

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2026
NAME OF PROVIDER OR SUPPLIER  Mission Point Health Campus of Jackson		STREET ADDRESS, CITY, STATE, ZIP CODE  703 Robinson Road Jackson, MI 49203	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to treat two (R202, R204) of five residents reviewed with dignity and respect. Findings include: This citation pertains to intake 2726697R202. Review of the clinical record revealed R202 was admitted into the facility on 9/25/25 with diagnoses that included: Alzheimer's disease, depression, and anxiety. According to the Minimum Data Set (MDS) assessment dated [DATE], R202 scored 8/15 on the Brief Interview for Mental Status exam (which indicated moderately impaired cognition). On 1/27/26 at 3:06 PM R202 was observed sitting up in his wheelchair. R202 reported feeling tired and answered questions appropriately. A review of the Facility Reported Incident file pertaining to R202, the facility administrator was notified of inappropriate language being used by LPN G with R202, after an unwitnessed fall on 1/8/26. It also revealed the following witness statements: LPN G: I was called to room (room number redacted) because the resident was on the floor. I went into the room and observed the resident lying on the mat beside his bed. I then left to get the Hoyer lift to assist the resident off of the floor. After I got the Hoyer lift when returning to the resident room, I made the statement that he does this sh*t every night. I did not make the statement to the resident; I made the statement in the hallway as I was approaching the entrance to the resident room. CNA F: The nurse (LPN G) was coming into the room and she stated that every night you keep doing this shit. It was not said in a mean way. The resident said to the nurse I'm just an *sshole. RN E: (RNE) reported that LPN G had stated to resident in a harsh and annoyed tone I am sick of this sh*t, you fall all the time. In an interview with LPN G on 1/28/26 at 9:18 AM, it was reported that R202 frequently falls and on 1/8/26 he had been throwing stuff on the floor and repeated to me that he was an *sshole. LPN G denied saying anything inappropriate to R202. In an interview with CNA F on 1/28/26 at 12:36 PM, it was reported that after R202 had fallen, LPN G asked R202 Why do you keep doing this sh*t? and that LPN G kept asking R202 why he was on the floor to which R202 replied because he was an *sshole. In an interview with RN E on 1/27/26 at 2:04 PM, it was reported that LPN G had entered R202's room after a fall and was heard saying to the resident that she was sick of this sh*t, your *ss is always on the God d*mn floor, this is bullsh*t and that R202 responded by apologizing and calling himself an *sshole. R204 Review of the clinical record revealed R204 was admitted into the facility on [DATE] with diagnoses that included: Respiratory failure and heart disease. According to the Minimum Data Set (MDS) assessment dated 1/26/26, R204 scored 13/15 on the Brief Interview for Mental Status exam (which indicated intact cognition). Review of Intersect Healthcare Resident Assistance Form (facilities grievance form) revealed on 1/23/26 R204 reported the following concerns: Nurse (LPN G) has a very bad attitude. Told me to stay in my room. No response for drug request. Very snotty. During an observation and interview on 1/28/26 at 9:49 AM, R204 was observed lying in bed. R204 reported that one night a resident across the hall had fallen, was calling out for help and after approximately 15 minutes R204 got in her wheelchair to get help. She found a CNA</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235538
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