

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER MISSION POINT NSG & PHY REHAB CTR OF GREENVILLE		STREET ADDRESS, CITY, STATE, ZIP 828 E WASHINGTON ST GREENVILLE, MI 48838	
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 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on interview and record review the facility failed to ensure their infection control preventionist had completed specialized training in infection prevention and control, potentially affecting 87 of 87 facility residents, resulting in the facility having an infection preventionist without specialized training and the potential for illness/disease outbreaks going undetected because of inadequate infection control preventionist education. Findings include: During an interview on 10/19/20 at 10:15 PM, the Director of Nursing (DON) stated she was also the infection control preventionist (ICP). She stated she works full-time doing that job along with her DON duties. Requested a copy of any documentation that would reveal she had completed an infection control preventionist training program (e.g. a certificate of completion, transcript, infection control preventionist certification, etc). During a second interview on 10/19/20 at 12:15 PM, the DON stated she is currently taking the ICP course and has not completed it. The DON stated she would provide a copy of all completion certificates she had already completed. A review of the DON's completion certificates, all dated 10/19/20, revealed the DON had completed 6 of 23 modules (Module 1 to Module 6A) of the Centers for Disease Control and Prevention's (CDC) Nursing Home Infection Preventionist Training Course (Web-based). During a third interview on 10/19/20 at 5:00 PM, the DON stated she was still trying to complete the CDC's Nursing Home Infection Preventionist Training Course. As of the time of the exit conference and completion of the survey on 10/20/20 at 2:10 PM, the DON failed to provide additional documentation/ evidence that she had completed the CDC's Nursing Home Infection Preventionist Training Course or any other specialized training in infection prevention and control program.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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