

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Optalis Health & Rehabilitation of Ionia		STREET ADDRESS, CITY, STATE, ZIP CODE 814 East Lincoln Avenue Ionia, MI 48846	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a homelike environment for 11 rooms of 11 rooms reviewed for cleanliness and maintain comfortable temperatures in the Memory Care Unit. Findings include: On 03/23/2026 at 2:43PM, observed a temperature difference between the hallway and the spa room on the Memory Care Unit. The spa room felt cooler than the hallway and temperature readings were taken to determine temperature of the room. An air temperature was taken using a rapid read digital thermometer, temperature read 69F. A separate temperature was taken using an infrared thermometer off the tile wall, temperature was 64F. Maintenance Director (MD) L said that 69F seemed cool for a shower room. MD L indicated that there were heating fixtures on the walls in the spa room that could be turned on for additional heat. Equipment was not turned on at time of observation.</p> <p>On 03/23/2026 at 2:45PM observed temperature in hallway of the Memory Care Unit, was at 70F. Temperature was taken using an infrared thermometer, next to the entrance to the Spa room. MD L stated the thermostat on the wall by the nurses' station controlled the temperature for the Memory Care unit</p> <p>On 03/23/2026 at 2:46PM, observed the thermostat was set at 71F.</p> <p>During an observation on 3/23/26 at 9:33 AM, the initial tour of the facility revealed rooms 31-42 (11 rooms total) had dirty floors with debris and a heap of caked on dirt that outlined the floor tiles and scattered caked on dirt that was not easily removable.</p> <p>During an Observation and an interview on 3/24/26 at 12:48 PM, Housekeeper (HK) I reported the floors were hard to clean but they do sweep and mop the floors. HK I reported the floor buffer machine has not been used for at least 6 months. At this time, we entered room [ROOM NUMBER] and HK I verified the flooring had a caked-on dirt outlining the tiles and reported it just didn't come off the floor.</p> <p>During an observation and an interview on 3/24/26 at 12:56 PM, HK J reported rooms 31-42 looked dirty because they were sealed and waxed without stripping the floors first and now the dirt will not come up off the floors. At this time a paper towel was used to try to wipe away the heaped-up dirt in the cracks of the tile and the scattered dirt caked on top of the tile without success. The bathroom lighting fixture had 3 bugs trapped in the fixture, the toilet had a sealant around the base that was cracked and peeling.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>This citation pertains to intake 2634030. Past Non-Compliance was determined appropriate by the state agency for this citation. Plan outlined below. Based on interview, and record review, the facility failed to prevent misappropriation of money for 1 (R34) of 2 residents reviewed for misappropriation. Findings include: Review of a Face Sheet revealed R34 had pertinent diagnoses of major depressive disorder, diabetes, and heart failure. Review of the Care Plan for R34 revealed the resident had behaviors of making false accusations against staff or family and at times can be delusional and confabulates if she does not recall events or remembers where she puts stuff. Review of a Facility Reported Incident (FRI) submitted to the State Agency (SA) on 9/22/25 when an allegation regarding Activities Aide (AA) K took \$135.00 from R34. Review of a Concern Form dated 9/19/25 at 7:45 PM revealed the daughter reported to staff that AA K took \$143 dollars from R34 earlier in the week. AA K was to take the money to buy R34 a phone and then used it for her daughter's birthday instead. R34 and her daughter were very upset. Review of a written Statement dated 9/20/25 from AA K revealed: This is what you gave me \$135.00; I got 140 in here. Your daughter said I'm stealing it when you offered to help with my daughter party. I'm no thief. I'm quitting after I give you the money. I thought we were on same page. In an interview on 3/24/26 at 1:30 PM, R34 reported she remembered when AA K took her money from her but did not recall getting the money back. During an interview on 3/25/26 at 11:40 PM, Social Worker (SW) D assisted with reaching out to R34's daughter who was with R34 and able to witness when AA K gave \$140.00 back to R34. In an interview on 3/25/26 at 12:32 PM, the Nursing Home Administrator (NHA) reported during her investigation R34 did receive her money back and AA K quit her job and did not come back to work at the facility. Review of the Abuse policy last updated 5/24/23 revealed: Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. On 3/25/26 the surveyor verified the following interventions were put into place and were effective in bringing the facility into compliance: -Facility policy and procedures for abuse were reviewed.-All staff were educated on the facility policy for misappropriation and taking money from residents.-All residents affected and/or potentially affected were assessed and no negative outcomes were noted.-The NHA conducted weekly audits after the incident to ensure compliance and no concerns were noted.-During this survey, this surveyor reviewed documentation, conducted interviews, and made observations that the preceding interventions were completed prior to the survey and no continuing issues related to this citation were noted. A determination of past non-compliance was approved by the State Agency as of 9/22/25.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>This citation pertains to intake 2634030. Past Non-Compliance was determined appropriate by the state agency for this citation. Plan outlined below. Based on interview and record review, the facility failed to follow policies and procedures to report misappropriation of resident money for 1 (R34) of two residents reviewed for misappropriation. Findings include: Review of a Facility Reported Incident (FRI) submitted to the State Agency (SA) on 9/22/25 when an allegation regarding Activities Aide (AA) K took \$135.00 from R34. Review of a Concern Form dated 9/19/25 at 7:45 PM revealed the daughter reported to staff that AA K took \$143 dollars from R34 earlier in the week. AA K was to take the money to buy R34 a phone and then used it for her daughter's birthday instead. R34 and her daughter were very upset. In an interview on 3/25/26 at 12:32 PM, the Nursing Home Administrator (NHA) reported any abuse including misappropriation should have been reported immediately and she did report it on 9/22/25 when she was notified of the incident. The NHA verified the incident was reported to staff on 9/19/25. Review of the Abuse policy last updated 5/24/23 revealed: Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. PROTECTION: . Any allegation of abuse must be immediately reported to the supervisor and the Abuse Prevention Coordinator. INITIAL REPORTING: The facility will ensure that all allegations involving abuse, neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property, and crimes are reported immediately to the Administrator and: . Reported to the State Survey Agency no later than 24 hours if the allegation does not involve abuse and does not result in serious bodily injury . On 3/25/26 the surveyor verified the following interventions were put into place and were effective in bringing the facility into compliance: - Facility policy and procedures for abuse were reviewed.- All staff were educated on the facility policy for abuse and when to report allegations to the NHA. -All residents affected and/or potentially affected were assessed and no negative outcomes were noted.-The NHA verified there were no other allegations/incidents that were reported late to ensure compliance. -During this survey, this surveyor reviewed documentation, conducted interviews, and made observations that the preceding interventions were completed prior to the survey and no continuing issues related to this citation were noted. A determination of past non-compliance was approved by the State Agency as of 1/27/26.</p>		