STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen in a current facility census of 87 residents. Findings Include:On 01/12/2026 at 9:27AM, observation in Dining room [ROOM NUMBER], the drain line for the ice machine was not air gapped, the flexible line from ice machine was sitting with the end sitting directly in the drain. On 01/12/2026 at 3:07PM, during interview with Maintenance Manager (MM) R it was found that MM R was not aware the drain line was not properly air gapped. According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention.(A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. P(B) Paragraph (A) of this section does not apply to floor drains that originate in refrigerated spaces that are constructed as an integral part of the building.(C) If allowed by LAW, a WAREWASHING machine may have a direct connection between its waste outlet and a floor drain when the machine is located within 1.5 m (5 feet) of a trapped floor drain and the machine outlet is connected to the inlet side of a properly vented floor drain trap.(D) If allowed by LAW, a WAREWASHING or culinary sink may have a direct connection.On 01/12/2026 at 9:35AM, observed juice dispenser cobrahead with sugar mold growth on the surface area inside the beverage diffuser. Verbal review of cleaning procedure with Certified Dietary Manager (CDM) P it was indicated the cobrahead was soaked nightly, with no physical agitation of interior of the beverage diffuser. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.On 01/12/2026 at 9:34AM, observed in kitchen reach in cooler several undated chocolate flavored Mighty Shake containers, in a liquid state, in a larger black container. The Mighty Shakes did not have a pull date, or a facility applied use-by date on the container or the individual shakes. CDM P stated the shakes had been pulled on 01/12/2026 and had not been dated because they were thawing. Review of labeling and Dating Procedure indicates Mighty Shakes are to be assigned an open date/prepare date and a use by date. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety .01/12/2026 at 9:30 AM, observed the dishmachine was not displaying final rinse temperature on the machine during the complete wash, rinse and sanitize cycle, making it difficult for staff to determine if dishmachine working properly. At time of observation, CDM P was asked how dishmachine operation was validated that it is working properly CDM P responded, the dishmachine sanitizing cycle was validated using a plate simulator to monitor maximum plate surface temperature. According to the 2022 FDA Food Code section 4-501.11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.(C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate FOOD when the container is opened.On 01/12/2026 at 9:33AM, observed plate surface temperature for the dish machine was 136 degrees F, when CDM P used the kitchen's plate simulator to verify equipment operation. CDM P stopped the dishwashing process and informed staff to use paper products for upcoming meal. According to the 2022 FDA Food Code Annex 3. Public Health Reasons/Administrative Guidelines section 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures. The temperature of hot water delivered from a warewasher sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multiuse utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning.The surface temperature must reach at least 71 C (160 F) as measured by an irreversible registering temperature measuring device to affect sanitization. When the sanitizing rinse temperature exceeds 90 C (194 F) at the manifold, the water becomes volatile and begins to vaporize reducing its ability to convey sufficient heat to utensil surfaces. The lower temperature limits of 74 C (165 F) for a stationary rack, single temperature machine, and 82 C (180 F) for other machines are based on the sanitizing rinse contact time required to achieve the 71 C (160 F) utensil surface temperature.On 01/12/2026 at 11:00AM, observed Dietary [NAME] (DC) Q cutting tomatoes then pull a head of lettuce out of plastic bag in the cardboard container and immediately begin cutting it into slices. At time of observation CDM P was asked the procedure for produce preparation, CDM P stated staff rinsed off produce prior to preparation. On 01/12/2026 at 11:02AM, Dietary [NAME] (DC) Q was asked if they had rinsed the lettuce prior to cutting, DC Q said they hadn't, DC Q then took the pan of cut fresh produce and discarded it. According to the 2022 FDA Food Code section 3-302.15 Washing Fruits and Vegetables - (A) Except as specified in (B) of this section and except for whole, raw fruits and vegetables that are intended for washing by the CONSUMER before consumption, raw fruits and vegetables shall be thoroughly washed in water to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in READY-TO-EAT form. (B) Fruits and vegetables may be washed by using chemicals as specified under S 7-204.12 and a test kit or other device that accurately measures the active ingredient concentration of the fruit and vegetable wash solution may be provided. (C) Devices used for on-site generation of chemicals meeting the requirements specified in 21 CFR 173.315, Chemicals used in the washing or to assist in the peeling of fruits and vegetables, for the washing of raw, whole fruits and vegetables shall be used in accordance with the manufacturer's instructions. Pf

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement Infection Prevention and Control Policies and Procedures and have an active and ongoing plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP), resulting in the potential for increased risk of respiratory and other infections among all residents in the facility. Findings include: Resident 16 (R16) Review of an admission Record reflected R16 admitted to the facility on [DATE] with diagnoses that included end stage renal disease and dependence on renal dialysis. During an observation on 1/13/2026 at 8:40 AM reflected Certified Nurse Aide (CNA) E was assisting with incontinence care for R16 and wore only gloves and a surgical mask. A sign hanging outside the door reflected R16 required EBP. Review of an R16's physician orders reflected Enhanced Barrier Precautions (EBP): AV Fistula Left Forearm every shift for infection control -Start Date- 8/4/2025. Review of a Care Plan initiated 9/19/2025 reflected R16 required EBP due to indwelling medical device. Interventions included Staff will wear a gown and gloves during high contact resident care activities. Resident 90 (R90) Review of an admission Record reflected R90 admitted to the facility on [DATE] with diagnoses that included Amyotrophic Lateral Sclerosis (ALS), unspecified dementia, and an unspecified lack of expected normal physiological development in childhood. Review of a Care Plan initiated on 1/8/2026, reflected R90 required Enhanced Barrier Precautions (EBP) related to a left hip incision and right groin fissure. Interventions directed staff to wear a gown and gloves during high contact resident activities. During an observation on 1/13/2026 at 8:47 AM, Registered Nurse (RN) F was preparing medications for administration to R90. RN F touched every pill and tablet by handling each dose after pushing the medication out of a blister pack or by pouring a stock medication into her hand before placing the dose in the medication cup. During the same observation of medication administration on 1/13/2026 at 8:47 AM, RN F assisted the surveyor with an observation of R90's bilateral heels and did not don PPE for the resident who is in EBP due to a surgical wound and fistula in the groin. During an interview on 01/14/2026 at 8:39 AM, RN H reported that she and Certified Nurse Aide (CNA) G repositioned R90 in his bed. RN H reported neither she nor CNA G donned PPE for the high contact activity because they did not know R90 required EBP. RN H looked toward the door to R90's room and there was not a sign indicating R90 required PPE. During an interview on 1/14/26 at 8:45 AM, CNA G confirmed that she did not don PPE while she and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	RN H repositioned R90. CNA G said she did not know R90 required EBP. During an interview on 01/14/2026 at 8:47 AM, the Assistant Director of Nursing (ADON) reported that she was the Infection Control Preventionist (ICP A) at the facility. ICP A said she was not aware that R90 required EBP. ICP A reported that she had been on an extended leave (December 23, 2025 - January 12, 2026) and had not identified that appropriate signage was not in place outside of R90's room. ICP A reported she was told by the facility that all residents who require dialysis need to be in EBP and did not consider the difference between dialysis catheters versus a fistula. ICP A was not aware that residents with ostomies (colostomy or ileostomy, an artificial opening in the abdomen created to evacuate the bowels) do NOT require EBP. Review of the Centers for Disease Control (CDC) and Prevention web page dedicated to answering Frequently Asked Questions (FAQ) revealed: An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. Examples of indwelling medical devices include, but are not limited to, central vascular catheters (including hemodialysis catheters, peripherally-inserted central catheters (PICCs)), indwelling urinary catheters, feeding tubes, and tracheostomy tubes. Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions. Although the data are limited, CDC does not currently consider peripheral I.V.s (except for midline catheters), continuous glucose monitors, and insulin pumps as indications for Enhanced Barrier Precautions. An ostomy in a resident without an associated indwelling medical device, would not be considered an indication for Enhanced Barrier Precautions. (accessed from Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC on 1/13/2026 at 11:36 AM). On 01/12/2026 at 3:50PM, observed on Hall 500 in the housekeeping room, there are white painted, water lines coming out of the wall. At time of observation, the Maintenance Manager (MM) R and Maintenance person S were asked if the lines had access to water and if so if they were on the flushing schedule. Maintenance S said the lines were not being flushed but was unsure if there was water access at these lines. Adjacent plumbing that used to provide water at a hopper are on the flushing schedule. On 01/13/2026 at 8:45AM, MM R explained, the plumbing in the housekeeping closet had remained after removal of the hopper to allow for installation of a sink at a later date. At this time MM R was unable to provide confirmation if the painted water lines were operational and could provide water if opened. Review of [previous facility name] Water Management Program in the Policy, section 3 states a risk assessment will be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's systems. R25 Review of R25's admission recorded dated 1/14/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: muscle wasting and atrophy (waste away), burns involving 10-19% of body surface with 0% to 9% third degree burns and unsteady on feet. R25 was his own responsible party. R25 was observed in bed on 1/12/26 at 9:29 AM. R25 had several care concerns. R25 had a C-PAP (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(Continuous Positive Airway Pressure) machine on his nightstand. The mask was still attached to the hose, and the mask was on the floor. The water tank still had water. No cleaning or storage items were visible. R25 was observed in bed on 1/13/26 at 12:18 PM. R25's C-PAP machine was still on the nightstand with the mask attached to the hose and the mask was on the floor. R25 said he does normally use the machine when sleeping to help him breath, but he can't use it every night. When asked about the cleaning and maintenance of the machine, R25 said no one has cleaned it since admission. During an interview with Unit Manager (UM) I on 1/13/26 at 4:00 PM, UM I said R25's hospital discharge summary did indicate that he used a C-PAP machine. UM I said R25 was transferred to the facility on [DATE] but he did not come with a C-PAP machine. UM I called the Respiratory Therapist that was treating R25 at the hospital and obtained the C-PAP settings and treatment information. UM I said she ordered the C-PAP equipment but did not contact the physician or obtain orders for its use. UM I did not set up a cleaning or use schedule. UM I could not find any record of R25 having a C-PAP machine or information that anyone had cleaned R25's C-PAP machine since admission on [DATE]. Review of the facility CPAP – Continuous Positive Airway Pressure policy dated 9/1/19 did not reveal any instructions or need for cleaning. According to the American Thoracic Society, Patient Education/Information series. www.thoracic.org. What happens if I don't clean my PAP device? If you do not clean your PAP device and supplies, bacteria and mold may begin to grow. This may put you at higher risk of getting sick. Your device and supplies may be more likely to break down earlier if not kept clean. You may notice the device or mask starting to smell bad as well. Author: [NAME] Schotland.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to develop and/or implement Comprehensive Care Plans for 4 residents (R23, R25, R54 and R90) out of 19 residents reviewed for care planning.R90 Review of an admission Record reflected R90 admitted to the facility on [DATE] with diagnoses that included Amyotrophic Lateral Sclerosis (ALS), unspecified dementia, and an unspecified lack of expected normal physiological development in childhood. Review of an admission assessment dated [DATE] reflected R90 admitted to the facility with a right heel blister measuring 1.0 cm (centimeters) x 1.2 cm without any depth. Review of a Braden Scale-For predicting Pressure Ulcer Risk Evaluation dated 1/8/2026 reflected R90 was at risk for pressure ulcers. Review of a Care Plan initiated on 1/8/2026 reflected Resident (R90) has actual skin breakdown in the following locations: R-heel blister - L (left) hip surgical incision - R (right) groin fissure. Interventions included Encourage the resident to turn and reposition, pressure reducing surface on bed. (The care plan incorrectly identified the heel blister as being on the RIGHT heel. The blister is on the LEFT heel.) Review of a Care Plan initiated on 1/8/2026 reflected R90 was at risk for alteration in skin integrity related to weakness/debility. This care plan included interventions to offload pressure on R90's heels. During an observation on 1/12/26 at 10:05 AM tR90's heels were both on the bed, both feet pressed up against the foot board. During an observation on 1/13/2026 at 9:15 AM, R90's LEFT heel was observed and found to have a scabbed area consistent with the size documented on the admission assessment. R90's heels were left resting on the bed, the bottom of the right foot pressed up against to foot board. During an observation on 01/13/2026 at 2:34 PM, R90 was observed lying in bed, his right foot pressed up against the footboard. R90's left heel was on the mattress. During an observation on 1/14/26 at 8:26 AM R90's left and right heels are resting on the bed. According to the resident, he is feeling awful and did not sleep overnight and complained of a sore neck. R90 was positioned diagonally in the bed, his pillow is not under his head and shoulders. No offloading devices or additional pillows are observed in the room. During an observation and interview on 1/14/26 at 3:20 PM, R90 was observed in the bed with both heels resting on the mattress. R90 reported staff do not elevate his heels off the bed to prevent pressure. R90 said he got out of bed once the day before but does not like the total lift the facility has to use. R23 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R23's admission record dated 1/13/26 revealed she was a [AGE] year-old female admitted to the facility on [DATE] and had diagnoses that included: Pressure-induced deep tissue damage of sacral region, Alzheimer's disease, and muscle wasting. R23 was not her own responsible party. Review of R23's Skin – Total Body Eval -V2 dated 12/17/26 and signed by Unit Manager (UM) I revealed, Right thigh rear – possible pressure – unable to determine will require RN (Registered Nurse) assessment or eval by wound nurse for definitive etiology 5.6 x 4.8 x 0.2 (islands of epithelial present within these measurements). Left thigh (rear) – possible pressure – unable to determine will require RN assessment or eval by wound nurse for definitive etiology 5.0 x 5.2 x 0.2 (islands of epithelial present within these measurements. Sacrum – pressure stage 5 – props (sic) to bone 4.6 x 3.8 x 2.2 cm undermining present from 6 -9 o clock at 1.8 cm. Review of R23's admission Evaluation – V 4 dated 12/17/25 at 17:00 (5:00 PM) revealed, Right thigh (rear) pressure length 5.6, width 4.8 depth 0.2, unstageable, left thigh (rear) pressure length 5.0, width 5.2, depth 0.2 unstageable, Sacrum pressure length 4.6, width 3.8, depth 2.2 unstageable. R23 was observed in bed on 1/13/26 at 11:18 AM. R23 was being repositioned in bed during care. R23's knees were touching (skin to skin) and there was no dressing on the back of her left thigh (open wound was visible). During an interview with Registered Nurse (RN) J on 1/14/26 at 7:05 AM, (RN) J said she had just assisted the Certified Nurse Aide (CNA) K reposition R23. R23 was complaining of pain at this time. RN J and K went in to reposition R23 to she could take her pain medication. R23 only had 1 pillow in her bed at this time which was under her head. R23's knees were touching each other, and the back of her thighs were in contact with her calves. During and observation and interview with the Director of Nursing (DON) and [NAME] Nurse Consultant (RNC) D on 1/14/26 at 9:00 AM R23 was not on an Alternating Pressure Mattress (APM). They knew it was not an APM mattress because it did not have a motor or power source. R23 had a dressing on over her entire buttock at this time that did not have a date or staff initials. R23 had one dressing on the back of both thighs dated 1/12/26 and a wound dressing on the back of her left calf dated 1/12/26. During an interview with RNC D on 1/14/26 at 12:25 PM RNC D was informed that the contracted facility Wound Nurse could not treat R23's wounds today because R23 was seen by the wound clinic yesterday. RNC D could not locate any wound clinic notes in R23's medical record and was not aware R23 was receiving wound treatment at a clinic outside of the facility. Review of R23's care plan dated 12/18/25 revealed, Resident has pressure injury/skin impairment pressure areas to buttock area (no indication of skin issue on the back of R23's thighs and calves). Interventions included: APM mattress dated 1/12/26 (not in place on 1/14/26). There was no indication of an outside wound clinic. There were no instructions for turning, positioning or use of equipment/pillows to assist in pressure relief/positioning. R25 Review of R25's admission record dated 1/14/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: muscle wasting and atrophy (waste away), burns involving 10-19% of body surface with 0% to 9% third degree burns and unsteady on feet. R25 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was his own responsible party. R25 was observed in bed on 1/13/26 at 12:18 PM. R25's C-PAP machine was on his nightstand. R25 said he does normally use the machine when sleeping to help him breathe, but he can't use it every night. R25 said no one has assisted him with his CPAP or his breathing needs since admission. During an interview with Unit Manager (UM) I on 1/13/26 at 4:00 PM, UM I said R25's hospital discharge summary did indicate that he used a C-PAP machine. UM I said R25 was transferred to the facility on [DATE] but he did not come with a C-PAP machine. UM I called the Respiratory Therapist that was treating R25 at the hospital and obtained the C-PAP settings and treatment information. UM I said she did not care plan R25's C-PAP machine or respiratory care needs. Review of R25's care plan revealed no mention of the use of a C-PAP machine or need of any respiratory care. Review of the facility CPAP – Continuous Positive Airway Pressure policy dated 9/1/19 revealed, Procedure: Verify physician order for CPAP. Obtain CPAP machine and supplies. (The set up of the settings on the machine or adjustments needed are performed by the Respiratory Therapist of DME (durable medical equipment) company with a physician order. Settings ordered by physician. R54 Review of R54's admission record dated 1/12/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: hydrocephalus (fluid on the brain), muscle wasting, unsteadiness on feet and cognitive communication deficit. R58 was not his own responsible party. Review of R54's care plan dated 12/24/25 revealed, deep tissue injury of left calcaneus (heel), interventions included PROFO boot (a pressure reliving device) to bilat (bilateral) on AAT's (at all times) WIB (while in bed) implemented 1/12/26, encourage and assist as needed to turn and reposition; use assistive devices as needed, implemented 12/24/25. Review of R54's care plan reflected ADL (activities of daily living) self-care deficit related to weakness and factors of aging dated 12/24/25 revealed interventions that include: ADL assist of 2 staff, 12/24/25, non-ambulatory at this time, 12/24/25, bed mobility one person assist, 12/24/25, splint wear bi-lateral foot drop boots while in bed, 12/24/25, Transfer EZ stand 2 person assist 12/24/25. R54 was observed in bed on 1/12/26 at 10:22 AM. R54's heels were both in contact with his mattress. No boots or splints were found in his room. R54 said he could not tolerate the weight of any boots on his feet but was willing to allow staff to put a pillow under his legs to float his heel off the surface of the mattress. The Certified Nurse Aide (CNA) called Unit Manager (UM) I to R54's room. UM I confirmed R54 had been refusing boots to both feet. UM I was aware R54 had an unstageable pressure ulcer on his left heel. UM I said she would have staff start using a pillow to keep R54's heels off his mattress. R54 was observed in bed on 1/14/26 at 7:46 AM with 3 pillows under R54's legs bunched up under his knees. Both of R54's heels were in full contact with his mattress. The Director of Nursing (DON) was interviewed at this time and confirmed pillows should not have been placed under R54's knees as this (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	did not remove pressure off his heels. (R54's care plan did not reveal this intervention was implemented).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record reviews, the facility failed to staff the 400 & 500 Hallways to meet the acuity and psychosocial needs of 25 residents including R6 and R70.Findings include:R70Review of an admission Record revealed R70 was re-admitted to the facility on [DATE] with pertinent diagnosis which included Chronic Obstructive Pulmonary Disease, Muscle wasting and atrophy, polyneuropathy, depressive and anxiety disorders.During interview on 1/12/2026 at 10:33 AM, R70 stated, I think they have a staffing problem because when I used to ask to get up the aides could never find another staff member to help. R70 stated, I need a hoyer and 2 people to get out of bed. I quit asking the staff to get me up because they kept telling me No. R70 stated she would like to get out of bed, out of my room, but it probably will not happen.During an interview on 1/13/2026 at 4:34 PM, Licensed Practical Nurse (LPN) X revealed that acuity is high down here (referring to Residents on 400-Hallway), almost everyone is a 2-person hoyer.During an interview on 1/13/2026 at 4:37 PM, Certified Nurse's Aide (CNA) Y revealed R70 had told her the same thing, that there was not enough staff to get her up. CNA Y stated they had 3 aides working on this hallway (400-Hallway). During an interview on 1/13/2026 at 4:39 PM, Certified Nursing Aide (CNA) Z revealed she was working on the 400 hall. CNA Z further revealed during the interview that she has 8 residents that use a hoyer and require 2 people for transfers and care. Everyone in this hallway requires total care. CNA Z stated (Name of R70) does not ask to get out of bed often, but, if she did, I would find someone to make it happen. This surveyor asked, isn't there 2 other aides on this hallway to assist? CNA Z laughed, said I wish, and NO. Then stated we have 1 aide for 500, 1 for 400, then the wrap around aide from the 300-Hallway has 2 rooms on the 400. So, not 3 people in the 400-Hallway and our nurse has all the 400 & 500 residents minus 2 rooms that the 300-Hallway nurse picks up.On 1/13/ 2026 at approximately 4:46 PM LPN X stated, I try to assist the CNA's when I can, but I have all the meds, nursing things and wounds to take care of. But we are struggling because of the level of acuity our residents need.On 1/13/2026 at 4:47PM, Certified Nurse's Aide (CNA) V stated she had the 500-Hallway, and has 5 residents that require a hoyer, and one of her residents is dependent on staff to assist with eating.On 1/14/2026 at 8:24 AM, CNA V stated she was back again this morning working from 6-10 AM because of a call in then she was going home and coming back to work 2-10pm tonight. CNA V revealed she was the only one working the 500-Hallway this morning. Only one resident in the 500-Hallway was observed to be dressed and out of bed prior to breakfast being served.On 1/14/2026 at 8:46 AM, Certified Nurse's Aide (CNA) W was observed handing out breakfast trays. During the observation CNA W revealed they had 3 residents on the 400 & 500- Hallways that required total assistance for eating. During a breakfast observation on 1/14/2026 at approximately 8:45 AM, it was noted there was total of 2 aides and one nurse working the 400 & 500-Hallway. 3 call lights were observed on, both aides were hurrying to finish passing breakfast trays, and 3 residents required assistance with their breakfast.During an observation on 1/14/2026 at 8:56 AM, CNA V entered a room on the 500 Hallway to assist the resident with her breakfast. She came out of the room almost immediately, ran down the hallway to the dining room to grab CNA W to help her boost the resident up in her bed so CNA V could assist resident with their breakfast. CNA W went back to the dining room to help assist residents with their breakfast.Resident #6 (R6)Review of an admission Record revealed R6 was re-admitted to the facility on [DATE] with pertinent diagnosis that included, dysphagia, muscle wasting and atrophy, type 2 diabetes mellitus with foot ulcer, drop foot and neuromuscular dysfunction of bladder.During an interview on 01/13/2026 at 8:31 AM, R6 stated, They do not have enough staff to get me out of bed. R6 revealed he wants to get up but is told they can't do it because they do not have enough staff and make excuses. R6 stated when we get new nurses and CNA's they don't stay very long because they don't have enough help.During an interview on 01/14/2026 at 8:35 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	AM, R6 revealed he would like to get up today. R6 further stated the staff used to come and get me for activities all the time, but they don't do that anymore. I hardly ever get asked to join, so they must have quit doing them (activities). R6 was asked why do you think that? R6 stated, staffing, they probably don't have enough. R6 also revealed he does not receive showers anymore; he just gets a bed bath. When asked why, R6 stated it's just easier for everyone that way. R6 then stated it's just me and my TV, then staff for a few minutes when they can come in. It's just me and my TV every day, all day. I can't wait for summer so I can go outside.Review of R6's Care Plan revealed, (Name of R6) needs encouragement for meeting emotional, intellectual, physical, and social needs and is able to make independent choices and preferences known. He enjoys going outside, bingo, parties and live music. Date Initiated: 03/12/2021 Review of R6's activity interventions included: (Name of R6) enjoys coming to social events and parties, ensure to invite him. Date Initiated: 01/17/2024 (Name of R6) needs assistance/escort to activity functions. Date Initiated: 10/25/2023 (Name of R6's) preferred activities are: being outdoors whenever possible, fishing, watching tv, checkers, card games, listening to music (50's &a 60's), woodworking, socializing with others. Date Initiated: 10/25/2023During an interview on 1/14/26 at 9:18 AM, this surveyor was informed by the MDS Nurse AA that 2 residents received bed baths and 2 residents received showers today on the 400 and 500-Hallways. MDS Nurse AA stated, For 22 people they have 2 aides and one nurse, we meet state guidelines for staffing. MDS Nurse AA was asked, if a resident requires two aides to assist them in the shower who provides care for all the other residents during that time? MDS Nurse AA remained silent.During the interview a request was made to MDS Nurse AA and Regional MDS Nurse (RMDSN) BB to provide a list with the number of residents on the 400 & 500 Hallways that require 2-person assist, ADL/Personal Care, and feeding assistance/cueing.Review of list provided by MDS Nurse AA and Regional MDS Nurse BB on 1/14/26 reflected the following resident needs on the 400 & 500-Hallways: 13 out of 25 Residents required 2-person assistance for mobility (require the use of a hoyer), 4 out of 24 require assistance with eating (one resident receives nourishment from a feeding tube) and two residents are totally dependent on staff for all ADL care. Upon review, Regional MDS Nurse BB stated that resident acuity on the hallway seem to be quite high.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain complete and accurate medical records for 3 Residents (R3, R23 and R25) of 19 Residents sampled.Findings include:: Resident #3 (R3) A review of R3's admission Record, dated 1/14/26, revealed R3 was a [AGE] year-old resident re-admitted to the facility on [DATE] with multiple diagnosis that included hemiplegia and hemiparesis following cerebrovascular disease affecting right dominant side, muscle wasting and atrophy, and dementia. An observation of 500 hallway on 1/12/2026 at approximately 9:53 AM R3 revealed he was in pain and needed some pain medication. Durning an interview on 1/12/2026 at 9:54 AM, Registered Nurse (RN) C stated, (Name of R3) went on hospice a couple of weeks ago. RN C revealed resident had a significant decline and is no longer really eating and reports increased pain. A review of R3's medical record reflected one of the only indications this resident was being seen by Hospice was the change in payer source as evidenced by the resident admission record. A review of R3's physician orders failed to reflect an order for Hospice Care, there was only an order for a Hospice consult on 1/05/26. Further review of R3's medical record failed to reflect any progress notes, assessments, nor any Hospices Services Agreement/ Contract with a Hospice Provider. On 1/14/26 at approximately 1:00 PM a review of (Name of Hospice Provider's) Binder for the 400 and 500 Hallways reflected (Name of R3) was being visited by Hospice as evidence by CNA (Certified Nurse's Aides) documentation. Review of the documentation indicated the resident was receiving showers/care at the facility by Hospice CNAs. Review of a Hospice policy dated 3/20/2024 reflected that the purpose of this policy is to provide guidelines to ensure hospice services are available to residents at the end of life. Guidelines included the facility has an agreement in place with at least one Medicare certified Hospice to ensure that residents who wish to participate in a Hospice program may do so. The agreement with the Hospice provider will be signed by the facility representative and a representative from the Hospice agency before Hospice services are furnished to any resident. During an Interview on 1/14/26 at 2:18 PM, Regional Nurse Consultant (RNC) D revealed they do not have contract in the facility for (Name of Hospice Company). RNC D further stated the resident went into hospice on 1/5/26, however, they were unable to find an order, contract or progress notes stating this in residents' record. RNC D revealed she had (Name of SW B) contacting (Name of Hospice) for necessary documents/information. R23 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R23's admission record dated 1/13/26 revealed she was a [AGE] year-old female admitted to the facility on [DATE] and had diagnoses that included: Pressure-induced deep tissue damage of sacral region, Alzheimer's disease, and muscle wasting. R23 was not her own responsible party. During an interview with Registered Nurse Consultant (RNC) D on 1/14/26 at 12:25 PM RNC D was informed that the contracted facility Wound Nurse could not treat R23's wounds today because R23 was seen by the wound clinic yesterday. RNC D could not locate any wound clinic notes in R23's medical record and was not aware R23 was receiving wound treatment at a clinic outside of the facility. During an observation and interview with UM I in R23's room on 1/14/26 at 2:40 PM, UM I said she assessed and measured R23's wounds on admission. UM I said R23 had multiple wounds on the back of both thighs and calves on admission. UM I said she documented they were all on the back of the thighs and did not indicate the number of wounds just the amount of space involved. UM I said both legs were healing. UM I confirmed that due to the way the leg wounds were being measured it was difficult to assess healing or decline. UM I was not aware until today that 2 different wound services were caring for R23's buttock wound. UM I said R23's buttock wound was healing compared to admission but had not obtained all records from the outside wound clinic. Review of R23's care plan dated 12/18/25 revealed, Resident has pressure injury/skin impairment pressure areas to buttock area (no indication of skin issue on the back of R23's thighs and calves). Interventions included: APM mattress dated 1/12/26 (not in place on 1/14/26). There was no indication R23 was being treated by an outside wound clinic. R25 R25 Review of R25's admission recorded dated 1/14/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: muscle wasting and atrophy (waste away), burns involving 10-19% of body surface with 0% to 9% third degree burns and unsteady on feet. R25 was his own responsible party. R25 was observed in bed on 1/13/26 at 12:18 PM. R25's C-PAP machine was on his nightstand. R25 said he does normally use the machine when sleeping to help him breathe, but he can't use it every night. R25 said no one has assisted him with his CPAP or his breathing needs since admission. During an interview with Unit Manager (UM) I on 1/13/26 at 4:00 PM, UM I said R25's hospital discharge summary did indicate that he used a C-PAP machine. UM I said R25 was transferred to the facility on [DATE] but he did not come with a C-PAP machine. UM I called the Respiratory Therapist that was treating R25 at the hospital and obtained the C-PAP settings and treatment information. UM I said she ordered the C-PAP equipment but did not contact the physician or obtain orders for its use. UM I could not locate any medical information that indicated how long R25 had been using a CPAP machine. There were no physician orders for R25 to use the CPAP machine and no respiratory assessments located in R25's facility medical record. No Respiratory Therapist documentation was in R25's facility medical record. There was no care plan for the use or care of the C-PAP machine R25 in his room and had been using.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and interview, the facility failed to maintain general cleanliness and repair of the premises affecting occupants of halls 100, 200 and 400. Findings include: On 01/12/2026 at 9:15AM, observed in the hallway restroom on Hall 100 at the handsink, the cold-water line at faucet is not providing any water, all water access at handsink is coming from the hot-water line which is providing water at 116 degrees F On 01/12/2026 at 9:27AM, observed in Dining room [ROOM NUMBER] on Hall 400, visible mold growth at the bottom of the cabinet where the drain for the ice machine is located. On 01/12/2026 at 10:34AM, the end cap on the handrail near room [ROOM NUMBER] was observed missing, the wall had holes in it, less than a half inch in diameter, and an unsecured ethernet cord was observed coming out of the hole, less than 5 feet up on the wall. On 01/12/2026 at 10:39 AM, the end cap on the handrail near room [ROOM NUMBER] was observed missing, observed broken plastic corner guard by door of room [ROOM NUMBER]. On 01/12/2026 at 10:40AM observed on Hall 100, missing handrail by in office spaces prior to room [ROOM NUMBER], the connectors for handrail remained attached to wall. On 01/12/2026 at 3:10PM, interview with Maintenance Manager MM R, disclosed that the maintenance department was not aware of the issues with the handrail's missing parts, the corner guards or the missing handrail. MM R began this position on 01/12/2026. On 01/12/2026 at 3:30PM, observed an exterior door on Hall 200 by the Therapy room has gaps larger than 1/4 of an inch at bottom of the door. During observation with MM R stated they were not aware of the gaps at the door. On 01/12/2026 at 3:40pm observed the shower room on Hall 300 felt very humid, the shower did not appear to have recently been in use, as the tiles in shower area were observed to be dry.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation and interview the facility failed to provide a dignified dining experience for all residents for at least 3 of 5 residents (R19, R79 and R94) in a dining/activity room out of 19 residents reviewed for Resident Rights. During an observation of the noon meal in the dining/activity room on 1/12/2026 at 12:10 PM, R79 and her husband were complaining about being served cabbage too frequently. R79 received cabbage soup with her meal and at approximately 12:20 PM. R79 and her husband were asked if she would have preferred the tomato soup. They responded, yes. When asked if they wanted staff to get tomato soup, they responded they have to make meal choices before 10:00 AM for the lunch meal. They said they have been told no in the past when asking for substitutions. Several staff were in the area and did not respond to providing the alternate soup choice. During an observation of the noon meal in the dining/activity room on 1/12/2026 at 12:18 PM R94 was sitting at a table in the middle of the room with 3 other residents. They were talking loud about not being able to get butter with their vegetables and staff not being concerned about their meal concerns. The facility Registered Dietitian (RD) M was in the room at the time. RD M told R94 she would add butter to his meal ticket. RD M told the other residents they needed to take their concerns to the food council meeting. Staff did not bring any butter to the table for the other residents who requested additional butter. During an interview with the Regional Registered Dietitian (RRD) N on 1/14/26 at 9:56 AM the food concerns that were observed in the dining/activity room at the noon meal on 1/12/26 were discussed. RRD N said RD M was new to the facility and long-term care. RRD N said the facility policy is to address dislikes and concerns at the time of the meal in addition to the food council meetings. RRD N said R79 should have been offered alternative to the cabbage soup when staff heard her voice concerns of dislike. RRD N said they generally have more food and just because the meal ticket did not show the other soup it still should have been offered. During an observation of the noon meal in the dining/activity room on 1/12/2026 at 12:22 PM. Registered Nurse (RN) H walked up to R19 and proceeded to announce he needed to be tested for COVID-19. RN H inserted a swab into R19's left nare and swabbed in a circular motion. RN H then inserted the swab into R19's right nare and repeated the procedure. RN H then put the swab with nasal secretions into the package it was retrieved from and left the dining room. R19 had his meal in front of him and two guests seated at the table with him. During an observation on 1/12/2026 at 12:30 PM, RN H returned to the dining room and swabbed the nostrils of an unknown female resident seated at a table across from R19. The unknown female resident was seated at a table with her noon meal in front of her along with 3 other unknown residents. The COVID-19 testing was done in full view of several other residents and staff in the dining room. During an interview on 1/13/2026 at 8:50 AM, the Infection Control (IC) nurse A reported that testing for COVID-19 should not be done in a public area out of respect for each resident's dignity and privacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to follow its concern/grievance process and address family and resident concerns for 1 resident (R19) out of 19 residents reviewed for Resident Rights. Findings:Review of an admission Record reflected R19 admitted to the facility on [DATE] with diagnoses that included severe protein-calorie malnutrition, nutritional deficiency, unspecified and dysphagia (difficulty swallowing). During an interview on 1/12/2026 at 11:58 AM, R19's Family Member (FM) L, who visits R19 almost daily and typically during meals, reports that the ordered magic cup and mighty shake (both nutritional supplements intended to boost protein intake) are not on the resident tray as ordered with every meal. FM L reports the supplements are not on R19's meal tray 75% of the time and he is frustrated by this because R19 has had significant weight loss. FM L reported he has complained about this issue many times. FM L also reported that they have been unable to get resolution to an issue concerning an unsatisfactory haircut the family paid the facility beautician to provide for R19. During an interview on 1/12/2026 at 12:00 PM, R19 reported he was frustrated that the facility doesn't consistently provide the nutritional supplements with his meals as ordered. R19 also reported he was very unsatisfied with his most recent haircut. R19 said he wanted to beautician to cut his hair to a length of one inch all around, not just take one inch off the overall length. R19 said he felt like he looked terrible. R19 said he told facility staff he was upset about these things but nothing happens. During an observation on 1/12/2026 at 12:22 PM, R19's noon meal was served and the ordered nutritional supplements were not served as ordered. A meal ticket placed alongside R19's meal reflected a Magic Cup and Mighty Shake were to be provided. During an observation on 1/13/2026 at 12:21 PM, R19 was observed seated in the dining/activity room with his lunch set before him. The magic cup was present, but the mighty shake was not. Review of the tray ticket showed R19 should have a mighty shake with his meal. A request for all concern/grievance forms pertaining to R19 was requested via electronic mail (email) sent to the Director of Nursing (DON) on 1/14/2026 at 9:46 AM. During an interview on 1/14/2026 at 11:00 AM, the DON provided one concern form pertaining to R19. The concern form did not pertain to the concerns related to R19's haircut or the concerns reported about ordered nutritional supplements. During an interview on 1/14/26 at 9:40 AM, Activity Director (AD) O reported R19 is on the schedule for a haircut on January 22. AD O found a sticky note on her desk that described the issue and how R19 would like His haircut. AD O reported that R19's concern with his haircut was not a new issue. During an interview on 1/14/2026 at 3:14 PM, the Regional Nurse Consultant (RNC) D reported that staff who were made aware of FM L and R19's concerns should have followed the facility grievance process to address the concerns and eliminate the perception facility staff were not responding to resident and/or family concerns. Review of the facility policy Concern (Grievance) Process revised on 5/31/2024 reflected It is the policy of this facility to support each family member's right to voice concerns (grievances) without discrimination, reprisal, or fear of discrimination or reprisal. General guidelines in the policy specify that Concerns/grievances may be submitted verbally or in writing and may be filed anonymously . Concerns/Grievances may be voiced in the following ways: Verbal complaint to a staff member including the Grievance Officer. The staff member will transcribe the concern onto the concern form or assist the complainant with completing the concern form. The designated staff member will investigate the concern, follow-up with the resident and/or person filing the concern/grievance, and resolution of the concern/grievance. The designated staff member will make every effort to resolve the concern/grievance within 5-10 business days and complete the concern form to submit to the Grievance Officer. The Grievance Officer will notify the complainant to determine if they are satisfied with the resolution and document the information on the concern form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review the facility failed to address Pre-admission Screening/Annual Resident Review (PASARR) in a timely manner for 2 Resident's (R11 & R12) out of 19 resulting in them being completed late.Findings include: Review of Policy & Procedure for Pre-admission Screening/Annual Resident Review (PASARR) Revised Date 3/10/25, revealed, It is the policy of the facility to screen any resident with mental illness and/intellectual/development disabilities through the PASARR process to ensure appropriate nursing facility services and specialized services are provided. Further review of the Policy Procedure reflects that, The Social Service employee or designee, is responsible for verifying that the PAS and/or ARR processes are completed appropriately and timely. The PASARR process must be completed in the following situations, Prior to admission in Nursing Facility; After a significant change in the resident's condition; and Not less than annually. The procedure also reflected the Annual Resident Review is due within one year of the previous one being submitted or as indicated on the Level II evaluation. An annual review can be completed in advance but no sooner than 90 days from the due date. Resident 11 (R11)Review of R11's PASARR Level I completed on 6/16/25 reflected R11 had a diagnosis that include: Anxiety Disorder, Schizophrenia, Major Depressive Disorder, Obsessive Compulsive Disorder and Post-Traumatic Stress Disorder.Review of R11's Electronic Medical Record (EMR) on 1/12/16 at 12:29 PM revealed PASARR Level I was completed on 6/16/25. R11's EMR failed to reflect a Level II PASAR had been completed.Review of R11's EMR revealed the previous year's Level I was completed on 6/14/24 and Level II was completed on 7/25/24. Review of R11's 7/25/24 Level II reflected the next Level II needed to be completed by 7/24/25.During an interview on 1/12/26 at 12:42PM, Social Worker (SW) B revealed the facility had some issues and that his contact from OBRA is aware. SW B was asked to provide a copy of R11's Level II.During an interview on 1/12/26 at 12:52 PM, Social Worker (SW) B revealed R11did not have a completed Level II PASARR in his EMR. SW B further revealed he had reached out to his OBRA contact and Level II had been completed on 8/18/25. SW B confirmed it was completed late. On 1/12/26 at approximately 3:30 PM, SW B provided an OBRA Level II letter dated 8/18/25 (letter was not part of R11's record.) Resident#12 (R12)Review of R12's diagnosis included Disorganized Schizophrenia and depression resulting in the need to complete an OBRA Level II PASARR.Review of R12's EMR on 01/13/2026 at 8:16 AM, revealed R12 had PASSAR II letter dated December 02, 2024. Review of the letter revealed, If the above-named individual (Name of R12) remains in the nursing facility, a Level II Evaluation is needed by December 01, 2025.Review of R12's EMR reflected Level II for 2025 was not completed.During an interview on 1/13/2026 at 11:27 AM, SW B stated me and the guy from OBRA are working on the issue. SW B further stated, not getting Level I and Level II's done timely was a problem because of the company transitioning from (Name or Previous Company) they were sending emails to former company and not to the New Company.SW B revealed, I started a tracking sheet to track residents OBRA Level I & II's and I started on plan of correction. SW B revealed they started catching the Level II's not being done back in November.During interview on 1/13/26 with SW B stated R12's Level II was not completed but the S Level I had been completed on 12/08/25. SW B confirmed both the Level I & Level II should have been completed prior to 12/1/25.During an interview on 1/13/26 at 11:49 AM, Regional Nurse Consultant (RNC) D stated she was not aware of any concerns regarding PASARR's. RNC D also revealed the facility was not working on any Plan of Correction regarding PASARR's.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to complete a baseline care plan within 48 hours of admission for 2 Residents (R23 and R25) of 2 residents reviewed for baseline care plans.Findings included:Resident 23Review of R23's admission record dated 1/13/26 revealed she was a [AGE] year-old female admitted to the facility on [DATE] and had diagnoses that included: Pressure-induced deep tissue damage of sacral region, Alzheimer's disease, and muscle wasting. R23 was not her own responsible party.Review of R23's Skin - Total Body Eval -V2, dated 12/17/26 and signed by Unit Manager (UM) I revealed, Right thigh rear - possible pressure - unable to determine will require RN (registered nurse) assessment or eval by wound nurse for definitive etiology 5.6 x 4.8 x 0.2 (islands of epithelial present within these measurements). Left thigh (rear) - possible pressure - unable to determine will require RN assessment or eval by wound nurse for definitive etiology 5.0 x 5.2 x 0.2 (islands of epithelial present within these measurements. Sacrum - pressure stage 5 - props (sic) to bone 4.6 x 3.8 x 2.2 cm undermining present from 6 -9 o clock at 1.8 cm.Review of R23's admission Evaluation - V 4 dated 12/17/25 at 17:00 (5:00 PM) revealed, Right thigh (rear) pressure length 5.6, width 4.8 depth 0.2, unstageable, left thigh (rear) pressure length 5.0, width 5.2, depth 0.2 unstageable, Sacrum pressure length 4.6, width 3.8, depth 2.2 unstageable.R23 was observed in bed on 1/13/26 at 11:18 AM. R23 was being repositioned in bed during care. R23's knees were touching (skin to skin) and there was no dressing on the back of her left thigh (open wound was visible).During an interview with Registered Nurse (RN) J on 1/14/26 at 7:05 AM, (RN) J said she had just assisted the Certified Nurse Aide (CNA) K reposition R23. R23 was complaining of pain at this time. RN J and K went in to reposition R23 to she could take her pain medication. R23 only had 1 pillow in her bed at this time which was under her head. R23's knees were touching each other, and the back of her thighs were in contact with her calves. During an observation and interview with the Director of Nursing (DON) and [NAME] Nurse Consultant (RNC) D on 1/14/26 at 9:00 AM in R23's room, R23 was not on an Alternating Pressure Mattress (APM). They knew it was not an APM mattress because it did not have a motor or power source. R23 had a dressing on over her entire buttock at this time that did not have a date or staff initials. R23 had one dressing on the back of both thighs dated 1/12/26 and a wound dressing on the back of her left calf dated 1/12/26.During an interview with RNC D on 1/14/26 at 12:25 PM RNC D was informed that the contracted facility Wound Nurse could not treat R23's wounds today because R23 was seen by the wound clinic yesterday. RNC D could not locate any wound clinic notes in R23's medical record and was not aware R23 was receiving wound treatment at a clinic outside of the facility.Review of R23's care plan dated 12/18/25 revealed, Resident has pressure injury/skin impairment pressure areas to buttock area (no indication of skin issue on the back of R23's thighs and calves). Interventions included: APM mattress dated 1/12/26 (not in place on 1/14/26). There was no indication of an outside wound clinic. There were no instructions for turning, positioning or use of equipment/pillows to assist in pressure relief/positioning.During an interview with facility Social Worker (SW) T on 1/14/26 at 12:57 PM, SW T reported residents baseline care plans are done during the initial care conferences. SW T confirmed that R23's care plan started within 24 hours of admission, but the care conference was not done until 5 days after admission and there was no indication that the care plan was reviewed with R23's responsible party. SW T was not aware R23 was still seeing an outside provider for her wound care. Resident 25Review of R25's admission record dated 1/14/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: muscle wasting and atrophy (waste away), burns involving 10-19% of body surface with 0% to 9% third degree burns and unsteady on feet. R25 was his own responsible party. R25 was observed in bed on 1/13/26 at 12:18 PM. R25's C-PAP machine was on his nightstand. R25 said he does normally use the machine when sleeping to help him breathe, but (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	he can't use it every night. R25 said no one has assisted him with his CPAP or his breathing needs since admission.During an interview with Unit Manager (UM) I on 1/13/26 at 4:00 PM, UM I said R25's hospital discharge summary did indicate that he used a C-PAP machine. UM I said R25 was transferred to the facility on [DATE] but he did not come with a C-PAP machine. UM I called the Respiratory Therapist that was treating R25 at the hospital and obtained the C-PAP settings and treatment information. UM I said she did not care plan R25's C-PAP machine or respiratory care needs.Review of R25's care plan revealed no mention of the use of a C-PAP machine or need of any respiratory care. Review of the facility CPAP - Continuous Positive Airway Pressure policy dated 9/1/19 revealed, Procedure: Verify physician order for CPAP. Obtain CPAP machine and supplies. (The set up of the settings on the machine or adjustments needed are performed by the Respiratory Therapist of DME (durable medical equipment) company with a physician order. Settings ordered by physician.During an interview with facility Social Worker (SW) T on 1/14/26 at 12:48 PM SW T said R25's baseline care plan was done on 12/15/25, 4 days after admission and confirmed R25's care plan was not started until 12/18/25 (7 days after admission). There was no indication R25's advocate or R25 were aware of the care plan dated 12/18/25. SW T was not aware R25's respiratory needs found on admission had not been care planned or fully addressed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to monitor care to potentially prevent sepsis/hospitalization for one (R1) and failed to assess and monitor moisture associated skin damage (MASD) for one (R4) of two residents reviewed for quality of care.Findings include:Resident #1 (R1)Review of a Face Sheet revealed R1 originally admitted to the facility on [DATE] with pertinent diagnoses of a displaced fracture of the right femur (thigh bone), emphysema, and mental disorder. On 9/28/25 R1 received new diagnoses of sepsis and pneumonia. During an observation on 1/12/26 at 10:00 AM, R1 was lying in bed and did not want to talk at this time. Review of an Incident Report for R1 dated 8/21/25 at 11:18 AM revealed: Incident Description: Another staff member Alerted this nurse that resident was in need of assistance. Writer entered to observe resident sitting on floor in front of radiator. Resident Description: I tried to use the urinal standing up and just lost my balance. The resident was assisted into a wheelchair with the assistance of 2 staff and had a small laceration <2 cm (centimeters) to the posterior (back) head. R1 was sent to the emergency room due to the use of blood thinning medication. R1 was last seen by Therapy at approximately 11:00 AM. The care plan was updated for resident (R1) to be in a common view area when up in wheelchair. The investigation did not include when R1's toileting needs were last met. Review of a Hospital Record for R1 dated 8/21/25 revealed R1 went to the Emergency Department post fall at the Nursing Facility. (R1) . is anticoagulated on Eliquis (Apixaban). He was trying to urinate, lost his balance and fell backwards. there is a small abrasion to the right posterior scalp which is hemostatic (coagulation/stopped bleeding). Urinalysis was obtained and R1 was positive for bacteria in his urine. A summary of the Medical Decision Making revealed: urinalysis was notable for suspicious findings for urinary tract infection. There is positive nitrates large leukocytes 2+ bacteria with only 1-5 squamous cells the patient was started on antibiotics for a UTI (urinary tract infection). He is not febrile and otherwise as well appearing. Started on Keflex 1000 mg 3 Times daily due to increased resistance patterns he does need to be higher dose. We did culture his urine and we will contact him if antibiotics need to be changed.Review of the EMR (Electronic Medical Records) for R1 revealed the antibiotic administration of Keflex/Cephalexin 1000 mg (milligrams) ended on 8/28/25. No documentation about the urine cultures from the 8/21/25 hospital visit was followed up on and no ongoing assessing and monitoring of R1's signs and/or symptoms of infections was documented since the diagnosis of a UTI. Review of a Practitioner Progress note dated 9/9/25 for R1 revealed he tested positive for COVID and was currently asymptomatic and was to start Molnupiravir (Lagevrio, a medication to treat mild to moderate COVID) 800 mg (milligrams) twice a day for 5 days. Review of a Nursing Progress note dated 9/14/25 for R1 revealed: Have not had Molnupiravir since Friday. They do not have this in stock in the pharmacy and are suggesting Paxlovid/Nirmatrelvir (medication to treat COVID) instead. Will be missing 3 days' worth of medication. Will run this by provider. No documentation prior to this indicating the missing medication was addressed. Review of a Nursing Progress note dated 9/14/25 for R1 revealed: Resident's last dose of Lagevrio was Friday evening. Contacted pharmacy to find out what is going on and they stated it is on back order and recommends Paxlovid. Notified on-call PA (Physician Assistant) of recommendation and she okayed to change it. Entered order for the 300/100 pack for 5 days. Entered to start tomorrow morning. Did attempt to reach out to pharmacy to find out when that will be in and will adjust start time if needed. Left VM and awaiting return call. Will continue to monitor.Review of the EMR for R1 revealed no ongoing respiratory assessments for COVID once diagnosed on [DATE] were documented. Review of an Alert Note dated 9/22/25 for R1 regarding a fall on 9/22/25 (as 12:50 PM) revealed: Activity aid was walking by resident's room and observed resident laying on the floor next to his bed. The nurse on unit and CNA (Certified Nursing Assistant) came to resident's room to observe resident laying on his left side, his weak arm. Unable to perform full range of motion to left shoulder at baseline, but able to move all other extremities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident did not have shoes on completely, and his shorts were down at his ankles when observed. Resident was attempting to dress himself when he had fallen. Resident was assisted with 3 staff members back in the bed and assisted with pulling his shorts up. Resident was then assessed for injuries. Resident stated he hit his head. There were no bruises, bumps or injuries assessed on his head. Resident did have 2 skin tears. One near on his left forearm near his elbow and the other on his left hand. The one on his arm measure 2.5 cm X 1.5 cm and the one on his hand was measured 1.5 cm X 1 cm. Nurse covered with Steri strips and Tegaderm and added treatment order to monitor. Resident's call light was not in reach. Resident normally uses call light when in need of assistance. Call light was wrapped up on and not near his bed. Reminded CNAs to make sure call light is in reach and encouraged resident to use call light when in need of assistance. CNA on the floor stated she did check on him and observed resident attempting to get dressed and offered assistance, but resident refused approximately 10 minutes prior. NP notified and did not feel it was necessary to send resident to the hospital. She asked that close monitoring does occur. Resident was started on neuro checks. No issues with neuro that were out of the ordinary. Resident later stated he wanted to get out of her (sic) and go to the hospital, but there was no reason to send resident to the hospital. Review of a Hospital History and Physical document for R1 dated 9/23/25 revealed: He was also noted to be hypoxic (low oxygen) at the facility with saturations in the mid-80s (normal >=92%). (Facility nurse) tells me that he (R1) . last night that he started to be a little altered, did have a fall throughout the night. Today, was noted to be course in his breathing, they had ordered an x-ray but had not been completed yet, then got progressively more altered as the day went on which is what prompted the ED (emergency department) visit. Patient to be admitted to the ICU (intensive care unit) for septic shock secondary to bacterial pneumonia. Review of the Hospital Discharge Summary for R1 dated 9/28/25 revealed R1 admitted [DATE] for COVID-19 pneumonia and septic shock, initially requiring ICU level care . Blood cultures positive for E. coli (Escherichia coli- a bacterium usually found in the intestines), presumed likely urinary source .In an interview on 1/14/25 at 10:22 AM, the Infection Control/Registered Nurse (RN) A was questioned about R1's urine culture that was to follow the 8/21/25 hospital visit. RN A reported she did not have a copy of the urine culture after reviewing the EMR. RN A reported they are to follow the McGeers criteria for antibiotic use for suspected/diagnosed UTI's. When questioned about the effectiveness of antibiotic use and what to look out for when resident vital signs are not abnormal, RN A reported there were other things to monitor like confusion, an increased need for ADL (activities of daily living) care and any changes or odor with urination. A resident with a UTI should be monitored for urine output and encourage fluids. Anything that does not help a resident get back to his baseline is not on the right antibiotic. The first 24-48 hours should have focused monitoring of infections documented and verified R1 did not have that documented. RN A contacted the hospital after this interview and reported the hospital did not complete a urine culture. RN A reported that the facility should have followed through to make sure R1 was on the correct antibiotics and they were effective. RN A acknowledged R1 did get admitted to the hospital on [DATE] for COVID pneumonia and e.coli bacteremia (blood infection) likely due to a urinary tract infection. Review of the Care Path Symptoms of Urinary Tract Infection (UTI) (In place of McGeers criteria) provided by the facility revealed a pathway for UTI's. If no abnormal vital signs are met (temperature, heart rate, respiratory rate, blood pressure, oxygen saturation, finger stick glucose, or a resident is unable to eat or drink), then Evaluate Symptoms and Signs for Immediate Notification: abdominal distension, new or worsened incontinence, suprapubic tenderness, pain/tenderness in testes suggesting epididymitis, gross blood in urine, not eating or drinking, signs and symptoms suggest possible sepsis (a life-threatening medical emergency caused by your body's overwhelming response to an infection). If this is negative, then Consider Contacting (Practitioner) for orders (for further evaluation and management) . in Facility: Monitor vital signs, fluid intake/urine output every 4-8 hours. Oral, IV or subcutaneous fluids if needed for hydration. Check results of urinalysis and culture. Consider antibiotic treatment for 7-10 days if culture positive. DISCONTINUE ANTIBIOTIC IF (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CULTURE IS NEGATIVE. Update advance care plan and directives if appropriate. In an interview on 1/14/25 at 2:11 PM, the Director of Nursing (DON) was presented with concerns for R1's hospitalization on 9/23/25 and the lack of follow-up cultures and monitoring to his UTI, the DON reported she would look more into it. No more information was provided by the end of this survey. Review of the Care Plan for R1 revealed no UTI care plan prior to hospitalization on 9/23/25. R1's care plan did not address urinary continence or incontinence until R1 was readmitted to the facility on [DATE] after hospitalization. Resident #4 (R4)Review of a Face Sheet revealed R4 originally admitted to the facility on [DATE] and has pertinent diagnoses of osteomyelitis (inflammation or swelling of bone tissue), history of pressure ulcers, and acute kidney failure. In an interview on 1/12/26 at 11:03 AM, the Hospice Certified Nursing Assistant (CNA) X had just completed resident care when asked if there were any wounds on R4. CNA X reported there was too much cream on R4's buttocks to see any open wounds and did not receive any information that R4 had any wounds. R4 was observed laying on his back before and after CNA X provided cares. Review of a Skin Assessment for R4 dated 1/9/26 revealed: Left heel- Continue with current tx (treatment). Sacrum- Continue with current tx. No description or measurements of what type of wounds these were or when they started, and Wound Care was documented as consulted. During an observation and an interview on 1/13/2026 at 8:45AM, R4 was sitting up in bed eating breakfast at a 30-degree angle. R4 did not know or acknowledge he had a wound on his buttocks. During an observation on 1/13/2026 at 10:59 AM, R4 was in bed lying on his back sleeping.During an observation and an interview on 1/13/26 at 2:01 PM, Unit Manager/Licensed Practical Nurse (LPN) I and Registered Nurse (RN) Y went to assess R4's skin when the resident was observed sitting in stool. RN Y reported it was fresh and was not sitting in it for very long. Then R4's buttocks were assessed and verified R4 had purple maceration that was blanchable and looked more like denuded MASD that was potentially due to his times of having loose stools/diarrhea. RN Y verified R4 did have an unstageable scabbed area on his left heel. LPN I did report R4 has a history of pressure ulcers but his current condition is consistent with MASD and reported she will inform the physician and hospice. Review of a Nursing Progress note dated 12/10/25 for R4 revealed: CENA completing cares called nurse into room. Nurse observed open area on res coccyx measuring 2.5cm x 1cm (W x L). Area assessed then cleansed and dressing applied. Area noted to have purple tissue surrounding and red non blanchable area surrounding the purple area. On call unit mgr, physician, and hospice notified of new skin issue.Review of a Nursing Progress note dated 12/15/25 for R4 revealed: Note Text: Resident with reoccurring pressure ulcer on his coccyx. Resident is his own person and frequently turns down offers from staff for repositioning to promote/maintain skin integrity. Wound care treatment initiated. Care plan reviewed and updated. No documentation of R4 refusing repositioning or cares and/or reapproached. Review of a Nursing Progress note for R4 dated 12/17/25 revealed: Skin Issues: #001: New skin Issue. Location: Buttocks - generalized. Issue type: Pressure ulcer / injury. Progress: New: new wound. Pressure ulcer staging: Unstageable pressure injuries presenting as deep tissue injury. Wound acquired in-house. Wound is new. Signs and symptoms of infection: None. Painful: No. Staged by: In-house nursing. Length (cm): 0 Width (cm): 0 Depth (cm): 0 Area (cm2): 0 Undermining: No. Tunneling: No. Epithelial: 100%. Exudate amount: None. Exudate type: None. Odor after cleansing: None. Periwound: Attached. Surrounding tissue: Fragile. Induration: None present. Edema: No swelling or edema. Periwound temperature: Normal. Dressing saturation: None 0%. Cleansing solution: Sterile Water. Other primary dressing: triad cream Secondary dressing: No secondary dressing applied. Modalities: None.Review of a Nursing Progress note dated 12/29/25 for R4 revealed: Skin Issues: #001: Skin issue has not been evaluated. Location: Buttocks - generalized. Issue type: Pressure ulcer / injury. Pressure ulcer staging: Unstageable pressure injuries presenting as deep tissue injury. Wound acquired in-house. Wound is new. Staged by: In-house nursing. Undermining: No. Tunneling: No.#002: New skin Issue. Location: Buttocks - generalized. Laterality / Orientation: Medial. Issue type: Other skin issue. Other skin issue description: Bottom reddened, barrier cream applied. Resident encouraged to change positios (sic) yet (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	is refusing. IssuWound (sic) acquired in-house.Wound is new. Signs and symptoms of infection: None. Painful: No. Undermining: No. Tunneling: No. Slough: 0%. Eschar: 0%. Exudate type: None. Odor after cleansing: None. Other primary dressing: Barrier cream.Review of the January 2026 Medication Administration and Treatment Administration Record (MAR/TAR) for R4 revealed the following orders:-10/19/25, an order for Left Heel- Apply skin prep and maintain boot in place while in bed every day shift. - 12/17/25, an order for Wound Care Order Site: buttocks 1. Cleanse wound with NS (normal saline). 2. Pat Dry with gauze. 3. Apply triad cream (a zinc oxide-based hydrophilic paste for managing low to moderate exudate wounds).Review of the Resident Care Task documentation for R4 revealed: - Encourage and assist as needed to turn and reposition; use assistive devices as need. No point of care documentation from staff indicated this was being done. - Encourage and assist as needed to turn and reposition. No point of care documentation from staff indicated this was being done. Review of the Nursing Progress note dated 1/13/26 for R4 (after observation) revealed: Bilateral buttock/sacrum observed with erythema and slight maceration overlying the sacrum. Area is slightly denuded throughout with one area that measures 1.3x0.2 that is denuded down to dermis. Entire area is blanchable. Resident denies pain to area. Physician notified, hospice notified. New order for MASD initiated.Review of the Care Plan for R4 revealed: Focus: Left heel wound and reoccurring pressure ulcer to sacrum + H Related to pressure injury, with risk for delayed wound healing secondary to progressing comorbidities, Debility and generalized weakness with decreased physical mobility. Date Initiated: 12/10/2025.Interventions included: -Provide wound care as ordered by physician and wound consult recommendations. Date Initiated: 07/22/2025-Resident has been educated on the importance of frequent repositioning. Date Initiated: 12/12/2025.-Risk factors reviewed and unavoidable from to be completed due to ongoing declineresulting hospice participation, and reoccurring pressure ulcer to sacrum. Date Initiated: 12/10/2025-Skin Evaluation weekly. Check oral cavity for redness, sores, white patches in themouth, dried cracked lips or other manifestations reflecting oral conditions. Checkskin for open areas, bruises, abrasions, DTI, incisions. Date Initiated: 07/22/2025- Monitor wound for any significant changes (decline or improvement), alert physician of any changes. Date Initiated: 07/22/2025- Provide wound care as ordered by physician and wound consult recommendations. Date Initiated: 07/22/2025Review of the ADL (Activities of Daily Living) Care Plan, initiated 1/13/25 for R4 revealed:- Assist resident to meet toileting needs either with utilization of bathroom and urinal per resident request, preference, and as needed. Res prefers to be toileted for bowel movements. Date Initiated: 03/21/2025.- Bed mobility: 1 assist, Date Initiated: 10/08/2025.- TOILET USE: Participates by: 2 assist and EZ stand. Date Initiated: 09/12/2025.No indication R4 is incontinent.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide care and services according to professional standards to prevent the development and/or worsening of pressure injuries for 3 residents (R23, R54 and R90) out of 5 residents reviewed for pressure injuries. R23 Review of R23's admission record dated 1/13/26 revealed she was a [AGE] year-old female admitted to the facility on [DATE] and had diagnoses that included: Pressure-induced deep tissue damage of sacral region, Alzheimer's disease, and muscle wasting. R23 was not her own responsible party. Review of R23's Skin – Total Body Eval -V2 dated 12/17/26 and signed by Unit Manager (UM) I revealed, Right thigh rear – possible pressure – unable to determine will require RN (Registered Nurse) assessment or eval by wound nurse for definitive etiology 5.6 x 4.8 x 0.2 (islands of epithelial present within these measurements). Left thigh (rear) – possible pressure – unable to determine will require RN assessment or eval by wound nurse for definitive etiology 5.0 x 5.2 x 0.2 (islands of epithelial present within these measurements. Sacrum – pressure stage 5 – props (sic) to bone 4.6 x 3.8 x 2.2 cm (centimeters) undermining present from 6 -9 o clock at 1.8 cm. Review of R23's admission Evaluation – V 4 dated 12/17/25 at 17:00 (5:00 PM) revealed, Right thigh (rear) pressure length 5.6, width 4.8 depth 0.2, unstageable, left thigh (rear) pressure length 5.0, width 5.2, depth 0.2 unstageable, Sacrum pressure length 4.6, width 3.8, depth 2.2 unstageable. R23 was observed in bed on 1/13/26 at 11:18 AM. R23 was being repositioned in bed during care. R23's knees were touching (skin to skin) and there was no dressing on the back of her left thigh (open wound was visible). During an interview with Registered Nurse (RN) J on 1/14/26 at 7:05 AM, (RN) J said she had just assisted Certified Nurse Aide (CNA) K reposition R23. R23 was complaining of pain at this time. RN J and K went in to reposition R23 to she could take her pain medication. R23 only had 1 pillow in her bed at this time which was under her head. R23's knees were touching each other, and the back of her thighs were in contact with her calves. During and observation and interview with the Director of Nursing (DON) and [NAME] Nurse Consultant (RNC) D on 1/14/26 at 9:00 AM R23 was not on an Alternating Pressure Mattress (APM). They knew it was not an APM mattress because it did not have a motor or power source. R23 had a dressing on over her entire buttock at this time that did not have a date or staff initials. R23 had one dressing on the back of both thighs dated 1/12/26 and a wound dressing on the back of her left calf dated 1/12/26. During an interview with RNC D on 1/14/26 at 12:25 PM RNC D was informed that the contracted facility Wound Nurse could not treat R23's wounds today because R23 was seen by the wound clinic yesterday. RNC D could not locate any wound clinic notes in R23's medical record and was not aware R23 was receiving wound treatment at a clinic outside of the facility. During an observation and interview with UM I in R23's room on 1/14/26 at 2:40 PM, UM I said she assessed and measured R23's wounds on admission. UM I said R23 had multiple wounds on the back of both thighs and calves on admission. UM I said she documented they were all on the back of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	thighs and did not indicate the number of wounds just the amount of space involved. UM I said both legs were healing. UM I confirmed that due to the way the leg wounds were being measured it was difficult to assess healing or decline. UM I was not aware until today that 2 different wound services were caring for R23's buttock wound. UM I said R23's buttock wound was healing compared to admission but had not obtained all records from the outside wound clinic. Review of R23's care plan dated 12/18/25 revealed, Resident has pressure injury/skin impairment pressure areas to buttock area (no indication of skin issue on the back of R23's thighs and calves). Interventions included: APM mattress dated 1/12/26 (not in place on 1/14/26). There was no indication of an outside wound clinic. There were no instructions for turning, positioning or use of equipment/pillows to assist in pressure relief/positioning. R54 Review of R54's admission record dated 1/12/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: hydrocephalus (fluid on the brain), muscle wasting, unsteadiness on feet and cognitive communication deficit. R58 was not his own responsible party. Review of R54's care plan dated 12/24/25 revealed, deep tissue injury of left calcaneus (heel), interventions included PROFO boot (a pressure reliving device) to bilat (bilateral) on AAT's (at all times) WIB (while in bed) implemented 1/12/26, encourage and assist as needed to turn and reposition; use assistive devices as needed, implemented 12/24/25. Review of R54's care plan reflected ADL (activities of daily living) self-care deficit related to weakness and factors of aging dated 12/24/25 revealed interventions that include: ADL assist of 2 staff, 12/24/25, non-ambulatory at this time, 12/24/25, bed mobility one person assist, 12/24/25, splint wear bi-lateral foot drop boots while in bed, 12/24/25, Transfer EZ stand 2 person assist 12/24/25. Review of R54's SW – Skin Issues, document dated 1/4/26 at 14:00 (2:00 PM) revealed, page 4 area affected left heel, page 10 skin issue – pressure ulcer/Injury, page 11 c. Stable: previously deteriorating wound characteristics plateaued, g. unstageable Pressure injuries presenting as deep tissue injury. Acquired b. Present on admission on set a. New, Staged by b. In-house nursing. Length 7.92, Width 2.44, Depth 0. R54 was observed in bed on 1/12/26 at 10:22 AM. R54's heels were both in contact with his mattress. No boots or splints were found in his room. R54 said he could not tolerate the weight of any boots on his feet but was willing to allow staff to put a pillow under his legs to float his heel off the surface of the mattress. The Certified Nurse Aide (CNA) called Unit Manager (UM) I to R54's room. UM I confirmed R54 had been refusing boots to both feet. UM I was aware R54 had an unstageable pressure ulcer on his left heel. UM I said she would have staff start using a pillow to keep R54's heels off his mattress. R54 was observed in bed on 1/14/26 at 7:46 AM with 3 pillows under R54's legs bunched up under his knees. Both of R54's heels were in full contact with his mattress. The Director of Nursing (DON) was interviewed at this time and confirmed pillows should not have been placed under R54's knees as this did not remove pressure off his heels. (R54's care plan did not reveal this intervention was implemented). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an admission Record reflected R90 admitted to the facility on [DATE] with diagnoses that included Amyotrophic Lateral Sclerosis (ALS), unspecified dementia, and an unspecified lack of expected normal physiological development in childhood. Review of an admission assessment dated [DATE] reflected R90 admitted to the facility with a right heel blister measuring 1.0 cm (centimeters) x 1.2 cm without any depth. Review of a Braden Scale-For predicting Pressure Ulcer Risk Evaluation dated 1/8/2026 reflected R90 was at risk for pressure ulcers. Review of a Care Plan initiated on 1/8/2026 reflected Resident (R90) has actual skin breakdown in the following locations: R-heel blister - L (left) hip surgical incision - R (right) groin fissure. Interventions included Encourage the resident to turn and reposition, pressure reducing surface on bed. (The care plan incorrectly identified the heel blister as being on the RIGHT heel. The blister is on the LEFT heel.) Review of a Care Plan initiated on 1/8/2026 reflected R90 was at risk for alteration in skin integrity related to weakness/debility. This care plan included interventions to offload pressure on R90's heels. During an observation on 1/12/26 at 10:05 AM tR90's heels were both on the bed, both feet pressed up against the foot board. During an observation on 1/13/2026 at 9:15 AM, R90's LEFT heel was observed and found to have a scabbed area consistent with the size documented on the admission assessment. R90's heels were left resting on the bed, the bottom of the right foot pressed up against to foot board. During an observation on 01/13/2026 at 2:34 PM, R90 was observed lying in bed, his right foot pressed up against the footboard. R90's left heel was on the mattress. During an observation on 1/14/26 at 8:26 AM R90's left and right heels are resting on the bed. According to the resident, he is feeling awful and did not sleep overnight and complained of a sore neck. R90 was positioned diagonally in the bed, his pillow is not under his head and shoulders. No offloading devices or additional pillows are observed in the room. During an observation and interview on 1/14/26 at 3:20 PM, R90 was observed in the bed with both heels resting on the mattress. R90 reported staff do not elevate his heels off the bed to prevent pressure. R90 said he got out of bed once the day before but does not like the total lift the facility has to use. During an interview on 1/14/26 at 3:30 PM, the Regional Nurse Consultant (RNC) D reported that it would be the expectation that R90's heels would be positioned in order to relieve pressure with a heels up device and that the bed be extended and the footboard removed to prevent the development of additional pressure injuries.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review, the facility failed to ensure proper positioning/support for one (R56) of 3 residents reviewed for positioning.Findings include: Review of a Face Sheet revealed R56 had pertinent diagnoses of hemiplegia and hemiparesis (one sided weakness) affecting the left side and chronic kidney disease. During an observation on 1/12/26 at 10:20 AM, R56 was observed transporting down the hall in a wheelchair with her left arm flaccid and not supported.During an observation on 1/13/26 at approximately 11:00 AM, R56 was observed in bed without support for her left arm. R56 was then transferred to a wheelchair in anticipation of an appointment. R56's arm was not supported and hanging down in her lap as she was transported out of the facility. Review of the Care Plan for R56 revealed: ADL (activities of daily living) self-care deficit related to physical limitations. No goals documented. Interventions included: LUE (left upper extremity) Sling on when seated in (wheelchair) or standing/ambulating as resident will allow, initiated 10/30/25.In an interview on 1/13/26 at 12:41 PM, Occupational Therapist (OT) reported R56 was currently on therapy and is to have a sling in place to support her left upper arm. During an observation and an interview, R56 was lying in bed and no support observed for her left upper arm. Certified Nursing Assistant (CNA) AA reported R56 usually has a sling that is put on her arm before she goes to dialysis, but since she did not have dialysis this day, R56 did not have it on. When asked where the sling was, CNA AA looked all over the room and found it in the closet buried under a pile of clothes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent falls for 1 (R1) of 2 residents reviewed for falls, and unsafe self-administration of medications left at the bedside for 2 (R13 and R27), of 2 residents observed with medications at the bedside.Findings include:Review of R13's admission record dated 1/14/26 revealed R13 was a [AGE] year-old female admitted to the facility on [DATE] and had diagnoses that included: acute kidney failure, muscle wasting, unsteadiness on feet, bipolar disorder, and chronic pain syndrome. R13 was her own responsible party. During the medication pass observation on 1/13/26 at 8:00 AM, R13 had a bottle of nasal spray (Nasal Relief Oxymetazoline HCL 0.55 %) on her bedside table. R13 said she had been taking this nasal spray since admission and was assessed to be independent taking it. R13 said she takes it daily around 1:00 pm but denied reporting to any nurse she had been taking the nasal spray. R13 denied being set up with any secure storage for this medication. Licensed Practical Nurse (LPN) U, took the nasal spray from R13 and said she was giving it to the Director of Nursing (DON). During an interview with the DON on 1/13/26 at 12:34 PM the DON said she secured the nasal spray and notified the provider. The DON said R13 had not been assessed to administer this medication independently. Review of R13's January 2026 Medication Administration Record revealed R13 had Fluticasone Propionate Nasal Suspension 50 MCG/ACT ordered starting 7/9/23 and was on hold as of 1/5/2026 then discontinued. Review of R13's current medication orders revealed she did not have any orders for any nasal spray (Nasal Relief Oxymetazoline HCL 0.55 %). Resident #1 (R1) Review of a Face Sheet revealed R1 originally admitted to the facility on [DATE] with pertinent diagnoses of a displaced fracture of the right femur (thigh bone), emphysema, and mental disorder. During an observation on 1/12/26 at 10:00 AM, R1 was lying in bed and did not want to talk at this time. Review of an Incident Report for R1 dated 8/21/25 at 11:18 AM revealed: Incident Description: Another staff member Alerted this nurse that resident was in need of assistance. Writer entered to observe resident sitting on floor in front of radiator. Resident Description: I tried to use the urinal standing up and just lost my balance. The resident was assisted into a wheelchair with the assistance of 2 staff and had a small laceration <2 cm (centimeters) to the posterior (back) head. R1 was sent to the emergency room due to the use of blood thinning medication. R1 was last seen by Therapy at approximately 11:00 AM. The care plan was updated for resident (R1) to be in a common view area when up in wheelchair. The investigation did not include when R1's toileting needs were last met or an intervention to address the need to stand up unassisted to use the urinal. No Neuro checks in the EMR (electronic medical records) for post unwitnessed fall on 8/21/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Activities of Daily Living (ADL) Care Plan initiated 4/30/25 for R1 revealed: (R1) has an ADL self-care performance deficit (related to) Limited Mobility. Interventions include but not limited to: DRESSING: Participates by 1 Assist, initiated 5/1/25. TOILET USE: Participates by 1 Assist, initiated 5/1/25. Interventions post fall included: OT (Occupational Therapy) to assess and eval 2/2 recent illness, weakness, initiated 9/22/25 and PT (Physical Therapy) to assess and eval 2/2 recent illness, increased weakness, initiated 9/22/25. Review of a Fall Care Plan for R1 revealed after the fall on 8/21/25 revealed: (R1) at risk for falls (related to) poor safety awareness, debility, decreased mobility, muscle weakness, and unsteady gait. He has a history of self-transferring. initiated 4/30/25. Interventions: -Assist resident into (wheelchair) and have resident within immediate view of staff, initiated 8/21/25. -If resident is up in (wheelchair), keep in common area at all times for fall prevention as he frequently self-transfers, initiated 8/21/25. These interventions did not address the root cause of the R1 needing toileting assistance. Review of the August 2025 Medication Administration Record (MAR) revealed R1 had an order for 5 mg (milligrams) of Apixaban/Eliquis (an anticoagulant/blood thinner) ordered 4/30/25. Review of the Eliquis/Apixaban Medication Guide dated 5/2025 revealed: Increased risk of bleeding. ELIQUIS can cause bleeding which can be serious and may lead to death. This is because ELIQUIS is a blood thinner medicine that reduces blood clotting.it may take longer than usual for any bleeding to stop . Call your healthcare provider right away if you fall or injure yourself, especially if you hit your head. Your healthcare provider may need to check you. Review of the Care Plan for R1 revealed no focus or interventions for anticoagulants. R1 Fall #2 Review of an Un-Witnessed Fall Incident Report dated 9/6/25 for R1 revealed at 1:54 PM, Observed resident on his knees leaning on his bed in his room. Resident Description: stated he was trying to fix his bed because the (head of bed) was not working. Immediate Action Taken: . bed removed and another working bed was replaced. No injuries observed. No investigation or statements from staff regarding the bed not working or when R1's needs were last met. No indication neuro checks were initiated. No Neuro checks documented in the EMR (electronic medical record) for R1 from the fall on 9/6/25. Review of an Un-Witnessed Fall Incident Report dated 9/22/25 for R1 revealed at 12:50 PM, Resident was observed laying on the floor next to his bed by Activity Aide. I hit my head a little bit, but not bad. Injuries Observed at Time of Incident: Skin Tear to left elbow and back of the left hand. Review of an Alert Note dated 9/22/25 for R1 regarding the fall on 9/22/25 revealed: Activity aid was walking by resident's room and observed resident laying on the floor next to his bed. The nurse on unit and CNA (Certified Nursing Assistant) came to resident's room to observe resident laying on his left side, his weak arm. Unable to perform full range of motion to left shoulder at baseline, but able to move all other extremities. Resident did not have shoes on completely, and his (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shorts were down at his ankles when observed. Resident was attempting to dress himself when he had fallen. Resident was assisted with 3 staff members back in the bed and assisted with pulling his shorts up. Resident was then assessed for injuries. Resident stated he hit his head. There were no bruises, bumps or injuries assessed on his head. Resident did have 2 skin tears. One near on his left forearm near his elbow and the other on his left hand. The one on his arm measure 2.5 cm X 1.5 cm and the one on his hand was measured 1.5 cm X 1 cm. Nurse covered with Steris trips and Tegaderm and added treatment order to monitor. Resident's call light was not in reach. Resident normally uses call light when in need of assistance. Call light was wrapped up on and not near his bed. Reminded CNAs to make sure call light is in reach and encouraged resident to use call light when in need of assistance. CNA on the floor stated she did check on him and observed resident attempting to get dressed and offered assistance, but resident refused approximately 10 minutes prior. NP notified and did not feel it was necessary to send resident to the hospital. She asked that close monitoring does occur. Resident was started on neuro checks. No issues with neuro that were out of the ordinary. Resident later stated he wanted to get out of her (sic) and go to the hospital, but there was no reason to send resident to the hospital. Resident soon after was in the dining room [ROOM NUMBER] and attempted to escape out the doors of the dining room trying to get out and leave. This notification was relayed to the nurse on duty by another nurse in the building and a CNA. Resident now has wander guard on right ankle. The investigation did not address why the CNA did not ensure the safety of R1 when she observed R1 standing up and refused assistance. Review of the Neurological Evaluation Flow Sheet 12-Hour Shift documented for R1 dated 9/22/25 revealed checks were done at 12:50 PM, 1:20 PM, 1:50 PM, 2:50 PM, 3:50 PM, 4:50 PM, and 5:50 PM. This was not completed by the facility Fall policy. Review of the Care Plan for R1 revealed no Focus for elopement and no wander guard interventions. No interventions to ensure the call light was in reach. In an interview on 1/14/26 at 2:58 PM, the Director of Nursing (DON) acknowledged the concern of a lack of neurological checks for R1's incident reports and could not provide them. The Neurochecks for the 9/22/25 incident was not completed by the policy and stated they did have a past noncompliance and provided a copy of it dated 10/9/25 but did not meet the criteria as complete. The DON reported that the care plan should be updated with meaningful and person-centered interventions post falls. The DON agreed that a resident on a blood thinning medication and at risk for falls is concerning. Review of the Pas Non-Compliance for dated 10/9/25 titled Neuro completion revealed: Event: Facility failed to start of complete neuro for residents who have had falls. Root Cause Analysis: Nursing staff failed to comply with facility policy by choice or due to lack of knowledge. The facility is utilizing agency staffing. Review of a policy titled Fall Management Guidelines dated 12/13/23 revealed: The purpose of this policy is to provide guidelines to assist with fall risk identification and fall management a residence in the facility. Care Planning: The facility staff, with input of the attending physician, will implement a resident centered comprehensive care plan that addresses the fall management program, the goal for fall management, individualized interventions to address the residents modifiable fall risk factors, interventions to try to minimize the consequences of risk factors that are not modifiable, and the plan for reduction of risk and or risk for injury related to falls. The residents care plan and interventions will be reviewed and revised as indicated for the individual needs of the resident and effectiveness of interventions. Complete a neurological evaluation using the Neurocheck Evaluation Form when a resident: . - Has an unwitnessed fall when a head injury may be suspected or is unknown. - After the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	completion of the initial neurological evaluation with vital signs, continue the evaluations every 30 minutes X2, every hour X 4, every 4 hours X 6, then every shift X for a total of 3 days. Initiate post-fall charting on the resident for a minimum of three days to observe for delayed complications. IDT (Interdisciplinary Team) Review: -The interdisciplinary team will review the resident's fall including: the circumstances surrounding the residence fall and any changes in the residence risk factors, condition, and/or functional status to validate or determine the root cause of the fall. -The interdisciplinary team will review the residence current care plan and interventions to ensure that the interventions are appropriate and the residents post fall intervention(s) correlate to the root cause of the fall in an attempt to prevent future falls. Review of an admission Record reflected R27 admitted to the facility 7/31/25 with diagnoses that included depression, anxiety and dysphagia (difficulty swallowing). Review of a Minimum Data Set (MDS) assessment dated [DATE] reflected R27 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 12/15. During an observation on 1/12/2026 at 9:45 AM, R27 was observed getting back into bed after using the restroom. A cup with assorted pills and capsules was noted on the overbed table. R27 reported that the medications were hers and that a purple pill was on the floor under the privacy curtain. A Certified Nurse Aide (CNA) walked into the room and R27 reported that one of her pills had fallen to the floor. The CNA picked up the pill and said he would report the finding to the nurse. Review of the comprehensive Care Plan initiated 7/31/25 did not reflect R27 was assessed as safe to self-administer medications. Review of R27's physician orders did not reflect R27 was allowed to self-administer medications. During an observation on 1/13/2026 at 2:36 PM, Registered Nurse (RN) F opened the medication cart and R27's medications were inspected. The purple pill that was dropped on the floor in R27's room was identified as bupropion 150 mg tablet, an antidepressant. During an interview on 1/13/2026 at 3:04 PM the DON reported that the facility did not have any residents who had been assessed for being safe to self-administer medications. The DON also reported that there would be no way to identify whether R27 truly received all her ordered morning medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure ordered supplements were provided to one resident with significant weight loss (R19) out of 2 residents reviewed for nutrition and hydration. Review of an admission Record reflected R19 admitted to the facility on [DATE] with diagnoses that included severe protein-calorie malnutrition, nutritional deficiency, unspecified and dysphagia (difficulty swallowing). Review of a Care Plan initiated 7/25/2025 reflected R19 was at risk for repeated alteration in skin integrity related to . poor nutritional intake due to dysphagia. An intervention for this focus area of the care plan was to provide diet and supplements per physician order. The Care Plan also indicated R19 required assistance with ADLs (activities for daily living) that included needing set up assistance for eating. Review of a Care Plan initiated on 7/7/2025 reflected (R19) is at unavoidable nutritional risk related to atrial fibrillation (abnormally fast pulse), CHF (congestive heart failure), CKD (Chronic Kidney Disease) stage 3A, HTN (high blood pressure), debility, HLD (high lipids in the blood), dementia, cognitive impairment, unspecified severe protein-calorie malnutrition, sig (significant) weight loss. The goal of the Care Plan focus area is that Resident (R19) will continue to comply with diet recommendations until physician orders say otherwise; (R19) will maintain adequate nutritional status; (R19) will comply with diet orders to reduce risk of aspiration. Interventions included, Alert dietitian if consumption is poor for more than 48 hours; document food acceptance; Supplements as ordered mighty shake and magic cup TID (three times a day) with meals. Review of an Alert Note dated 12/31/2025 revealed Note Text: WEIGHT WARNING:Value: 127.2Vital Date: 2025-12-31 09:41:07.0-10.0% change [14.4% , 21.4](R19) is a [AGE] year-old male resident with dx of nutritional deficiency, dysphagia, CHF, ckd stage 3a, hypertension, dementia, gerd (gastro esophageal reflux disease), unspecified severe protein calorie malnutrition. (R19) is on a regular diet, mech soft textures and nectar thick liquids. Residents (R19) CBW (Current Body Weight) is 127 lb and his BMI (Body Mass Index) is 19.9, resident is triggering for sig weight loss, 21 lb since July. resident experienced initial sig weight loss upon admission due to being on a puree diet and not liking his food and refusing to eat it. resident previously was on hospice services. resident upgraded to mech soft textures, intake has improved to 50-100% meal consumption, family also brings the resident in food which he consumes. resident receives magic cups and mighty shakes TID to provide additional calories and protein. will continue with supplements to support overall nutritional status. goal is to maintain cbw (current body weight) r regain of weight lost, maintain adequate oral intake and restoration of nutritional status. will continue with current plan of care and continue to closley monitor weight and intake.During an interview on 1/12/2026 at 11:58 AM, R19's Family Member (FM) L, who visits R19 almost daily and typically during meals, reports that the ordered magic cup and mighty shake (both nutritional supplements intended to boost protein intake) are not on the resident tray as ordered with every meal. FM L reports the supplements are not on R19's meal tray 75% of the time and he is frustrated by this because R19 has had significant weight loss.During an observation on 1/12/2026 at 12:22 PM, R19 was served a chicken sandwich and cabbage soup, tomato soup, pudding, cottage cheese, yogurt, and canned peaches. A magic cup and mighty shake were not served to R19 at this time. A Meal Ticket placed alongside the meal served to R19 reflected the ordered supplements were to be served to R19. During an observation on 1/13/2026 at 12:21 PM, R19 was observed seated in the dining/activity room with his lunch set before him. The magic cup was present, but the mighty shake was not. Review of the tray ticket showed R19 should have a mighty shake with his meal. During an interview on 1/13/2026 at 12:25 PM, Registered Dietitian (RD)M confirmed the resident did not have his mighty shake but did have his magic cup. Review of the January 2026 MAR-TAR (Medication Administration Record/Treatment Administration Record) shows staff were documenting R19 received the supplements as ordered during the noon meal on 1/12/2026 despite the supplement not being served on the tray. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	01/14/2026 10:23 AM Regional Registered Dietitian (RRD) N reported that based on the observations made with R19 and documentation of having received supplements when he did not was a concern. RRD N reported the kitchen staff need to do a better job of making sure that supplements are placed on meal trays. RRD N said a full audit is needed to improve the meal delivery system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess and monitor ongoing irritation and drainage of a PEG tube (Percutaneous Endoscopic Gastrostomy tube) insertion site for one (R20) of 2 residents reviewed for tube feedings. Findings include:Resident #20 (R20)Review of a Progress note dated 1/6/26 for R20 revealed: Resident red and irritated around peg site, cleansed (with) normal saline and applied skin guard cream and split sponge. Review of a Skin assessment dated [DATE] for R20 revealed no skin concerns.During an observation and an interview on 1/13/26 at 10:52 AM, Licensed Practical Nurse (LPN) V was questioned about the condition of R20's PEG tube (Percutaneous Endoscopic Gastrostomy tubes). At this time LPN V went to change the split gauze covering the abdominal insertion site and the PEG tube bumper (base of the PEG tube before its inserted). The gauze had some reddish clear drainage, and the insertion site was red (about a nickel sized area) and crusted with some clear drainage. LPN V reported she changed it the day before, but it did not have much drainage but did it when she first came on shift. LPN V reported the night shift nurse usually changes the dressing. When questioned about the PEG site, LPN V reported it was concerning and will notify the physician.Review of a Skin assessment dated [DATE] (day after observation) for R20 revealed no skin concerns. Review of the Electronic Medical Record (EMR) revealed no documentation the physician was notified on PEG tube insertion site concern and no follow up Review of a policy titled Tube Feeding- Overview issued 8/9/23 revealed: Feeding tubes (nasogastric, gastrostomy, jejunostomy) will be utilized in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to assess, monitor and treat 1 Resident's (R25) respiratory condition of 1 Resident reviewed for respiratory care.Findings included:Review of R25's admission record dated 1/14/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: muscle wasting and atrophy (waste away), burns involving 10-19% of body surface with 0% to 9% third degree burns and unsteady on feet. R25 was his own responsible party. R25 was observed in bed on 1/13/26 at 12:18 PM. R25's C-PAP machine was on his nightstand. R25 said he does normally use the machine when sleeping to help him breathe, but he can't use it every night. R25 said no one has assisted him with his CPAP or his breathing needs since admission.During an interview with Unit Manager (UM) I on 1/13/26 at 4:00 PM, UM I said R25's hospital discharge summary did indicate that he used a C-PAP machine. UM I said R25 was transferred to the facility on [DATE] but he did not come with a C-PAP machine. UM I called the Respiratory Therapist that was treating R25 at the hospital and obtained the C-PAP settings and treatment information. UM I said she ordered the C-PAP equipment but did not contact the physician or obtain orders for its use. UM I could not locate any medical information that indicated how long R25 had been using a CPAP machine. There were no physician orders for R25 to use the CPAP machine and no respiratory assessments located in R25's facility medical record. No Respiratory Therapist documentation was in R25's facility medical record.Review of the facility CPAP - Continuous Positive Airway Pressure policy dated 9/1/19 revealed, Procedure: Verify physician order for CPAP. Obtain CPAP machine and supplies. (The set up of the settings on the machine or adjustments needed are performed by the Respiratory Therapist of DME (durable medical equipment) company with a physician order. Settings ordered by physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to coordinate care consistent with the professional standards of practice by assessing and monitoring pre and post dialysis treatments, communicating and collaborating with the dialysis facility regarding care and medication reconciliation for one (R56) of 3 residents reviewed for dialysis. Findings include:Resident #56 (R56)Review of a Face Sheet revealed R56 admitted to the facility on [DATE] with pertinent diagnoses of end stage renal disease (ESRD), heart failure, and dependence on renal dialysis. During an interview on 1/12/26 at 10:18 AM, R56 reported she goes to dialysis on Tuesdays, Thursdays, and Saturdays. R56 reported she usually has high potassium and high phosphorus levels. R56 reported she did not recall if she takes a communication form to dialysis or brings any forms back after dialysis. Review of the Electronic Medical Record (EMR) for R56 revealed the last dialysis communication at the time of this survey was 12/30/25. Review of the last few communication forms that were in the EMR dated 12/2/25, 12/9/25, 12/11/25, 12/13/25, 12/20/25, 12/27/25, and 12/30/25 did not have communication information from the Dialysis Center or any indication they had received them. These dates also did not reflect the dialysis visits three times a week in December. During an observation and an interview on 1/13/26 at 11:23 AM, R56 was sitting in her wheelchair getting ready to be transported to dialysis and was complaining of nausea and was lightheaded. Licensed Practical Nurse (LPN) V was getting a communication form with vital signs on it for R56 and reported her blood pressure at this time was 85/45 and her pulse was 60. LPN V reported she did not understand why R56 would get high and low blood pressure medications. There was no documentation in the EMR and no practitioner follow up regarding this incident. It was unclear what R56's baseline blood pressure was. Review of the January Medication Administration/Treatment record for R56 revealed the following orders:-Midodrine HCL (Hydrochloride)/ProAmatine (a blood pressure medication used to treat low blood pressures), 10 mg (milligrams) once a day for hypotension (low blood pressure) to be given at LM (liberal medication pass) 7:00 AM (morning). No blood pressure parameters listed.-Metoprolol Tartrate (a blood pressure medication used to treat high blood pressures), 50 mg twice a day at LM 11:00 AM and LM 7:00 PM for hypertension (high blood pressure). Hold for systolic blood pressure (SBP) <110 or heart rate (HR) <60. No consistent blood pressures were documented at the point of administration.-Amlodipine/Norvasc (a high blood pressure medication), 10 mg once a day at LM 7:00 PM, hold for SBP <110 or HR <60.-Sevelamer HCL/Renagel (a phosphate binder), 800 mg three times a day for (ESRD), scheduled for 8:00 AM, 12:00 PM, and 4:00 PM. Not ordered to be given with meals. During an interview on 1/14/26 at 9:39 AM, the Registered Dietician (RD) M reported she talks to the Dialysis Dieticians all the time and confirmed that Sevelamer should be given with meals. When asked about the scheduled times for administration at 8:00 AM, 12:00 PM, and 4:00 PM verses the scheduled mealtimes at 8:00 AM, 12:00 PM, and 5:00 PM, RD M reported the orders for Sevelamer should be given with meals and will change the administration times and add that it should be given with meals. In an interview on 1/14/26 at 8:48 AM, the Dialysis Registered Nurse (RN) W reported they do not always receive a communication form from the facility, and the facility is to provide a medication list at minimum once a month and if there are any medication changes. After reviewing a few medications with RN W and concerns of unstable blood pressures, it was reported that R56's metoprolol was decreased by the Nephrologist in December to 25 mg a day and the Norvasc to 10 mg daily. RN W reported R56 is to be on Midodrine but is not sure R56 is taking it. R56 has complained to RN W that she gets nauseated at the Nursing Facility and will not get any anti-nausea medications. RN W agreed that low blood pressures can cause nausea too. When questioned about R56's phosphate binders, RN W reported when labs were drawn at dialysis on 1/8/26, her phosphorus level was 6.1 (normal is 1.4-5.1 according to their labs). RN W reported Sevelamer should be given with the first bite of food she takes to ensure the medication binds in the gut with the phosphorus in the food for it to be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	most effective. In an interview on 1/14/26 at 9:39 AM, Unit Manager/LPN I reported the residents who go to dialysis should have a communication form inside a folder in their dialysis bag that is transported back and forth between the facilities. If the Nursing Facility made any medication changes, they would send a new list to dialysis. When questioned about the lack of communication forms in the Electronic Medical Records (EMR) for R56, LPN I reported she was not sure where the missing communication forms were and expected the nurses to call the Dialysis Center if they receive a communication form not completed out on their end. When questioned about the Metoprolol 50 mg LM at 11:00 AM and 7:00 PM, LPN I reported they changed the times because the Dialysis Center did not want R56 to have blood pressure medications before dialysis. LPN I reported they have questioned the blood pressure medications before because R56 would get very hypotensive. When questioned about R56's blood pressure before dialysis the day before not documented in the EMR, LPN I reported it should have been documented and followed up on. LPN I verified there were no progress notes or consistent documentation indicating effective communication with the Dialysis Center and was not aware of any blood pressure medication changes the Dialysis Center reported. No documentation in the EMR to reflect any concerns of varying blood pressures or the potential conflict of blood pressure medications. Review of a Sevelamer medication with the actual administration in real time for R56 revealed several times when R56 received this medication up to an hour before and up to 2 hours after meals would have been served. Review of the Food and Drug Administration Renagel/Sevelamer package insert revealed: Treatment of hyperphosphatemia includes reduction in dietary intake of phosphate, inhibition of intestinal phosphate absorption with phosphate binders, and removal of phosphate with dialysis. Renagel taken with meals has been shown to decrease serum phosphorus concentrations in patients with ESRD who are on hemodialysis. Review of the Dialysis Care Plan for R56 included but not limited to:Administer medications per physician orders.Coordinate dialysis care with dialysis center.No Care plan for blood pressures or high phosphorus levels.Review of a Hemodialysis policy dated 11/15/23 revealed: This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person centered care plan, and the residents goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis.The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice period this will include:-The ongoing assessment of the residence condition in monitoring for complications before and after dialysis treatments received at a certified dialysis facility.-Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services.The facility will coordinate and collaborate with the dialysis facility to assure that:-The resident's needs related to dialysis treatments are met -There is ongoing communication and collaboration for the development and implementation of the dialysis care plan by nursing home and dialysis staff.-The licensed nurse will collaborate with the physician to ensure medications are given per physician orders which may include medications given at the dialysis facility, medications sent with the resident to take while at the dialysis facility, adjustment of medication times on dialysis days, medications held on dialysis days, etc.-The licensed nurse will complete the hemodialysis communication form and send with the resident to dialysis. The dialysis facility will complete their portion of the assessment and return it to the facility with the resident. Upon return the licensed nurse will review the form and upload it to the documents tab in PCC.-If the resident has a significant change in condition which may impact the dialysis portion of their plan of care will notify the physician, dialysis facility, and/or nephrologist. This may include, but is not limited to: . Dizziness . Significant hypotension.The residence comprehensive care plan will include:-Dialysis Centers name, address and phone number, days of the week, appointment times, and transportation information.-Monitoring for risk factors in managing complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to offer and provide Influenza and Pneumococcal Immunizations to 1 Resident (R54) of 5 Residents sampled for Immunizations.Findings included:Review of R54's admission record dated 1/12/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: Hydrocephalus (fluid on the brain), Diabetes insipidus (disease which causes increase secretion response of the pituitary hormone resulting in increased diluted urine), dysphagia (difficulty swallowing) and communication deficit. R54 was not his own responsible party.Review of R54's electronic medical record revealed no request for consent for vaccinations, no orders for vaccinations and no vaccination records.During an interview with the facility Infection Preventionist (IP) A on 1/13/26 at 1:40 PM R 54's) Electronic Medical Record was reviewed. IP A said she did not review R54's vaccination records and get consent forms to his responsible party for vaccinations since she had been off work for a few weeks. IP A confirmed vaccination records are to be reviewed on admission and consent should be attempted on admission for vaccinations. IP A acknowledged they had recently admitted Residents that were positive for Influenza.Review of the facility, Vaccination - Pneumococcal Vaccine Policy, dated 10-13-23 revealed, Upon admission residents will be evaluated for eligibility to receive pneumococcal vaccine series.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to offer and provide a COVID-19 Vaccination to 1 Resident (R54) of 5 Residents sampled for COVID-19 Vaccinations.Based on interview and record review the facility failed to offer and provide a COVID-19 Vaccination to 1 Resident (R54) of 5 Residents sampled for COVID-19 Vaccinations.Findings included:Review of R54's admission record dated 1/12/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and had diagnoses that included: Hydrocephalus (fluid on the brain), Diabetes insipidus (disease which causes increase secretion response of the pituitary hormone resulting in increased diluted urine), dysphagia (difficulty swallowing) and communication deficit. R54 was not his own responsible party.Review of R54's electronic medical record revealed no request for consent for COVID-19 vaccinations, no orders for COVID-19 vaccinations and no vaccination records were located.During an interview with the facility Infection Preventionist (IP) A on 1/13/26 at 1:40 PM R 54's Electronic Medical Record was reviewed. IP A said she did not review R54's vaccination records and get consent forms to his responsible party for R54's COVID vaccinations since she had been off work for a few weeks. IP A confirmed vaccination records are to be reviewed on admission and consent should be attempted on admission for vaccinations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235004	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Muskegon	1061 West Hackley Avenue Muskegon, MI 49441

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview and record review, the facility failed to ensure surveys conducted by Federal or State surveyors and any plan of corrections in effect for the past 3 years was readily accessible to residents, family members and legal representatives of residents.Findings include:On 1/14/26 at 11:35 AM, a survey binder was observed located near the front door and did not have any Federal or State Surveys for the year 2025. In an interview on 1/14/25 at 1:58 PM, the Regional Nurse Consultant (RNC) reported the survey binder should have the last 3 years of surveys in it and acknowledged they were not in there.