressing, lower body dressing, lying to sitting on the side of bed, and chair/bed-to-chair transfer. R1 was totally dependent upon staff for toilet transfers, toilet hygiene and putting on/taking off footwear. R1 used a wheelchair for mobility and was documented as Not attempted due to medical condition or safety concerns for being able to Walk 10 feet in the last seven days.<br><br>Review of R1's Discharge Instructions and Recap of Stay, effective date 4/8/24 at 8:16 a.m., revealed the following, in part:<br><br>Reason for Admission: Hemiplegia post CVA [cerebrovascular accident (stroke)].<br><br>3. discharge date : 04/08/2024.<br><br>4. discharged to: His Home.<br><br>5. With (Who?) Facility Driver and (blank) .<br><br>7. Reason for discharge: . 5. Behavior status as resident endangers the safety of individuals in the facility .<br><br>Social work-Recap of Stay .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | 3. Barriers (emotional, cognitive, financial, literacy concerns, transportation-appointments/items for daily living, safety, psychological to discharge and steps taken for discharge: [R1] will require daily assistance for his ADL's (activities of daily living), [Home Health Agency] will be admitting him on 4/9/24 (day after discharge). [R1] and family would benefit from behavioral therapy and counseling services to help with their family dynamics .<br><br>3. Nursing Services-Recap of Stay<br><br>1. Brief summary of medical stay: admitted with hemiplegia s/p (status post) CVA . Now being discharged r/t (related to) behavioral issues despite education and counseling.<br><br>2. Physical functioning status-check all that apply: . Non-ambulatory, Assist with ADLs . 5. Any problems/non-adherence encountered during the stay and treatment/education provided: behavioral issues of violent and sexual nature. This section signed by Registered Nurse (RN) E .<br><br>In-Home Care or Services<br><br>1. Referrals made to (choose all that apply): 1. HHC (Home Health Care) Agency. [Name of HHC] documented.<br><br>Medical Equipment Arrangements: 3. N/A (not applicable)<br><br>Signatures: R1's activated DPOA signed that I understand the discharge plan on 4/8/24.<br><br>Physician Summary: [R1] was admitted with hemiplegia s/p CVA. He received therapy and has achieved the ability to perform his ADLs with assistance from home health and a home aid. On multiple occasions he has been counseled and educated after being sexually inappropriate with staff and patients. He was evaluated by [Behavioral Health Agency] who reported these behaviors were not a part of dementia and are due to his antisocial-personality disorder. He continued with physical and sexual aggression towards fell ow patients and is now being discharged because of that. Signed by Physician on 4/8/24.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Review of the [Behavioral Health Agency] psychological report completed by Psychologist F on 2/20/24 revealed the following, in part: .The facility social services director and the administrator requested that this resident be seen for an Initial Psychological Evaluation and assessment of capacity as the resident has shown ongoing aggression and inappropriate behaviors and no appreciation for the gravity of these despite being discussed many times with him .This was an initial psychological evaluation and capacity assessment of this resident who had been involved in a resident-resident occurrence . The history of this resident did involve numerous other incidents of varying types of aggression as well as verbal aggression to the staff and an ongoing history of inappropriate sexual behaviors toward female staff . Although the resident did not show significant cognitive deficits, his ongoing history and inability and seemingly unwillingness to learn boundaries supported the working view that I have espoused and shared with the facility professionals . Both the administrator, a professional with a history in research and having attained advanced degrees in areas that led to a full understanding of the psychological aspects displayed by the resident, and the social services director concurred that the behavior and ongoing dysfunctional interactions with the staff and others did support a lack of capacity. I signed the form to that effect and sent it back to the facility .Assessment and Plan: Antisocial personality disorder [F60.2] (new) Plan: For the 2/20/24 note. The given problem is a tentative diagnosis and may be supported or supplanted by future information .as the resident did not demonstrate signs of cognitive deficits on the basic assessments I gave, if there is some concern that that lack of capacity based on behavioral and personality factors is not robust, the facility may want to consider a more extensive cognitive assessment in the future .<br><br>Review of R1's [Behavioral Health Agency] previous psychological report, dated 1/26/24, revealed the following observations/determinations of R1, who at that time also scored a BIMS of 15 out of 15, reflective of intact cognition. No diagnosis of antisocial personality disorder was present at that time:<br><br>Demeanor: Cooperative<br><br>Judgement: Intact<br><br>Insight: Intact<br><br>Impulse Control: Intact<br><br>Thought Process: Organized<br><br>Homicidal Ideation: Denied<br><br>Memory: Grossly intact<br><br>Fund of Knowledge: demonstrates good fund of knowledge<br><br>Abstract Thinking: Intact<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Review of R1's care plans with revisions, revealed the following Focus: I have the potential for mood difficulties r/t impaired ability to go home, history of stroke, vascular dementia with mood disturbance, mood disorder, depression and anxiety . Interventions . [R1] Would like to discharge home however his wife would like him to remain in LTC (long term care) unless he is able to transfer independently. Date Initiated: 1/6/23.<br><br>During an interview on 4/30/24 at 2:59 p.m., Social Services Director (Staff) B confirmed R1 had a Durable Power of Attorney activated 2/21/24 when signed by two medical professionals who determined he was not capable of participating in medical decisions. Staff B acknowledged R1 had a BIMS of 15, which was reflective of intact cognition, but stated, He lacked the capacity to understand his actions and the consequences of them, so he (Psychologist F) felt it was appropriate to activate his DPOA. Staff B said she was not qualified or able to determine a residents' capacity to participate in their own healthcare decisions. When asked for behavior tracking for R1, Social Services Director (Staff) B said that following an alleged incident of inappropriately touching a female resident, [R1] was placed on 1:1 supervision. When asked for copies of the documentation involving 1:1 supervision of R1 following that incident, Staff B said the facility did not have the staff to monitor R1's behaviors on a 1 to 1 basis. When asked for documentation that showed R1 was consistently engaging in inappropriate behaviors, Staff B said there was no documentation to show that - other than progress notes. No 1 to 1 supervision documentation, nor any consistent documentation of his behaviors that showed he was a consistent and imminent threat to facility residents was available, nor was it provided to this surveyor by Staff B or by any other facility staff member. Although R1 had been deemed incapable of participating in his own medical decision making, he was allowed to smoke unsupervised outside with other facility staff between 2/21/24 and the alleged inappropriate touching of a female resident while outside smoking on 3/12/24.<br><br>Review of R1's discharged Resident Medication Transfer Record, dated 4/8/24, revealed the Resident Medication Acceptance Attestation which read, in part: As the resident or responsible party for the above-named resident . I confirm that the resident/responsibility party has been notified, understands, and accepts responsibility of this medication regimen and has taken possession of the applicable medications . was not signed by R1's responsible party. Although R1 was deemed unable to participate in healthcare decisions on 2/21/24, his signature was noted on the bottom of the medication transfer record. The DPOA was not present in the facility at the time of discharge. No physician order for oxygen was present on the discharged Resident Medication Transfer Record, and no referral to any medical equipment supply vendor was made for R1's oxygen.<br><br>During the interview on 4/30/24 at 2:59 p.m., Staff B confirmed R1's DPOA was not present at the time of discharge. Staff B stated, We went over the medications with her on the phone, and it was a mistake on my part that I didn't have her sign at the time of discharge. Staff B acknowledged there was no documentation on the form that reflected review of the medications with R1's DPOA. Staff B said R1's DPOA did not live in the home that he returned to on 4/8/24. When asked who lived in the home, Staff B said R1's wife lived in the home. When asked if the wife was informed R1 was returning to the home on 4/8/24, Staff B stated, I don't have it documented that the wife was informed. I talked to who I felt needed to be talked to - the DPOA. The Nursing Home Administrator (NHA), present during the interview, asked if Staff B had directly spoken to R1's Wife H prior to discharging the Resident to the home, Staff B said she had never had a personal conversation with Wife H.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | When asked why R1 was discharged from the facility, Staff B stated, His behaviors no longer permitted him to continue to reside here. There are certain rules . they should abide by in how they are treating their fell ow residents. He was told he was being discharged because of his behaviors. I told [R1's DPOA] on multiple occasions that because of his behavior he was going to have to be discharged . Staff B said no other facility would take R1, so the only place he could go was home.<br><br>When asked about the level of care in hours that were anticipated being necessary for R1 to successfully transfer to home, Staff B said she was not aware of what level of care R1 needed. Referrals to Home Health Care Agencies (HHAs) had been made, but no services were in place at the time of discharge to home. The HHA I was scheduled to assess R1 in the home on 4/9/24. When asked about medical equipment such as oxygen which R1 required, Staff B said they had taken one of the facilities oxygen concentrators and left it at R1's home but acknowledged she had not obtained additional nasal cannula's or tubing for the oxygen concentrator. Staff B stated, I didn't have an equipment provider, so he (R1) borrowed one of ours. There wasn't an order for it in the home. A physician order was not found for supplemental oxygen in the home on 4/8/24. When asked if supplies for R1's suprapubic catheter were provided to the Resident upon discharge, until HHA services could be initiated, Staff B said she had not delivered any to the home.<br><br>Review of R1's Physician Order Recap Report revealed Physician G gave a verbal order on 4/7/24 to discontinue (d/c) R1's oxygen therapy order effective 4/8/24, the day of discharge.<br><br>During an interview on 4/30/24 at 3:31 p.m., Staff B was asked about the scheduling of home health care aides. Staff B stated, [HHA] J said they would be able to take him (provide home care services) when their staffing allowed. When asked when HHA J reached out to Staff B to let her know staff were available to care for R1, Staff B stated, (They) didn't by the time he discharged . He (R1) did not have [HHA] I. They [HHA I], but when they came to admit him, they denied services. Staff B said she did not hear from the family or [HHC I] until the next week. Staff B stated, I don't have the exact date in front of me . The week of the 15th. I reached out to HHA K (that week) and asked if they still had his referral . He did not have HHC K services upon discharge. Staff B said a home assessment prior to discharge was not completed before R1 was discharged to home on 4/8/24. A previous home assessment had been completed, prior to a July 2023 failed home discharge attempt, and Staff B used that information. When asked about HHA services on April 8th, 9th, and 10th, Staff B stated, I do not know what services were provided to [R1]. Staff B said she went into R1's home to bring in R1's belongings, and tensions were high. They (family members) all started yelling at each other .<br><br>During an interview on 4/30/24 at approximately 4:30 p.m., when asked about R1's behavior monitoring and documentation, the NHA said there were progress notes and stated, It is very sporadic documentation of his behaviors.<br><br>During a telephone interview with R1's DPOA on 4/30/24 at 4:53 p.m., the DPOA was asked if they (she, the family, or R1) had been given a choice on R1's discharge from the facility. DPOA L stated, No, they were forcing them out of there. He needs 24/7 care, and we can't do that at home. [Staff B] told us that he is getting evicted out of there (the facility) because he has been touching girl's breasts . I feel like he was set up. There was him and another lady, and he said she asked him to touch her breast and he did it and then they were dropping him off at the home (discharging him home) . They sent him home with no help. They said the Doctor determined he could not make his own decisions because he has no remorse for anything he did there.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During a continued telephone interview on 4/30/24 at 4:53 p.m., DPOA L said HHA I completed an in-home assessment of R1's care needs and they did not accept him for services. DPOA said the nurse who completed the initial assessment on 4/9/24, which was declined, said they would send a nurse into the home to show them how to care for R1's suprapubic catheter the next day (4/10/24). DPOA L said she waited for the nurse the next day, but no nurse ever came to show them how to care for the suprapubic catheter. DPOA L said R1 then had to go to the emergency room several days after his discharge from the facility for a urinary tract infection. HHA I said [Nursing Home Name] told them R1 wanted to come home. DPOA L stated, When they dropped him off (at home without notice to his wife) they brought his clothes and his meds, but they didn't tell me how to give the meds. We didn't even know he was diabetic. He has [an injectable blood glucose lowering medication] and he takes metformin [blood glucose lowering oral medication] as well and he gets a B12 shot every 14 days. We didn't know which ones he got in the morning; when to give them as far as the timing .[R1] said he used to be able to go on the toilet when he wanted in the nursing home. I told him he was 24/7 care. We do the best we can. They (Nursing Home) said they were kicking him out . When they dropped him off April 8th, until yesterday (4/29/24), we had no care (home health care aides) . DPOA L said finding R1 another nursing home to live in would be next to impossible because of the things the facility said about R1 in the request for transfer to the other facilities that were all declined.<br><br>During a telephone interview on 5/1/24 at 10:58 a.m., Executive Director<br><br>M, of HHA I, confirmed they had received a home health care referral from the nursing home where R1 resided prior to discharge. A nurse went out and completed an assessment on 4/9/24 and declined enrolling R1 in services with HHA I. Executive Director M said R1 was not enrolled in HHA I's home health care services because they did not feel he was safe in the home following completion of the in-home assessment.<br><br>During a telephone interview on 5/1/24 at 10:08, Intake Department Team Lead N confirmed HHA K had received a referral from the nursing home for home health care for R1 on 4/11/24 after the first HHA I had declined R1's provision of services. R1 was processed and admitted to HHA K's in-home services on 4/17/24. Intake Team Lead K reviewed R1's current service plan and said R1 would receive a home health aide one time a week.<br><br>During a telephone interview on 5/1/24 at 10:29 a.m., HHA O's Representative P said R1 had a higher acuity of care and . we could not accept him . based on the assessments that were provided upon his discharge from the nursing home.<br><br>During a telephone interview on 5/1/24 at 10:35 a.m., Regional Case Manager Q said their agency was not notified until 4/10/24 of R1's discharge to home from the facility on 4/8/24. Manager Q stated, We prefer to be involved .in the discharge planning process so those things can be started while they (residents) are still in the facility . We considered him an imminent risk to return to a nursing home. [An assessment/referral agency] went out on the 18th (of April) and determined [R1] qualified for 142 hours a month because he has complex care needs . I have not heard what changed and why he decided to come home . it was a shock to all of them (family members) that he went (home). They (family) were upset that he came home .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0624<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During an interview on 5/1/24 at 11:22 a.m., the Nursing Home Administrator (NHA) stated, How could [Social Services Advocate] say she didn't discharge him because of behaviors? The NHA reviewed R1's Discharge Recap assessment and confirmed it clearly said all over in the document that he (R1) was being discharged because of his behaviors and yet a 30-day notice was not provided .<br><br>During a telephone interview on 5/1/24 at 11:56 a.m., R1 was asked how the discharge to home had gone. R1 stated, If we had help (home health) it would be all right. They more or less kicked me out. They packed my stuff and they said they would have help (home health) when I got home, and I got home and there was no help . I did have to go back to the ER (emergency room ) for a UTI (urinary tract infection) (following discharge). They (family members) are pretty stressed out . I know it wasn't right how they discharged me .<br><br>During an interview on 5/1/24 at 1:39 p.m., Staff R said they were present when R1 was discharged to home on 4/8/24. Staff R stated, I didn't have him (R1) off the (vehicle) ramp, and they (family members) were screaming, I have to quit my f king (expletive) job because of you! The tension was so bad, that if someone was not with me, I would have brought him back (to the facility). I thought this does not feel right . This was insane . I was doing what was not right .<br><br>Review of the facility Admission Packet Resource Guide, dated 5/2017, revealed the following, in part: An involuntary transfer or discharge of a resident is permitted under the following circumstances:<br><br>- The Resident's needs cannot be met in the facility.<br><br>- The Resident's health has improved significantly to no longer need the facility service;<br><br>- The safety of the individuals in the facility is endangered.<br><br>- Non-payment or;<br><br>- The facility ceases to operate .<br><br>No documentation was provided by the facility to show R1 was endangering the safety of other residents.<br><br>Review of R1's Admission and Financial Agreement, signed 4/21/17, revealed the following, in part: . The Facility may terminate this Agreement and transfer or discharge the Resident in accordance with applicable State and Federal laws and regulations. The Facility shall give the Resident or Responsible Party advance notice of any reason for transfer or discharge as required by applicable State or Federal laws and regulations . |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide medically-related social services to help each resident achieve the highest possible quality of life.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35103<br><br>Based on interview and record review, the facility failed to provide medically related social services pertaining to discharge for one Resident (R1) of three residents reviewed for discharges. This deficient practice resulted in an inappropriate involuntary discharge, failure to inform the Resident and/or Resident Representative of their involuntary discharge appeal rights, and emotional distress based on a reasonable person standard. Findings include:<br><br>This deficiency pertains to Complaint Intake #MI00143858 which alleged the facility failed to complete and thorough discharge plan for R1 .There is concern that [Nursing Home Name] performed an unsafe and unprepared discharge that has now placed [R1] at risk of harm due to having no services and no proper caretaker .<br><br>Review of R1's Minimum Data Set (MDS) Annual assessment, dated (in process) 4/6/24, revealed R1 was admitted to the facility on [DATE] with active diagnoses that included: stroke, heart failure, end-stage renal disease, neurogenic bladder (with surgical placement of a suprapubic catheter), diabetes mellitus, Non-Alzheimer's dementia, depression, antisocial personality disorder, chronic obstructive pulmonary disease, hemiplegia (paralysis of one side of the body), morbid obesity, and dependence on wheelchair. R1 scored 15 of 15 on the Brief Interview for Mental Status (BIMS) indicative of intact cognition. R1 required maximal assistance (more than half the effort) for shower/bathing, upper body dressing, lower body dressing, lying to sitting on the side of bed, and chair/bed-to-chair transfer. R1 was totally dependent upon Social Services Director for toilet transfers, toilet hygiene and putting on/taking off footwear. R1 used a wheelchair for mobility and was documented as Not attempted due to medical condition or safety concerns for being able to Walk 10 feet in the last seven days.<br><br>Review of R1's Discharge Instructions and Recap of Stay, effective date 4/8/24 at 8:16 a.m., revealed the following, in part:<br><br>Reason for Admission: Hemiplegia post CVA [cerebrovascular accident (stroke)].<br><br>3. discharge date : 04/08/2024.<br><br>4. discharged to: His Home .<br><br>Social work-Recap of Stay .<br><br>3. Barriers (emotional, cognitive, financial, literacy concerns, transportation-appointments/items for daily living, safety, psychological to discharge and steps taken for discharge: [R1] will require daily assistance for his ADL's (activities of daily living), [Home Health Agency] will be admitting him on 4/9/24 (day after discharge). [R1] and family would benefit from behavioral therapy and counseling services to help with their family dynamics .<br><br>In-Home Care or Services<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 1. Referrals made to (choose all that apply): 1. HHA (Home Health Care Agency). [Name of HHA] documented.<br><br>Medical Equipment Arrangements: 3. N/A (not applicable)<br><br>Signatures: R1's activated DPOA signed that I understand the discharge plan on 4/8/24 .<br><br>During an interview on 4/30/24 at 2:59 p.m., when asked for behavior tracking for R1, Social Services Director B said that following an alleged incident of inappropriately touching a female resident, [R1] was placed on 1 to 1 supervision. When asked for copies of the documentation involving 1:1 supervision of R1 following that incident, Social Services Director B said the facility did not have the Social Services Director to monitor R1's behaviors on a 1 to 1 basis. When asked for documentation that showed R1 was consistently engaging in inappropriate behaviors, Social Services Director B said there was no documentation to show that - other than progress notes. No 1 to 1 supervision documentation, nor any consistent documentation of his behaviors that showed he was a consistent and imminent threat to facility residents was available, nor was it provided to this surveyor by Social Services Director B.<br><br>During the interview on 4/30/24 at 2:59 p.m., Social Services Director B confirmed R1's DPOA was not present at the time of discharge. Social Services Director B stated, We went over the medications with her on the phone, and it was a mistake on my part that I didn't have her sign at the time of discharge. Social Services Director B acknowledged there was no documentation on the form that reflected review of the medications with R1's DPOA. Social Services Director B said R1's DPOA did not live in the home that he returned to on 4/8/24. When asked who lived in the home, Social Services Director B said R1's wife lived in the home. When asked if the wife was informed R1 was returning to the home on 4/8/24, Social Services Director B stated, I don't have it documented that the wife was informed. I talked to who I felt needed to be talked to - the DPOA. The Nursing Home Administrator (NHA), present during the interview, asked if Social Services Director B had directly spoken to R1's Wife H prior to discharging the Resident to the home, Social Services Director B said she had never had a personal conversation with Wife H.<br><br>When asked why R1 was discharged from the facility, Social Services Director B stated, His behaviors no longer permitted him to continue to reside here. There are certain rules . they should abide by in how they are treating their fell ow residents. He was told he was being discharged because of his behaviors . Social Services Director B said no other facility would take R1, so the only place he could go was home. When asked if a 30-day notice of involuntary discharge was provided to R1's resident representative, the Ombudsman, or the State Agency, Staff B stated, There is a policy on involuntary discharges. I have not gone through that process, so I do not know the exact steps. Staff B acknowledged no notice of involuntary discharge, which included the right to appeal, had been provided to the Resident (R1), DPOA, the Ombudsman, or State Agency.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | When asked about the level of care in hours that were anticipated being necessary for R1 to successfully transfer to home, Social Services Director B said she was not aware of what level of care R1 needed. Referrals to Home Health Care Agencies (HHAs) had been made, but no services were in place at the time of discharge to home. HHA I was scheduled to assess R1 in the home on 4/9/24. When asked about medical equipment such as oxygen which R1 required, Social Services Director B said they had taken one of the facilities oxygen concentrators and left it at R1's home but acknowledged she had not obtained additional nasal cannula's or tubing for the oxygen concentrator. Social Services Director B stated, I didn't have an equipment provider, so he (R1) borrowed one of ours. There wasn't an order for it in the home. A physician order was not found for supplemental oxygen in the home on 4/8/24. When asked if supplies for R1's suprapubic catheter were provided to the Resident upon discharge, until HHA services could be initiated, Social Services Director B said she had not delivered any to the home.<br><br>During an interview on 4/30/24 at 3:31 p.m., Social Services Director B was asked about the scheduling of home health care aides. Social Services Director B stated, [HHA] J said they would be able to take him (provide home care services) when their staffing allowed. When asked when HHA J reached out to Social Services Director B to let her know Social Services Director were available to care for R1, Social Services Director B stated, (They) didn't by the time he discharged . He (R1) did not have [HHA] I. They (HHA I), but when they came to admit him, they denied services. Social Services Director B said she did not hear from the family or [HHC] I until the next week. Social Services Director B stated, I don't have the exact date in front of me . I reached out to HHA K (that week of the 15th of April) and asked if they still had his referral . He did not have HHAK services upon discharge. Social Services Director B said a home assessment prior to discharge was not completed before R1 was discharged to home on 4/8/24. A previous home assessment had been completed prior to a July 2023 failed home discharge attempt, and Social Services Director B used that information. When asked about HHA services on April 8th, 9th, and 10th, B stated, I do not know what services were provided to [R1]. Social Services Director B said she went into R1's home to bring in R1's belongings, and tensions were high. They (family members) all started yelling at each other .<br><br>During a telephone interview with R1's DPOA on 4/30/24 at 4:53 p.m., the DPOA was asked if they (she, the family, or R1) had been given a choice on R1's discharge from the facility. DPOA L stated, No, they were forcing them out of there. He needs 24/7 care, and we can't do that at home. [Social Services Director B] told us that he is getting evicted out of there (the facility) because he has been touching girl's breasts . I feel like he was set up. There was him and another lady, and he said she asked him to touch her breast and he did it and then they were dropping him off at the home (discharging him home) . They sent him home with no help. They said the Doctor determined he could not make his own decisions because he has no remorse for anything he did there.<br><br>Review of the Social Services Advocate - Bachelor's job description, revised 1/16/2018, revealed the following, in part: The Social Services Advocate is responsible to provide medically related social work services so that each resident may attain or maintain the highest practicable level of physical, mental, and psychosocial well-being. The Social Services Advocate participates as a member of the interdisciplinary team and may assist patients in treatment planning.<br><br>Principal Duties and Responsibilities:<br><br>- Serve as the team lead in discharge planning .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - Treat residents, family members, visitors, and team members with respect and dignity.<br><br>- Able to safely perform the essential functions of the job with or without reasonable accommodation .<br><br>Specific skills, knowledge, and abilities:<br><br>- Requires knowledge of the skills necessary to conduct and evaluation assessments of the social and economic aspects of resident care and to identify and evaluate changes in mood and behavior, which affect their lives.<br><br>- Requires a working knowledge of the skills necessary to provide continuity in and coordination of resident care, i.e., possesses skills to interview residents and their families, and communicate with community resources, when necessary.<br><br>- Must have knowledge of community agencies and other resources for making referrals for family and resident problems .<br><br>- Requires ability to communicate effectively with staff, residents, and families.<br><br>Disclaimer Statement: .<br><br>I understand that I should consult my supervisor if I have any questions about my job responsibilities .<br><br>Review of the Social Services policy, revised 5/2023, revealed the following, in part: .4. The social worker, or social service designee, will pursue the provision of any identified need for medically related social services of the resident. Attempts to meet the needs of the resident will be handled by the appropriate discipline(s). Services to meet the resident's needs may include:<br><br>a. Advocating for residents and assisting them in assertion of their rights within the facility.<br><br>b. Assisting residents in voicing and obtaining resolution to grievances about treatment, living conditions, visitation rights and accommodation of needs .<br><br>e. Maintaining contact with the facility (with the resident's permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning.<br><br>f. Assisting with informing and educating residents, their family, and/or representative(s) about health care options and their ramifications.<br><br>g. Making referrals and obtaining needed services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation).<br><br>h. Assisting residents with financial and legal matters.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235552 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mission Point Nsg & Phy Rehab Ctr of Hancock | 1400 Poplar St<br>Hancock, MI 49930 |

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 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | i. Transitions of care services (e.g., assisting the resident with identifying community placement options and completion of the application process, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities).<br><br>j. Providing or arranging for needed mental and psychosocial counseling services.<br><br>k. Identifying and seeking ways to support residents' individual needs through the assessment and care planning process .<br><br>5. The facility should provide social services or obtain needed services from outside entities during situations that include but not limited to the following:<br><br>a. Lack of an effective family or community support system or legal representative.<br><br>b. Expressions or indications of distress that affect the resident's mental and psychosocial well-being, resulting from depression, chronic diseases (e.g., Alzheimer's disease and other dementia related diseases, schizophrenia, multiple sclerosis), difficulty with personal interaction and socialization skills, and resident to resident altercations . |