

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide adequate notice of non-coverage and maintain documentation for two residents (Resident #33 and Resident #78) of 3 residents. Findings include: R33 Review of a Face Sheet revealed R33 admitted to the facility on [DATE] with pertinent diagnosis which include Cerebral Infarction (blocked blood flow to the brain), hypertension, and heart failure. Review of R33's admission Evaluation Assessment dated 3/5/26 revealed R33's discharge goal was to discharge to prior living setting. Review of R33's Social Work progress note dated 3/12/26 revealed her discharge plan was to return home alone. Further review of R33's progress notes dated 3/13/26 revealed the social worker spoke with R33 and her discharge was confirmed for 3/18/26. Review of R33's Discharge Summary dated 3/17/26 revealed R33 had worked with PT/OT (Physical Therapy and Occupational Therapy) and met goals to return home with family support and was stable to discharge. Review of R33's Weekly Medicare Note dated 3/17/26 revealed R33 had progressed well and would be discharged home on 3/18/26. Review of a Beneficiary Notification Review for R33 provided by the Nursing Home Administrator (NHA) on 3/25/25 revealed a Notice of Medicare Non-coverage (NOMNC) was not provided to R33 at the end of her Medicare A coverage. In an interview on 3/25/26 at 10:00 AM the Director of Therapy (DT) F reported that the facility had a weekly Medicare meeting in which planned discharges were discussed and when residents would be cut (when a resident reached goals and no longer skilled to utilize Medicare A) from therapy. DT F reported that R33 had obtained the goals that were planned and R33 was killing her goals before she was discharged home. DT F reported that therapy should have initiated a NOMNC for the end of therapy. R78 Review of a Face Sheet revealed R78 admitted to the facility on [DATE] with pertinent diagnosis which included heart failure, acute respiratory failure, and malnutrition. Review of R78's admission Evaluation Assessment dated 9/10/25 revealed discharge goal was to discharge to prior living setting. Review of R78's Weekly Medicare Note dated 9/16/25 revealed her goal was to discharge home with daughter and resident had made functional gains with therapy. Review of R78's Weekly Medicare Note dated 9/23/25 revealed her goal remained to discharge home with daughter and she continued to make functional gains with therapy. Review of R78's Weekly Medicare Note dated 9/30/25 revealed she continued to make functional gains. Discharge plan was to transfer home with granddaughter and therapy noted resident had ambulated 60 ft with a 2 wheeled walker and minimal assistance with a potential LCD (last covered day) being 10/9/25 with a discharge on [DATE]. Review of R78's Weekly Medicare Note dated 10/7/25 revealed her plan was to discharge home with granddaughter on 10/10/25 with LCD 10/9/25. Review of R78's Discharge Summary dated 10/9/25 revealed she had worked with PT and met goals to return home with family support and that resident was stable for discharge. Review of a Beneficiary Notification Review for R78 provided by the Nursing Home Administrator (NHA) revealed a NOMNC was not provided to R78 at the end of her (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
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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medicare A coverage. In an interview on 3/25/26 at 10:00 AM Director of Therapy (DT) F reported that the facility had a weekly Medicare meeting in which planned discharges were discussed and when residents would be cut (when a resident reached goals and no longer skilled to utilize Medicare A) from therapy. DT F reported that R78 had obtained the goals that were planned. DT F reported that therapy should have initiated a NOMNC for the end of therapy. In an interview on 3/25/26 at 10:30 AM Social Service Director (SSD) D reported that the facility held a weekly Medicare meeting in which residents receiving Medicare A benefits are discussed along with discharge date s and equipment, home health and other equipment a resident may need after discharge. SSD D stated that R33 and R78 did not have a NOMNC provided to them. Review of a NOMNC form CMS-10123 revealed Skilled nursing facilities must provide the notice when all Medicare-covered skilled services end. This protocol is intended to evaluate a nursing home's compliance with the requirements to notify Medicare beneficiaries when the provider determines that Medicare Part A coverage is ending or when services may no longer be covered.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **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. 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 On 03/23/2026 at 2:46PM, observed the thermostat was set at 71F. 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. 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. 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.		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 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.		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 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.		

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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 ensure safe transfer practices for 1 resident (R94) of 3 residents reviewed for accidents and falls. Findings include: Review of a Face Sheet revealed R94 admitted to the facility on [DATE] with pertinent diagnoses which included dementia, difficulty walking, and lack of coordination. Review of a current activities of daily living Care Plan intervention for R94, initiated 3/21/2026, directed staff that R94 required physical assistance of one staff member and a gait belt for transfers and ambulation. During an observation and interview on 3/23/2026 at 11:20 AM in R94's room, R94 ambulated into her bathroom using her walker without the assistance of staff. Competency Evaluated Nursing Assistant (CENA) B observed R94 ambulating without assistance and walked her the rest of the way into the bathroom without using a gait belt. CENA B stayed with R94 in the bathroom and then assisted her back to bed after toileting without using a gait belt. CENA B stood behind R94 as she walked and was not holding onto R94 in any way. After exiting the room, CENA B reported R94 required the assistance of 1 staff and a gait belt for ambulation. CENA B reported she was unable to find a gait belt in the room and did not have a gait belt on her person to use. During an interview on 3/25/2026 at 12:44 AM, the Director of Nursing (DON) reported staff were required to use gait belts to assist residents that require assistance with ambulation. The DON reported gait belts should be in the room. The DON reported that if staff find themselves in a bathroom with a resident without a gait belt in reach, they could pull the call light to gain assistance from other staff in finding a gait belt to use during the transfer. Review of facility policy/procedure Gait Belt Use, reviewed 2/3/2026, revealed .To maintain a safe working environment, gait belts shall be used when transferring/lifting and walking a resident, unless otherwise indicated. It is recommended that a gait belt be worn by the resident during manual staff assisted transfers, lifting, and ambulating a resident.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 1) maintain proper enhanced barrier precautions for two residents (R14 and R41) of 5 residents reviewed and 2) fully implement a water management plan. Findings include: On 03/23/2026 at 2:50PM, observed two water lines, 6 inches out from the wall surface, that are not in use coming out of the wall, under the dirty dish table. The water lines were capped; one had a faucet handle on it and the other had the hardware to place a faucet handle on the line. Maintenance Director (MD) L was asked the status of the water lines; MD L stated that the lines were not currently on the flushing schedule and was unsure if the lines had access to water. On 03/24/2026 at 8:22AM, MD L, states the capped water lines under the dirty dish table, do have access to water. MD L removed the cap and used the faucet handle to turn on the line and water was observed coming out of the line. Record review of the undated Water Management Program Policy states an annual review and risk assessment will take place. R14 During an observation on 3/23/26 at 10:30 AM, Competency Evaluated Nursing Assistant (CENA) E and Hospice Competency Evaluated Nursing Assistant (CENA) G entered room [ROOM NUMBER] bed 1 to complete a transfer with R14. CENA E did not don (put on) gloves or a gown. CENA G donned gloves but no gown. The two staff members proceeded to transfer R14 using a lift into her chair. CENA E then donned gloves and emptied R14's foley catheter cleansing the tip with an alcohol pad. CENA E then sanitized her hands. CENA G returned to room [ROOM NUMBER] bed 1 and made R14's bed without donning a gown or gloves. In an interview on 3/23/26 at 10:40 AM, CENA E reported that the Enhanced Barrier Precautions sign on 30 bed 1's door meant she should have been wearing a mask during care. CENA stated that almost all the resident's doors have these signs and she was unsure why. When asked if CENA E received education regarding Enhanced Barrier Precautions she stated no. In an interview on 3/23/26 at 10:41 AM, Hospice CENA G reported that he did not realize what the sign was for. Hospice CENA G was asked if he received education related to Enhanced Barrier Precautions and he stated no. Review of Active Orders on 3/23/26 revealed R14 had orders for Enhanced Barrier Precautions related to an indwelling catheter. During an observation on 3/24/26 at 8:24 AM CENA C and CENA H entered room [ROOM NUMBER] bed 1 to complete a transfer using a lift. CENA C and CENA H donned gloves but no gown. Transfer for R41 was completed and the two staff exited the room after using sanitizer on their hands. In an interview on 3/24/26 at 8:30 AM CENA C stated that the sign on the door meant to gown up just with catheter care for R41. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/24/26 at 8:31 AM CENA H stated that the sign on the door meant to gown up just with catheter care for R41. Review of Active Orders on 3/24/26 revealed R41 had orders for Enhanced Barrier Precautions related to an indwelling catheter. Review of Enhanced Barrier Precautions posting on R14 and R41's door revealed staff were required to don gloves and a gown for high contact resident care activities including dressing, bathing, showering, transferring, changing linens, providing hygiene, changing briefs, and catheter care. In an interview on 3/24/26 at 10:00 AM the Director of Nursing (DON) reported that her expectation for staff would be to follow the Enhanced Barrier Precautions policy. Review of facility policy Enhanced Barrier Precautions revised 2/6/26 revealed that Enhanced barrier precautions required gown and glove use during high-contact resident activities.		