



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 22, 2026

Michael Wernette
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 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 Wernette
Administrator:	Michael Eby
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:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/20/2026

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/20/2026

No. of staff interviewed and/or observed 10
No. of residents interviewed and/or observed 15
No. of others interviewed One Role A resident's 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. No resident funds held.
- 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.
- 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 11/2/2023 to Licensing Study Report (LSR) dated 10/25/2023: R 325.1931(3), R 325.1954, R 325.1964(9)(b), R 325.1970(7), R 325.1976(6), R 325.1932(2), R 325.1921(1)(b), R 325.1923(2)
- CAP dated 3/28/2024 to SIR 2024A1027029 dated 3/13/2024: R 325.1931(2)
- CAP dated 8/8/2024 to SIR 2024A1027077 dated 8/5/2024: R 325.1931(2)
- CAP dated 4/1/2025 to SIR 2025A1019038 dated 3/21/2025: R 325.1922(5)
- Number of excluded employees followed up? Zero, as verified in the workforce background check account on date of survey. N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921

Governing bodies, administrators, and supervisors.

(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.

(s) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

Inspection of Resident A's bedside assist devices on both sides of her bed showed they were very loose and could be moved easily. Resident A's service plan, updated May 7, 2026, indicated she used ¼ side rails to increase independence with bed mobility and transfers. The plan also noted that side rails pose an entrapment risk. Staff were instructed to ensure the rails were securely fastened to the bed frame and did not swivel or slide. If a gap greater than 2⅓ inches existed between the rail and the mattress, staff or the resident were to place pillows to reduce risk. The plan read that a licensed nurse would review the device quarterly to minimize risks and ensure it remained the least restrictive option.

Interview with Employee #1 revealed that Resident A arrived at the home with the devices already attached to her bed, and the home did not have a physician's order from the Program for All-Inclusive Care for the Elderly (PACE) for their use.

Review of the home's policy, "AL: Use of Assistive Devices," dated June 1, 2022, indicated that a physician's order was required for a mobility aid.

Given that the home lacked a physician's order for the bedside assist devices, and that the devices were loose when utilized indicating they were not securely fastened to the bed frame; a violation was established for the lack of an organized program for bedside assist devices, as well as for not ensuring Resident A's safety and protection in the use of such devices.

REPEAT VIOLATION ESTABLISHED

[For reference, see LSR dated 10/25/2023, CAP dated 11/2/2023]

MCL 333.20173a Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.

(1) Except as otherwise provided in subsection (2), a covered facility shall not employ, independently contract

with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility if the individual satisfies 1 or more of the following:

Review of the home's Workforce Background Check (WBC) System showed 150 applications in the system; however, review of the home's employee list revealed only about 26 total employees. Additionally, most employees on the list were not present in the WBC system at all, including Employees #2, #3, and #4, whose files were reviewed. Three employees listed were found in the WBC system, but under the skilled nursing home license. Any employee who has direct access or provides services to a resident is required to have a background check within the WBC system for the specific license in which they work; therefore, a violation was established for this rule.

VIOLATION ESTABLISHED

R 325.1923

Employee's health.

(2) A home shall provide initial TB screening at no cost for its employees. New employees shall be screened within 10 days after hire and before occupational exposure. The screening type and frequency of routine TB testing must 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 the 2019 update to these recommendations as described in the 2019 MMWR "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019" (<http://dx.doi.org/10.15585/mmwr.mm6819a3>.) These guidelines are adopted by reference and available free of charge at the links specified in this subrule. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of these guidelines. 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 need to conduct annual TB testing for employees.

Employee #2 did not have a Tuberculosis (TB) screening completed within 10 days of hire and prior to any occupational exposure.

Additionally, the home did not have a current-year TB Risk Assessment on file.

REPEAT VIOLATION ESTABLISHED

[For reference, see LSR dated 10/25/2023, CAP dated 11/2/2023]

R 325.1924

Reporting of incidents, quality review program.

(1) A home for the aged must implement and maintain a quality review program consistent with section 20175(8) of the act, MCL 333.20175, and the professional review function. The program is responsible for all of the following:

- (a) Reviewing and evaluating incidents.**
- (b) Identifying effective means to correct any deficient practice.**
- (c) Ensuring resident safety and quality of care.**
- (d) Improving procedures.**

(2) The program must be reviewed annually by the administrator and governing body.

(3) The program must be staffed by a multi-disciplinary team. The multi-disciplinary team shall consist of not less than 2 personnel that have training or experience with the type of the incident being evaluated.

(4) The multi-disciplinary team shall meet not less than twice each calendar year or more frequently as needed to review an incident or incidents.

Interview with Employee #1 indicated that while the home maintained incident reports within their charting system, they did not have an incident report quality review program in place as required by this rule.

VIOLATION ESTABLISHED

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.

Observation of the posted menu showed that it displayed meals for the week of May 3–9, 2026, rather than the current week.

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.

Review of the Food Usage and Meal Temperature logs for May 2026 showed that for one or more meals between May 1 and May 7, 2026, staff did not document the temperatures of the food served.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the status of this license remains unchanged.

Jessica Rogers

05/22/2026

Date

Licensing Consultant