



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 25, 2023

Michael Stacks
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 Licensee:

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 877-458-2757.

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) 285-7433
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: Michael Stacks

Administrator/Licensee Designee: Lori McLeskey

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): 10/24/2023

Date of Bureau of Fire Services Inspection if applicable: 7/17/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/25/2023

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 23

No. of others interviewed One Role A resident's daughter

- 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 1/18/2022 to Renewal Licensing Study Report (LSR) dated 12/22/2021: R 325.1922(3), R 325.1922(7), R 325.1923(2), R 325.1932(1), R 325.1932(5), R 325.1943(1), R 325.1953(1), R 325.1964(9), R 325.1979(2)
- CAP dated 6/15/2022 to SIR 2022A1027051 dated 5/16/2022: R 325.1932(1)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1931 Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.

Review of the October 2023 staff schedule revealed it lacked designation of one supervisor of resident care for each shift.

VIOLATION ESTABLISHED.

R 325.1954 Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

Review of the October 2023 meal census records revealed it lacked recording the number of residents, personnel and visitors served for each meal.

VIOLATION ESTABLISHED.

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.

Resident bathrooms 401-A and 403-A lacked adequate and discernable air flow.

REPEAT VIOLATION ESTABLISHED.

[For reference, see renewal LSR dated 12/22/2021, CAP dated 1/18/2022.]

R 325.1970 Water supply systems.

(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

Inspection of the water temperatures revealed they were not regulated at a temperature range of 105 to 120 degrees Fahrenheit. For example, the water temperatures for the following resident rooms were 504-A was 133.2 degrees Fahrenheit, 518-A was 126.1 degrees Fahrenheit, 521-A was 101.3 degrees Fahrenheit, and 410-A was 99.0 degrees Fahrenheit.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

Inspection of the memory care refrigerator revealed items that were expired. For example, the expiration date on the grape jelly was 7/29/2023.

VIOLATION ESTABLISHED.

R 325.1932 Resident's medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Medications ordered PRN or “as needed” did not always include written instructions for administration of the medications. For example, Resident C’s August and September 2023 medication administration records (MARs) revealed she was prescribed Acetaminophen every six hours as needed for pain and fever, as well as Aleve every six hours as needed for pain. There were two medications prescribed for pain which lacked sufficient instructions to determine whether the medications were to be given together, separately, in tandem, or one instead of the other according to the severity of pain.

VIOLATION ESTABLISHED.

R 325.1921 Governing bodies, administrators, and supervisors.

Rule 21. (1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

**For Reference:
R 325.1901**

Definitions.

Rule 1. As used in these rules

(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.

Review of Resident A's service plan dated 7/6/2023 revealed it was incomplete as evidence by it lacked specific care and maintenance for his needs, as well as his competency. For example, the plan lacked specific details regarding Resident A's bed mobility as to what assistance was needed by staff and how many staff were to assist him, as well as the frequency. The plan lacked specification of his abilities to help with bathing/showering, mobility, dressing, and eating. The plan lacked specification of his laundry, mobility, oral care, personal hygiene, sleep routine, and transferring ability. The plan lacked specification of who would provide his incontinence products and which incontinence products were used, as well as where they were in his room.

Review of Resident D's service plan updated on 10/24/2023 lacked specifying which hospice agency provided services, the agency's contact information, as well as his specific comfort measures.

VIOLATION ESTABLISHED.

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 Ms. McLeskey revealed Employee #1 was initially hired on 9/2/2020, then rehired on 3/16/2022. Review of Employee #1's tuberculosis screening revealed a screening was completed on 11/2/2021 and read on 11/4/2021, then a second tuberculosis screening was completed 11/16/2021 and read on 11/18/2021. Additionally, a tuberculosis screening was completed on 2/9/2023 and was read on 2/11/2023. Employee #1's tuberculosis screenings were not within ten days of her hire date.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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



10/25/2023

Licensing Consultant

Date