



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 22, 2021

Chelsea Rink
Mission Point Health Campus of Jackson
703 Robinson Rd.
Jackson, MI 49203-2538

RE: License #: AH380301277
Mission Point Health Campus of Jackson
703 Robinson Rd.
Jackson, MI 49203-2538

Dear Ms. Rink:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AH380301277

Licensee Name: Mission Point Health Campus of Jackson, LLC

Licensee Address: 30700 Telegraph Road
Bingham Farms, MI 48205

Licensee Telephone #: (502) 213-1710

Authorized Representative: Chelsea Rink

Administrator/Licensee Designee: Juliana Bright

Name of Facility: Mission Point Health Campus of Jackson

Facility Address: 703 Robinson Rd.
Jackson, MI 49203-2538

Facility Telephone #: (517) 787-5140

Original Issuance Date: 10/25/2010

Capacity: 40

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/21/2021

Date of Bureau of Fire Services Inspection if applicable: 5/17/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/28/21

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 22

No. of others interviewed 1 Role Resident family member

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed and staff interviewed regarding disaster plan.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 4/12/19 to Renewal LSR: R325.1922(7), R 325.1932, R325.1953, R 325.1954, R 325.1932 (2)
- CAP dated 11/12/21 to SIR 2022A0784001: R 325.1931(2)
- Number of excluded employees followed up? Two N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1922 Admission and retention of residents.

(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home. The resident admission contract shall, at a minimum, specify all of the following:

(a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.

(b) The services to be provided and the fees for the services.

(c) The notice to be provided by the home to the resident and/or the resident's authorized representative, if any, upon any change in fees.

(d) The transportation services that are provided, if any, and the fees for those services.

(e) The home's admission and discharge policy.

(f) The home's refund policy.

(g) The resident's rights and responsibilities, which shall include those rights and responsibilities specified in MCL 333.20201(2) and (3) and MCL 333.20202.

Review of Resident A and B's records revealed the facility did not maintain admission contracts.

R 325.1922 Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of

Mycobacterium tuberculosis in Health-Care Settings, 2005” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

Interview with administrator Juliana Bright revealed the facility did not maintain a yearly facility tuberculosis (TB) risk assessment. Ms. Bright provided the facility’s TB Infection Control Plan which read a TB risk assessment was to be conducted annually.

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Interview with administrator Juliana Bright revealed the facility did not maintain a yearly facility tuberculosis (TB) risk assessment. Ms. Bright provided the facility’s TB Infection Control Plan which read a TB risk assessment was to be conducted annually.

R 325.1932 Resident medications.

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

Review of Resident A's medication administration records (MAR) revealed the following medications were not initialed as given Levothyroxine on 12/6/21, Xanax on 12/18, Morphine Sulfate on 11/16, 11/20, 11/26 through 11/28.

Review of Resident B's MARs revealed the following medications were not initialed as given Levothyroxine on 11/13, 11/17, 11/19, 11/20, 11/23, 11/26 through 11/28 and 12/6.

Review of Resident C's MARs revealed the following medications were not initialed as given Cyanocobalam injection on 11/2.

Facility staff failed to mark any reason for the missed doses and the MARs were left blank, therefore it cannot be confirmed why the medication administration was not completed as scheduled.

R 325.1932 Resident medications.

(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.

To ensure narcotic medication is not used by a person other than the resident for whom the medication is prescribed, the facility implemented a procedure of maintaining a controlled substance inventory sheet for all such medications. As confirmed by medication technician Ms. Laughlin at the change of each shift the staff person who is about to leave their shift will meet with the staff person arriving for the next shift. Together, the two staff persons will manually count every narcotic medication in the medication cart for which they are responsible and ensure that the number of medications available in the cart matches the number on the accountability sheet. Then, both staff persons are to sign the controlled substance inventory sheets indicating they agree with the count. Review of the substance inventory sheets for November and December revealed many spots were left blank for dates and on other spots only one staff initialed at shift change. The inconsistent and lack of documentation on the controlled substance inventory sheets reveal staff are not following the facility's procedure to ensure narcotic medication is not used by a person other than the resident for whom the medication is prescribed.

R 325.1943 Resident registers.

(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:

(a) Name, date of birth, gender, and room.

(b) Name, address, and telephone number of next of kin or authorized representative, if any.

(c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.

(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.

(e) Name, address, and telephone number of resident's licensed health care professional, if known.

Interviews with Administrator Juliana Bright and Director of Nursing Stacey Keast revealed the facility did not maintain a resident register.

R 325.1953 Menus.

(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.

Inspection of the facility's dining area revealed there were not weekly, nor therapeutic or special diet menus posted. Additionally, menus were not posted in the memory care dining area.

REPEAT VIOLATION ESTABLISHED. For reference, see Renewal Licensing Study Report dated 3/29/19.

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Inspection of vents in resident rooms 410, 413 and 408 revealed the exhausts were not working.

R 325.1979 General maintenance and storage.

(2) Hazardous and toxic materials shall be stored in a safe manner.

Inspection under the sink in the memory care unit revealed three bottles of bleach and two bottles of disinfectant.

On 12/28/2021, I shared the findings of this report with authorized representative Chelsea Rink. Ms. Rink verbalized understanding of the findings.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



12/22/21

Date

Licensing Consultant