| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0567<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to manage his or her financial affairs.<br><br>(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 |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0567<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Based on interview and record review the facility failed to ensure residents' personal funds held by the facility were accessible to residents for 40 residents in the facility, including 3 (Residents #110, 104, and 114) out of the total facility census of 111 resulting in frustration and being upset without access to their money and the inability to make personal purchases.Findings include:Resident #110:During an interview on 8/6/25 at 9:48 AM, Resident #110 was visibly frustrated and upset as he reported he hasn't had access to his personal funds (money) held by the facility since the new company took over (The new ownership took over the facility on 7/1/25). Resident #110 reported that when he tried to access his money since the ownership switched, he was unable to receive his money. Resident #110 reported he wanted his money and didn't like knowing someone else had it and he couldn't access it.During an interview on 8/6/25 at 10:10 AM, Administrator in Training C confirmed residents didn't currently have access to their facility held money and the new company took over the building on 7/1/25.During an interview on 8/6/25 at 10:48 AM, Business Office Manager (BOM) G confirmed it has been about 2 weeks that residents haven't had access to petty cash and there was a check with 40 residents' facility held money that hadn't been transferred from the old ownership to the new ownership so the residents with funds held by the facility weren't accessible. BOM G reported the facility ran out of their own facility petty cash to cover resident fund requests the week of 7/7/25-7/11/25. BOM G confirmed since that week of 7/7/25-7/11/25 residents had been unable to access their personal funds or the ability to receive money from the facility. BOM G confirmed Resident #110 had no access to his money at that time and there was no current way to get residents money when they requested it from their personal money accounts held by the facility. BOM G confirmed the residents' fund check hadn't been cashed yet, resulting in residents being unable to access their funds. BOM G had confirmed the check hadn't been signed and/or cashed. During an interview on 8/6/25 at 4:06 PM, Business Office Manager G confirmed two grievances were filed regarding not being able to access their facility held funds for Residents #104 and #114.Review of the facility check, that hadn't been signed and/or cashed, (Resident funds; made out from the previous facility owner to the newer/current facility owner (Became the new owner starting oon 7/1/25) for $21,594.90)), dated 7/22/25, indicated 40 residents had varying levels of personal funds in their accounts. The check stated, .RESIDENT PETTY CASH ACCOUNT.Memo.TO CLOSE ACCOUNT. Resident #110 was noted to have $37.05 in his account as part of this $21,594.90 check.Resident #104: Review of Resident #104's Grievance and Satisfaction Form, dated 8/4/25, stated, Describe Grievance.Wants money - states he needs some things.Resident #114:Review of Resident #114's Grievance and Satisfaction Form, dated 8/4/25, stated, Describe Grievance.Upset that it is the 4th of the month and still does not have access to money.Review of the facility check, dated 7/22/25, Resident #114 was noted to have $92.24 in her account as part of this $21,594.90 check.Review of the facility's email correspondence between Business Office Manager G and corporate revenue staff regarding resident personal funds, dated 8/6/25, indicated the residents (The 40 residents listed on the check noted above) still didn't have their personal funds accessible to them that the facility held. Review of the Resident Trust Fund (Residents' personal fund accounts), revised 7/5/2024, stated, It is the policy of this facility to establish and maintain a system that ensures separate and complete accounting of residents' personal funds that are entrusted to the facility.When a resident requests a withdrawal from his/her Resident Trust Fund during posted hours, the funds should be distributed within a reasonable timeframe. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>This citation pertains to intake # 2568025.Based on interview, and record review, the facility failed to notify family of a change in resident condition requiring hospitalization in 1 of 3 residents (Resident #107) reviewed for notification of changes, resulting in family being unaware of a resident's decline with resulting hospitalization and the potential for emotional distress.Findings include:In an interview on 8/5/25 at 3:08 PM, Family Member Z reported Resident #107 was sent to the hospital on 7/18/25 due to difficulty breathing. Family Member Z reported she was the one to receive phone calls/notifications when changes occurred, but that day no one from the facility contacted her to inform her of Resident #107's change in condition or hospital transfer. Family Member Z reported she first became aware of Resident #107's condition when the hospital Social Worker called her to inform her that Resident #107 was unresponsive. Family Member Z stated .I never got a chance to speak to her (Resident #107) again .Resident #107Review of an admission Record revealed Resident #107 was a female, with pertinent diagnoses which included kidney disease, diabetes, and high blood pressure.Review of an Acute Care Transfer note for Resident #107, dated 7/18/25 at 7:18 AM, revealed .Observations and Assessment (Reason for Transfer) .Altered mental status, SOB (shortness of breath) .Patient/Representative Notification .self .Review of a Transfer Form for Resident #107, dated 7/18/25 at 7:31 AM, revealed .Resident Representative .(Family Member Z) .Contact Type . Emergency Contact .Notified of Transfer .No .In an interview on 8/6/25 at 3:36 PM, Licensed Practical Nurse (LPN) P reported she was the nurse who sent Resident #107 to the hospital on 7/18/25. LPN P reported Resident #107 complained that morning of not feeling well. LPN P stated, Her vitals were fine, but she wasn't looking like herself . LPN P reported the on-call was notified and orders were obtained to send Resident #107 to the hospital for further evaluation. LPN P reported when EMS (Emergency Medical Services) left with Resident #107, she was alert and responding. LPN P reported she did not contact Resident #107's emergency contact (Family Member Z) when Resident #107 was transferred to the hospital because .she was alert and able to call her own family and let them know what was going on .In an interview on 8/7/25 at 1:54 PM, Interim Agency Director of Nursing (DON) B reported in the event of a hospital transfer, a resident's family/emergency contact should be notified even if the resident is their own person.Review of the policy/procedure Change in Condition Notification, dated 8/9/23, revealed .It is the policy of the facility to notify the resident, his or her attending physician/practitioner, and the resident's designated representative of changes in the resident's medical/mental condition and/or status .The nurse will notify the resident, the resident's physician/practitioner, and the resident's designated representative when there is .A significant change in the resident's physical, mental, or psychosocial status, such as deterioration which includes life-threatening conditions or clinical complications .A need to transfer or discharge the resident from the facility . |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>This citation pertains to intake # 1214940 & 2567893.Based on interview, and record review, the facility failed to protect the residents' right to be free from sexual and verbal abuse by a resident in 5 of 6 residents (Resident #101, #102, #104, #103 & #105) reviewed for abuse prevention, resulting in multiple instances of resident-to-resident sexual abuse, verbal abuse, and the potential for emotional distress.Findings include:In an interview on 8/5/23 at 10:53 AM, Confidential Informant (CI) GG reported there was an incident involving potential resident-to-resident sexual abuse at the facility in July where a male resident (Resident #104) kissed two female residents (Resident #101 & #102) who were unable to consent due to cognitive impairment.<br><br>Resident #101<br><br>Review of an admission Record revealed Resident #101 was a female, with pertinent diagnoses which included schizoaffective disorder, depressive type, dementia, and insomnia. Noted Resident #101 was not her own responsible party.<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 6/17/25, revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated severe cognitive impairment.<br><br>Review of a current Care Plan for Resident #101 revealed the focus Resident is at risk for changes in mood d/t (due to) a dx (diagnosis) of schizoaffective disorder and dementia. (Resident #101) has a history of hallucinating people in her room, paranoia and delusion that others are out to harm her . initiated 8/23/22.<br><br>Review of a current Care Plan for Resident #101 revealed the focus (Resident #101) is at risk for having behaviors d/t a dx of unspecified dementia without behavior disturbances . with interventions which included Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed . initiated 8/25/22.<br><br>Review of a Social Work note for Resident #101, dated 7/7/25 at 1:16 PM, revealed SSD (Social Services Director) provided a supportive visit to this resident following an incident with another resident. (Resident #101) stated she did not have any concerns and didn't care about the other resident kissing her. SSD asked (Resident #101) to inform her if that changed, (Resident #101) agreed. SSD asked if she had any other concerns at this time and the resident did not .<br><br>Review of a Social Work note for Resident #101, dated 7/8/25 at 8:07 AM, revealed SSD provided follow-up psychosocial visit following recent incident. SSD asked resident how she is doing today, resident responded I am just fine today, look at my hair. SSD and resident discussed preferred hairstyles, resident preferred the style she did today to others. SSD asked if resident recalled events that occurred yesterday and resident responded, oh well the lunch was no good, so I had grilled cheese. SSD asked if anything else occurred and resident stated, not that I can think of. Resident was smiling and rolling through the building. SSD informed her to let SSD know if she needs anything. Resident stated she would .<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | No incident/accident report noted for Resident #101 involving a resident-to-resident incident on 7/7/25.<br><br>Resident #102<br><br>Review of an admission Record revealed Resident #102 was a female, with pertinent diagnoses which included dementia with behavioral disturbance, depression, anxiety, history of stroke, and mild cognitive impairment. Noted Resident #102 was not her own responsible party.<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 8/1/25, revealed a Brief Interview for Mental Status (BIMS) score of 9, out of a total possible score of 15, which indicated moderate cognitive impairment.<br><br>Review of a current Care Plan for Resident #102 revealed the focus De-escalation preference assessment completed . with interventions which included (Resident #102) identified the following de-escalation preferences: female only staff . initiated 6/13/25.<br><br>Review of a current Care Plan for Resident #102 revealed the focus (Resident #102) is at risk for changes in mood r/t (related to) a dx (diagnosis) of adjustment disorder with mixed anxiety and depression. Resident declined trauma screening but it is likely she has experienced trauma based on information noted over time. Resident is a female only caregiver . initiated 7/16/25.<br><br>Review of a Social Work note for Resident #102, dated 7/7/25 at 1:20 PM, revealed SSD (Social Services Director) provided a supportive visit to (Resident #102) following incident with another resident. SSD asked (Resident #102) how her day has been, and she stated it was good. SSD asked if anything had happened today and she said no, I am just tired. SSD asked if resident had any abnormal interactions with other residents and resident stated she did not. Resident did not appear to remember incident of another resident kissing her. (Resident #102) has a trauma history so staff should continue to monitor for changes in behavior .<br><br>No incident/accident report noted for Resident #102 involving a resident-to-resident incident on 7/7/25.<br><br>Resident #104<br><br>Review of an admission Record revealed Resident #104 was a male, with pertinent diagnoses which included social pragmatic communication disorder (communication disorder characterized by persistent difficulties in the social use of verbal and nonverbal communication), schizoaffective disorder, bipolar type, and cognitive communication deficit (communication difficulties arising from impairments in cognitive functions).<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 6/19/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated he was cognitively intact. Noted this assessment indicated Resident #104 had cognitive symptoms including inattention and disorganized thinking, along with physical/verbal behavioral symptoms directed towards others.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a current Care Plan for Resident #104 revealed the focus (Resident #104) has been diagnosed with a CVA (stroke) which likely impacts his cognition. According to Psychiatry notes from (Hospital Name) in 2008, there is suspect that resident has possible pervasive developmental disorder or intellectual disability. (Resident #104) has also been diagnosed with medication induced Parkinsonism and Schizoaffective Disorder, Bipolar Type .Cognition can lead to resident misunderstanding social cues including facial expressions of others. De-escalation tools should be used when able to in order to decrease these behaviors . with interventions which included Be conscious of resident position when in groups, activities, dining room to promote proper communication with others . initiated 3/26/25.<br><br>Review of a current Care Plan for Resident #104 revealed the focus Per (Resident #104's) former SNF (Skilled Nursing Facility) .he has a history of yelling out when voicing needs or needing assistance. He is at risk for fluctuations in mood related to diagnosis of schizoaffective disorder; Bipolar Type, Parkinson's Disease as well as history of TIA (Transient Ischemic Attack)/CVA. (Resident #104) is prescribed psychotropic medication on a routine basis. (Resident #104) used to live at an AFC (Adult [NAME] Care) Home .but per his Guardian exceeded their level of care and required SNF placement. Resident reportedly struggled with verbal outbursts and boundary issues in this setting . with interventions which included Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed . initiated 3/26/25.<br><br>Review of a current Care Plan for Resident #104 revealed the focus (Resident #104) was historically able to engage in formal relationships within the facility. His Guardian had approved of his relationship with a female peer at the facility and requested that their relationship remain appropriate (approval to hold hands and kiss). However as of 7.7.25 (Resident #104's) guardian revoked consent for relationship due to (Resident #104's) behavior towards others. (Resident #104) continues to struggle (with) boundaries r/t (related to) his ex-partner as well as other residents in the facility. This has included touching others to heal them, kissing without consent, invading personal space, and now punching them . with interventions which included Encourage (Resident #104) to make appropriate choices when showing affection to others. Model/explain these appropriate alternatives .Notify his Guardian and IDT (Interdisciplinary Team) .of any concerns or potentially inappropriate behavior observed within the (facility) . initiated 5/7/25.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a Social Work note for Resident #104, dated 7/7/25 at 3:30 PM, revealed SSD (Social Services Director) received notice that this resident had kissed two other residents who both cannot legally consent. SSD provided follow-up psychosocial visit. The resident was sitting on the edge of the bed with his head down. SSD asked the (resident) to explain what happened. Resident stated the “nurses are against me for no reason.” SSD asked for a further explanation, and he stated that they just made a “big deal” about something and made him feel bad. SSD asked resident to be more direct about what occurred. Resident stated he kissed two other residents that he “shouldn’t have. ” SSD asked if the nurses separated them for no reason or if there is a reason they did so. Resident responded, “there was a reason.” SSD explained that what occurred was sexual assault and guardians would be notified of what occurred. Resident stated he was “showing appreciation to them. ” SSD explained that it was not appropriate and discussed appropriate ways to show appreciation. SSD asked resident to tell her what was not appropriate about his actions. Resident responded saying “kissing other people.” SSD asked if the nurses were worried for no reason or if resident felt embarrassed and lashed out, resident stated he “was embarrassed” and “knows better. ” SSD reminded (Resident #104) he starts his relationships/consent course tomorrow where he can learn more about these things, but in the meantime, he needs to respect other people's boundaries . Noted that this Social Work note was struck out the following day (7/8/25) as a Data Entry Error.<br><br>No incident/accident report noted for Resident #104 involving a resident-to-resident incidents on 7/7/25.<br><br>In an interview on 8/6/25 at 11:38 AM, Licensed Practical Nurse (LPN) M reported she witnessed Resident #104 kiss Resident #101 on the lips in the hallway near the nurses' desk. LPN M stated Resident #101 .was in shock . and did not respond when the incident occurred. LPN M reported she immediately notified Administrator A of the potential incident of resident-to-resident abuse. LPN M stated, Not even a half hour later (Resident #104) kissed (Resident #102) in the dining room . LPN M reported Administrator A was notified of this potential abuse situation as well, and stated We have to report abuse right away . LPN M reported the nursing staff involved asked Administrator A how he wanted them to chart the incidents, and he said he would handle it.<br><br>In an interview on 8/6/25 at 2:42 PM, Social Worker X reported she went to speak with Resident #104 after she was notified of the resident-to-resident incidents on 7/7/25. Social Worker X reported the kissing incidents involving Resident #104 were potential abuse allegations, and Administrator A was aware. Social Worker X reported Administrator A was unhappy with her progress note that mentioned sexual assault. Social Worker X reported the two women involved (Resident #101 and Resident #102) could not consent, therefore the resident-to-resident incidents on 7/7/25 were potential sexual abuse situations. Social Worker X reported she was particularly concerned for Resident #102, due to her past history of abuse and preference for no male caregivers. Social Worker X stated, Something like what happened could have really been a trigger for some additional behaviors for her (Resident #102) .<br><br>In an interview on 8/7/25 at 10:54 AM, Physician Assistant (PA) Y reported they observed the resident-to-resident incident between Resident #101 and Resident #104 on 7/7/25. PA Y reported Resident #101 was self-propelling in her wheelchair near the Station 2 nursing desk when Resident #104 walked up to her and kissed her on the mouth. PA Y stated, (Resident #101) didn't have much reaction . PA Y reported prior to the incident, Resident #101 did not interact or initiate any contact with Resident #104, and stated, She was keeping to herself when it happened . PA Y reported LPN M acknowledged the incident, and Resident #104 stopped what he was doing and walked away.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 8/7/25 at 11:25 AM, Certified Nursing Assistant (CNA) H reported they witnessed the resident-to-resident incident between Resident #102 and Resident #104 in the dining room on 7/7/25. CNA H reported Resident #104 was rubbing Resident #102's arm, then started kissing up her arm. CNA H reported the residents were separated immediately. CNA H recalled another incident involving Resident #103 and stated, I called the abuse coordinator (Administrator A) on that one because she (Resident #103) was really offended and didn't want to go eat in the dining room anymore . CNA H stated, First (Resident #101), then (Resident #102), then (Resident #103). If you don't do anything he's going to keep doing it . CNA H reported the three resident-to-resident incidents were all potential abuse situations.<br><br>In an interview on 8/7/25 at 2:58 PM, Administrator A reported the resident-to-resident incidents involving Resident #101, #102, and #104 were witnessed by staff on 7/7/25. Administrator A reported the residents had no negative outcome and stated, Eyewitnesses said not only were they fine with it, they reached up and hugged and kissed (Resident #104) back . Administrator A reported he assessed the residents himself for emotional distress or any anxiety/trauma response. Administrator A stated, If there is an injury or trauma response you need to report (to the State Agency). In this situation it was eye-witnessed as this being welcome contact .(which was) received warmly with benefit to psychosocial health . therefore, the incidents were not reported to the State Agency. Note none of the interviews completed with staff who witnessed the resident-to-resident incidents on 7/7/25 indicate that the alleged victims (Resident #101 & Resident #102) were welcoming of the contact.<br><br>Review of the policy/procedure Abuse, dated 5/24/23, revealed Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property .The facility will develop and implement written policies and procedures that include .Prohibiting, Preventing, and Identifying abuse, neglect, mistreatment, exploitation, and misappropriation of resident property .Investigating allegations of abuse, neglect, misappropriation, mistreatment, and exploitation to include protecting residents during the investigation, and taking necessary actions as a result of the investigation .Prevention consists of facility systems designed to detect, identify, correct, and prevent the occurrence of abuse .The facility’s procedures include .Establishing a safe environment that supports, to the extent possible, a resident’s consensual sexual relationship and by establishing policies and protocols for preventing sexual abuse, such as how to identify the when, how, and by whom determinations of capacity to consent to a sexual contact will be made and where this documentation will be recorded; and the resident’s right to establish a relationship with another individual, which may include the development of or the presence of an ongoing sexually intimate relationship .Completing ongoing assessments and care planning for appropriate interventions, and monitoring of residents with behaviors, including but not limited to .Sexually aggressive behavior (inappropriate touching, grabbing, saying sexual things, etc.) .Any allegation of abuse must be immediately reported to the supervisor and the Abuse Prevention Coordinator. The Administrator initiates investigating any allegation of abuse against a patient .The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Examples include but are not limited to .Providing a safe and secure environment for all patients .If a resident is the alleged perpetrator, the facility will ensure other residents are protected as determined by the circumstances, which may include but are not limited to resident room changes, increased supervision, or immediate transfer or discharge, if indicated .<br><br>Resident #103:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #103’s most recent brief interview for mental status score, dated 5/30/25, was scored 15 which reflected she was cognitively intact.<br><br>During an interview on 8/6/25 at 8:54 AM, Resident #103 reported some time last month (July 2025) she was in the activity room and was complaining about her back pain when Resident #104 said he could help her with her back. Resident #103 reported she had to tell Resident #104 several times that he could not fix her back and to not touch her, and Resident #104 held up both hands and made a squeezing motion with both hands towards her. Resident #103 reported she had heard from staff (Resident #103 was unable and/or unwilling to recall the staffs’ names) that Resident #104 had kissed other female residents in the facility and he had said something to Resident #105 that was mean, and it made Resident #105 cry. Resident #103 reported Resident #104 made her uncomfortable and had stopped going to the dining room for a little while after the incident last month because of Resident #104’s behavior/actions.<br><br>During an interview on 8/6/25 at 1:53 PM, Resident #103 reported she has returned to eat some meals in dining room but now sits with her back to a wall or corner so that Resident #104 would be unable to sneak up or approach her from behind. Resident #103 reported it has been uncomfortable eating a meal in the dining room while having to monitor Resident #104 to ensure he didn’t unexpectedly approach her.<br><br>Resident #105:During an interview on 8/5/25 at 1:26 PM, Resident #105 reported, a little after the 4th of July (2025), Resident #105 came to her room and called her a “b****” (profanity) and alleged she “cheated” on him. Resident #105 reported she never cheated on Resident #104 and his behavior and words towards her made her feel “Terrible”. Resident #105 reported she had heard from others (unnamed) that Resident #104 had kissed two other female residents in the facility around the same timeframe.<br><br>Review of Resident #105’s social work progress note, dated 7/16/25, stated, “Resident (Resident #105) came to social services office to discuss (Resident #104) … (Resident #104) responded with calling (Resident #105) a b**** (profanity).” |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>This citation pertains to intake # 1214940 & 2567893.Based on interview, and record review, the facility failed to report allegations of resident-to-resident sexual and verbal abuse to the State Agency in a timely manner in 5 of 6 residents (Resident #101, #102, #104, #103, & #105) reviewed for abuse prevention and reporting, resulting in the potential for incomplete investigations, and further instances of abuse to go unreported.Findings include:In an interview on 8/5/23 at 10:53 AM, Confidential Informant (CI) GG reported there was an incident involving potential resident-to-resident sexual abuse at the facility in July where a male resident (Resident #104) kissed two female residents (Resident #101 & #102) who were unable to consent due to cognitive impairment. CI GG reported Administrator A was notified of the abuse allegations but did not report the allegations to the State Agency. CI GG reported Resident #104 made inappropriate sexual statements to another resident (Resident #103) and Administrator A did not report the additional allegation to the State Agency. CI GG reported they believed if the first allegation of abuse had been reported to the State Agency and investigated in a timely manner, the other incidents could have been prevented.<br><br>Resident #101<br><br>Review of an admission Record revealed Resident #101 was a female, with pertinent diagnoses which included schizoaffective disorder, depressive type, dementia, and insomnia. Noted Resident #101 was not her own responsible party.<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 6/17/25, revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated severe cognitive impairment.<br><br>Review of a Social Work note for Resident #101, dated 7/7/25 at 1:16 PM, revealed SSD (Social Services Director) provided a supportive visit to this resident following an incident with another resident. (Resident #101) stated she did not have any concerns and didn't care about the other resident kissing her. SSD asked (Resident #101) to inform her if that changed, (Resident #101) agreed. SSD asked if she had any other concerns at this time and the resident did not .<br><br>No incident/accident report noted for Resident #101 involving a resident-to-resident incident on 7/7/25.<br><br>Resident #102<br><br>Review of an admission Record revealed Resident #102 was a female, with pertinent diagnoses which included dementia with behavioral disturbance, depression, anxiety, history of stroke, and mild cognitive impairment. Noted Resident #102 was not her own responsible party.<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 8/1/25, revealed a Brief Interview for Mental Status (BIMS) score of 9, out of a total possible score of 15, which indicated moderate cognitive impairment.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a Social Work note for Resident #102, dated 7/7/25 at 1:20 PM, revealed SSD (Social Services Director) provided a supportive visit to (Resident #102) following incident with another resident. SSD asked (Resident #102) how her day has been, and she stated it was good. SSD asked if anything had happened today and she said no, I am just tired. SSD asked if resident had any abnormal interactions with other residents and resident stated she did not. Resident did not appear to remember incident of another resident kissing her. (Resident #102) has a trauma history so staff should continue to monitor for changes in behavior .<br><br>No incident/accident report noted for Resident #102 involving a resident-to-resident incident on 7/7/25.<br><br>Resident #104<br><br>Review of an admission Record revealed Resident #104 was a male, with pertinent diagnoses which included social pragmatic communication disorder (communication disorder characterized by persistent difficulties in the social use of verbal and nonverbal communication), schizoaffective disorder, bipolar type, and cognitive communication deficit (communication difficulties arising from impairments in cognitive functions).<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 6/19/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated he was cognitively intact. Noted this assessment indicated Resident #104 had cognitive symptoms including inattention and disorganized thinking, along with physical/verbal behavioral symptoms directed towards others.<br><br>Review of a current Care Plan for Resident #104 revealed the focus (Resident #104) was historically able to engage in formal relationships within the facility. His Guardian had approved of his relationship with a female peer at the facility and requested that their relationship remain appropriate (approval to hold hands and kiss). However as of 7.7.25 (Resident #104's) guardian revoked consent for relationship due to(Resident #104's) behavior towards others. (Resident #104) continues to struggle (with) boundaries r/t (related to) his ex-partner as well as other residents in the facility. This has included touching others to heal them, kissing without consent, invading personal space, and now punching them . with interventions which included Encourage (Resident #104) to make appropriate choices when showing affection to others. Model/explain these appropriate alternatives .Notify his Guardian and IDT (Interdisciplinary Team) .of any concerns or potentially inappropriate behavior observed within the (facility) . initiated 5/7/25.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a Social Work note for Resident #104, dated 7/7/25 at 3:30 PM, revealed SSD (Social Services Director) received notice that this resident had kissed two other residents who both cannot legally consent. SSD provided follow-up psychosocial visit. The resident was sitting on the edge of the bed with his head down. SSD asked the (resident) to explain what happened. Resident stated the “nurses are against me for no reason.” SSD asked for a further explanation, and he stated that they just made a “big deal” about something and made him feel bad. SSD asked resident to be more direct about what occurred. Resident stated he kissed two other residents that he “shouldn’t have. ” SSD asked if the nurses separated them for no reason or if there is a reason they did so. Resident responded, “there was a reason.” SSD explained that what occurred was sexual assault and guardians would be notified of what occurred. Resident stated he was “showing appreciation to them. ” SSD explained that it was not appropriate and discussed appropriate ways to show appreciation. SSD asked resident to tell her what was not appropriate about his actions. Resident responded saying “kissing other people.” SSD asked if the nurses were worried for no reason or if resident felt embarrassed and lashed out, resident stated he “was embarrassed” and “knows better. ” SSD reminded (Resident #104) he starts his relationships/consent course tomorrow where he can learn more about these things, but in the meantime, he needs to respect other people's boundaries . Noted that this Social Work note was struck out the following day (7/8/25) as a Data Entry Error.<br><br>In an interview on 8/6/25 at 11:38 AM, Licensed Practical Nurse (LPN) M reported she witnessed Resident #104 kiss Resident #101 on the lips in the hallway near the nurses' desk. LPN M stated Resident #101 .was in shock . and did not respond when the incident occurred. LPN M reported she immediately notified Administrator A of the potential incident of resident-to-resident abuse. LPN M stated, Not even a half hour later (Resident #104) kissed (Resident #102) in the dining room . LPN M reported Administrator A was notified of this potential abuse situation as well, and stated We have to report abuse right away . LPN M reported the nursing staff involved asked Administrator A how he wanted them to chart the incidents, and he said he would handle it.<br><br>In an interview on 8/6/25 at 2:42 PM, Social Worker X reported she went to speak with Resident #104 after she was notified of the resident-to-resident incidents on 7/7/25. Social Worker X reported the kissing incidents involving Resident #104 were potential abuse allegations, and Administrator A was aware. Social Worker X reported Administrator A was unhappy with her progress note that mentioned sexual assault. Social Worker X reported the two women involved (Resident #101 and Resident #102) could not consent, therefore the resident-to-resident incidents on 7/7/25 were potential sexual abuse situations. Social Worker X reported she was particularly concerned for Resident #102, due to her past history of abuse and preference for no male caregivers. Social Worker X stated, Something like what happened could have really been a trigger for some additional behaviors for her (Resident #102) .<br><br>In an interview on 8/7/25 at 10:54 AM, Physician Assistant (PA) Y reported they observed the resident-to-resident incident between Resident #101 and Resident #104 on 7/7/25. PA Y reported Resident #101 was self-propelling in her wheelchair near the Station 2 nursing desk when Resident #104 walked up to her and kissed her on the mouth. PA Y stated, (Resident #101) didn't have much reaction . PA Y reported prior to the incident, Resident #101 did not interact or initiate any contact with Resident #104, and stated, She was keeping to herself when it happened . PA Y reported LPN M acknowledged the incident, and Resident #104 stopped what he was doing and walked away.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 8/7/25 at 11:25 AM, Certified Nursing Assistant (CNA) H reported they witnessed the resident-to-resident incident between Resident #102 and Resident #104 in the dining room on 7/7/25. CNA H reported Resident #104 was rubbing Resident #102's arm, then started kissing up her arm. CNA H reported the residents were separated immediately. CNA H recalled another incident involving Resident #103 and stated, I called the abuse coordinator (Administrator A) on that one because she (Resident #103) was really offended and didn't want to go eat in the dining room anymore . CNA H stated, First (Resident #101), then (Resident #102), then (Resident #103). If you don't do anything he's going to keep doing it . CNA H reported the three resident-to-resident incidents were all potential abuse situations and should have been reported to the State Agency.<br><br>In an interview on 8/7/25 at 2:21 PM, Nurse Manager CC reported the resident-to-resident incidents involving Resident #101, Resident #102, and Resident #104 on 7/7/25 were reportable to the State Agency, and stated, .It (was) assault .<br><br>In an interview on 8/7/25 at 2:58 PM, Administrator A reported the resident-to-resident incidents involving Resident #101, #102, and #104 were witnessed by staff on 7/7/25. Administrator A reported the residents had no negative outcome and stated, Eyewitnesses said not only were they fine with it, they reached up and hugged and kissed (Resident #104) back . Administrator A reported he assessed the residents himself for emotional distress or any anxiety/trauma response. Administrator A stated, If there is an injury or trauma response you need to report (to the State Agency). In this situation it was eye-witnessed as this being welcome contact .(which was) received warmly with benefit to psychosocial health . therefore, the incidents were not reported to the State Agency. Note none of the interviews completed with staff who witnessed the resident-to-resident incidents on 7/7/25 indicate that the alleged victims (Resident #101 & Resident #102) were welcoming of the contact.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the policy/procedure Abuse, dated 5/24/23, revealed Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property .The facility will develop and implement written policies and procedures that include .Prohibiting, Preventing, and Identifying abuse, neglect, mistreatment, exploitation, and misappropriation of resident property .Reporting any allegations of abuse, neglect, mistreatment, exploitation, and misappropriation or resident property including reporting a reasonable suspicion of a crime to the State Survey Agency and other officials in accordance with state law . Investigating allegations of abuse, neglect, misappropriation, mistreatment, and exploitation to include protecting residents during the investigation, and taking necessary actions as a result of the investigation . Prevention consists of facility systems designed to detect, identify, correct, and prevent the occurrence of abuse .The facility’s procedures include .Establishing a safe environment that supports, to the extent possible, a resident’s consensual sexual relationship and by establishing policies and protocols for preventing sexual abuse, such as how to identify the when, how, and by whom determinations of capacity to consent to a sexual contact will be made and where this documentation will be recorded; and the resident’s right to establish a relationship with another individual, which may include the development of or the presence of an ongoing sexually intimate relationship .Completing ongoing assessments and care planning for appropriate interventions, and monitoring of residents with behaviors, including but not limited to . Sexually aggressive behavior (inappropriate touching, grabbing, saying sexual things, etc.) .Any allegation of abuse must be immediately reported to the supervisor and the Abuse Prevention Coordinator. The Administrator initiates investigating any allegation of abuse against a patient .The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Examples include but are not limited to .Providing a safe and secure environment for all patients .If a resident is the alleged perpetrator, the facility will ensure other residents are protected as determined by the circumstances, which may include but are not limited to resident room changes, increased supervision, or immediate transfer or discharge, if indicated .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 immediately but not later than two hours after the allegation is made if the allegation involves abuse or results in serious bodily injury and to other officials (including adult protective services and/or law enforcement, when applicable) .Key to investigating abuse allegations is an environment that facilitates the reporting of such allegations. Once reported, the center conducts a timely, thorough, and objective investigation of any allegation of abuse. It is the Center’s policy to investigate all alleged violations involving Abuse, Neglect, Misappropriation of Resident Property, Exploitation or Mistreatment, including Injuries of Unknown Source to ensure that all individuals who report such incidents and allegations are free from retaliation or reprisal for reporting the incident. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. Report the results of all investigations to the administrator or designee and to the State Agency in accordance with State law .<br><br>Resident #103:<br><br>Resident #103’s most recent brief interview for mental status score, dated 5/30/25, was scored 15 which reflected she was cognitively intact.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 8/6/25 at 8:54 AM, Resident #103 reported some time last month (July 2025) she was in the activity room and was complaining about her back pain when Resident #104 said he could help her with her back. Resident #103 reported she had to tell Resident #104 several times that he could not fix her back and to not touch her, and Resident #104 held up both hands and made a squeezing motion with both hands towards her. Resident #103 reported she had heard from staff (Resident #103 was unable and/or unwilling to recall the staffs’ names) that Resident #104 had kissed other female residents in the facility and he had said something to Resident #105 that was mean, and it made Resident #105 cry. Resident #103 reported Resident #104 made her uncomfortable and had stopped going to the dining room for a little while after the incident last month because of Resident #104’s behavior/actions.<br><br>During an interview on 8/6/25 at 1:53 PM, Resident #103 reported she has returned to eat some meals in dining room but now sits with her back to a wall or corner so that Resident #104 would be unable to sneak up or approach her from behind. Resident #103 reported it has been uncomfortable eating a meal in the dining room while having to monitor Resident #104 to ensure he didn’t unexpectedly approach her. Resident #103 was visibly concerned and asked if the facility reported these instances with R#104 to the State of Michigan. Resident #103 reported she wanted the surveyors to know since she wasn't sure if the facility was reporting these instances or not.<br><br>Resident #105:During an interview on 8/5/25 at 1:26 PM, Resident #105 reported, a little after the 4th of July (2025), Resident #105 came to her room and called her a “b****” (profanity) and alleged she “cheated” on him. Resident #105 reported she never cheated on Resident #104 and his behavior and words towards her made her feel “Terrible”. Resident #105 reported she had heard from others (unnamed) that Resident #104 had kissed two other female residents in the facility around the same timeframe. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2574473Based on observation, interview, and record review, the facility failed to provide timely and consistent ADL (activities of daily living) care to 1 resident (Resident #109) of 3 reviewed for ADL care, resulting the resident experiencing back pain from remaining in bed, missing showers, feelings of frustration, and embarrassment.Findings include:Resident #109Review of an admission Record revealed Resident #109 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: fracture of shaft of humerus (upper arm), left arm, fracture of fifth lumbar vertebra (lower spine), unspecified fall and encephalopathy (condition in which functioning of the brain is affected by an agent or condition). Review of a Minimum Data Set (MDS) assessment for Resident #109 with a reference date of 7/15/25, revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #109 was moderately cognitively impaired. Section F revealed Resident #109 reported it was very important for her to choose between a shower, bed bath, or sponge bath. Section GG of the MDS revealed Resident #109 was dependent (helper does all the effort) for bathing.Review of a Care Plan for Resident # 109 with a reference date of 7/12/25, revealed a focus/goal/interventions of: Focus: ADL (activities of daily living) self-care deficit related to impaired mobility secondary to fall with multiple fractures.Goal; will be clean, dressed, and well-groomed daily to promote dignity and psychosocial wellbeing. Interventions: Assist to bathe/shower as preferred per shower schedule and as needed.In an interview on 8/5/25, at 1:37pm, Family Member (FM) V reported Resident #109 often appeared disheveled, complained about not bathing, and expressed concern about her own appearance when she visited the resident. FM V reported Resident #109 had not been assisted with showering per the shower schedule and at times was only dressed in a hospital gown. FM V reported being dressed, well-groomed, and bathed had always been important to Resident #109. FM V reported on 7/19/25(Saturday) and 7/20/25 (Sunday) Resident #109 did not get out of bed and did not get dressed. FM V reported on 7/20/25 Resident #109 complained that her back hurt because she'd been in bed too long.Review of a Pain Scale Assessment for Resident #109 revealed the resident's pain level was assessed at a 3 at 7am 7/20/25. Resident #109's pain level was rated as high as a 3 only one other time at 7am, during 23 assessments. The remaining assessments indicated Resident #109's pain was at 0 20 times, and 1 once.In an interview on 8/6/25 at 10:22am, Licensed Practical Nurse (LPN) O reported the facility had recently experienced low nursing staffing levels and at times, staff had not had enough time to assist residents with getting dressed, groomed, showered and out of bed, particularly on weekends.In an interview on 8/6/25 at 10:39am, LPN J reported several residents complained to her that they were not assisted with grooming, dressing or showering recently, when nursing staffing was low.In an interview on 8/6/25 at 12:40pm, Housekeeper (HSK) U reported at times when nursing staffing was low, she observed residents who were dependent for grooming, dressing and bathing did not receive assistance with those cares. HSK U reported most of the residents remained in bed, in hospital gowns, and were not groomed or bathed on those days. HSK U reported Resident #109 told her it was important to her that she receive showers regularly because doing so helped her maintain a positive mood.In an interview on 8/6/25 at 12:33pm, Resident #109 stated I got a shower today then smiled and ran her right hand over her clean, brushed hair. Resident #109 reported she normally bathed every day prior to coming to the facility, because her appearance was important to her. When further queried, Resident #109 reported she had been frustrated and felt embarrassed about her appearance when she was not provided with the assistance she needed to shower. Review of a Task Schedule Report with a reference date of 8/6/25 revealed Resident #109 was scheduled to receive assistance with showering on Tuesday and Friday of each week.Review of a Bathing/Shower Task report with reference date range of 7/11/25-8/5/25, revealed Resident #109 had not been offered a shower for 3 of the 7 scheduled opportunities during that time frame.Review of a PRN (as needed) Shower Task report with a reference date range of 7/11/25-8/5/25 revealed Resident #109 had not been offered or received any unscheduled showers.Review of a Activities of Daily Living (ADL) facility policy with a reference date of 12/7/23 revealed Policy Overview: Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, personal, and oral hygiene. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intakes #1214940, 2568025, 2569731, and 2583148.Based on interview and record review the facility failed to ensure sufficient staffing to meet resident care needs for 7 (Residents #103, 105, 110, 111, 112, 106, and 109) of 14 residents reviewed for staffing, resulting in feelings of staff not knowing their needs, medications being administered late, extended call light wait times, and negative resident emotions. Findings include:Resident #103:<br><br>During an interview on 8/6/25 at 8:54 AM, Resident #103 reported her experience living at the facility with staffing levels was “not good”. Resident #103 stated, “They (the facility staff) don’t respond to your call light timely” and reported there isn’t enough help from the staff. Resident #103 felt the staff numbers working each day were lower and worse than they were before the switch of the company/ownership last month (7/1/25; the facility switched ownership). Resident #103 reported the facility now had lots of agency staff, but the agency staff didn’t know hers or other residents’ needs like regular facility staff did. Resident #103 reported the average call light wait time (time from the moment the call light is activated until the care need was met) was 30 minutes to one hour on average with the longest wait exceeding an hour. Resident #103 reported staffing is more bad than good (regarding the staffing numbers and response to call light/care needs). Resident #103 reported she has had accidents of bowel movements in her brief when waiting for call lights to be responded to. Resident #103 reported on approximately 7/21/25 she had an accident (a bowel movement in her brief) while waiting a long time for staff to respond to her call light. Resident #103 reported it was uncomfortable waiting in her bowel movement because it “stings” her skin when fecal matter/bowel movement sat on her skin. Resident #103 reported she can’t always control her bowel movements.<br><br>Review of Resident #103’s most recent brief interview for mental status score, dated 5/30/25, was scored 15 which reflected she was cognitively intact.<br><br>Review of Resident #103’s activity of daily living (ADL) care plan, dated 1/21/25, stated, “(Resident #7) has an ADL self-care performance deficit r/t (related to) …pressure ulcer of sacral region (wound on area at base of the spine…generalized muscle weakness…”.<br><br>Review of Resident #103’s pressure ulcer care plan, dated 1/27/25, stated, “The resident has an (a) stage 3 pressure ulcer to sacrum r/t (related to) type 2 DM (diabetes), Immobility, fecal (bowel movement) incontinence.” Resident #7’s care plan addressing alteration in musculoskeletal status to LLE (left lower extremity) r/t (related to) AKA (above knee amputation), dated 4/28/25, included an intervention of “Anticipate and meet needs. Be sure call light is within reach and respond promptly to all requests for assistance”.<br><br>Resident #105:<br><br>During an interview on 8/5/25 at 1:18 PM, Resident #105 reported that she waited on average 30 minutes for staff to respond to her call light and sometimes an hour. Resident #105 reported when the new owners took over the building they lost a lot of staff. Resident #105 reported waiting extended periods for her call light to be answered/care need to be met made her feel “bad”.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #110:<br><br>During an interview on 8/6/25 at 9:48 AM, Resident #110, regarding facility staffing, stated, “They’re short staffed”, “They don’t have enough help”, “We don’t even have a staff”, “Staff are dropping like flies (quitting/leaving the facility), and reported the agency staff check on him less than regular facility staff.<br><br>Resident #111:<br><br>During an interview on 8/5/25 at 12:58 PM, Resident #111 reported the usual wait time for her call light to be answered by facility staff was 30 minutes to 1 hour.<br><br>Resident #112:<br><br>During an interview on 8/5/25 at 12:58 PM, Resident #112 reported the usual wait time for her call light to be answered by facility staff was 30 minutes to 1 hour.<br><br>Review of Resident #112’s most recent brief interview for mental status score, dated 7/18/25, was scored 12 which indicated moderate cognitive impairment.<br><br>Review of the facility’s “Resident Council Meeting Minutes”, dated 7/28/25, stated, “Discussion of New Business…Administration…Is there an issue you would like administration to resolve? Staffing concerns-Administrator stated that we are continually working on staffing. ”<br><br>In an interview on 8/5/25 at 11:02 AM, Ombudsman HH reported after a recent ownership change, there was a mass exodus of nursing staff which resulted in many calls from residents with staffing concerns. Ombudsman HH reported medication timeliness has been a major concern and stated .folks are having to wait hours and hours for medications . Ombudsman HH reported concerns with long call light wait times and staff availability in general. Ombudsman HH reported on one Sunday in July, there were only three nurses for the entire building for day shift.<br><br>Resident #106<br><br>In an interview on 8/5/25 at 3:08 PM, Family Member Z reported issues with staffing and concerns with late medications for Resident #106. Family Member Z reported Resident #106 called her on Sunday 7/20/25 and reported there was not a nurse available to give her morning medications. Family Member Z reported they came to the facility and a nurse working down a different hallway had to give Resident #106 her morning medications, which at that point were late. Family Member Z reported the staffing issues were so concerning that she initiated a discharge for Resident #106 to another facility that day (7/20/25).<br><br>Review of an admission Record revealed Resident #106 was a female, with pertinent diagnoses which included schizoaffective disorder, bipolar type, diabetes, high blood pressure, and muscle weakness.<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #106, with a reference date of 6/3/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated she was cognitively intact.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a Nursing - Discharge Summary note for Resident #106, dated 7/20/25, revealed .Residents family has been here in facility packing (Resident #106's) belongings. Family state they are working on moving her to another facility d/t (due to) concerns for her getting her medications on time without their reminders .<br><br>Review of a Medication Admin (Administration) Audit Report for Resident #106, for July 2025, revealed the order Omeprazole Oral Capsule Delayed Release 40 MG (Omeprazole) Give 1 capsule by mouth one time a day for GERD (gastroesophageal reflux disease) . which was scheduled for administration at 4:00 AM, was documented as administered on 7/20/25 at 9:39 AM, more than five hours after the scheduled administration time.<br><br>Review of a Medication Admin (Administration) Audit Report for Resident #106, for July 2025, revealed the orders Vitamin C 1000 MG Tablet Give 1 tablet by mouth one time a day for supplement .Valsartan Tablet 160 MG Give 1 tablet by mouth one time a day for high blood pressure .Multivitamin Oral Tablet (Multiple Vitamin) Give 1 tablet by mouth one time a day for supplement .amLODIPine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 1 tablet by mouth one time a day for HTN (high blood pressure) .Saccharomyces boulardii Capsule 250 MG Give 1 capsule by mouth two times a day for probiotic .Tylenol 8 Hour Oral Tablet Extended Release 650 MG (Acetaminophen) Give 1 tablet by mouth two times a day for joint pain . Glucosamine Relief Oral Capsule 500 MG (Glucosamine Sulfate) Give 1 capsule by mouth one time a day for joint health .Sertraline HCl Oral Tablet 50 MG (Sertraline HCl) Give 1 tablet by mouth one time a day related to SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE . which were scheduled for administration at 7:00 AM, were documented as administered on 7/20/25 at 11:17 AM, more than four hours after the scheduled administration time.<br><br>Review of a Medication Admin (Administration) Audit Report for Resident #106, for July 2025, revealed the orders Atropine Sulfate Ophthalmic Solution 1 % (Atropine Sulfate (Ophthalmic)) Give 2 drop sublingually three times a day for increased secretions .Valproic Acid Oral Solution 250 MG/5ML (Valproate Sodium) Give 10 ml by mouth three times a day for schizoaffective disorder .Propranolol HCl Tablet 10 MG Give 1 tablet by mouth three times a day for Tremors . which were scheduled for administration at 8:00 AM, were documented as administered on 7/20/25 at 11:17 AM, more than three hours after the scheduled administration time.<br><br>In an interview on 8/5/25 at 1:15 PM, Licensed Practical Nurse (LPN) J reported after the recent ownership change there was a .huge loss of licensed nurses . LPN J reported the facility struggled to ensure sufficient staff to meet resident needs and stated .Finally, after the first week, they had to use Agency staff . to ensure coverage.<br><br>In an interview on 8/6/25 at 11:38 AM, LPN M reported she worked on Sunday 7/20/25 during day shift. LPN M stated staffing has .been bad. It's really bad. We lost a lot of staff . LPN M reported there are normally six nurses on day shift, but that day (Sunday 7/20/25) there were only three nurses. LPN M reported on Sunday 7/20/25 the facility was also short Certified Nursing Assistants (CNAs). LPN M stated, We basically could not get anyone up .I had the whole hall, thirty-eight patients and one aid. We had to keep them safe. I was really behind on med pass trying to help the aid because we had so many patients that need assistance with meals. I don't want to make a mistake .it was horrible . LPN M reported issues passing medications timely due to short-staffing.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 8/6/25 at 12:18 PM, LPN L reported concerns with late administration of ordered medications due to staffing issues. LPN L stated, We have been really short nurses . LPN L reported a majority of the night shift nursing staff quit after the facility ownership change in July.<br><br>In an interview on 8/7/25 at 11:47 AM, Nursing Staff Coordinator DD reported she had been in the scheduling position for approximately two weeks. Nursing Staff Coordinator DD reported typical staffing at the facility involves six nurses and 10 CNAs for day shift, and 4-5 nurses and 10 CNAs for night shift. Nursing Staff Coordinator DD reported prior to officially starting in her position, she was given a copy of the weekend schedule and asked to try and find staff to cover the holes (open positions). Nursing Staff Coordinator DD reported she was asked to do this on Thursday 7/17/25. Nursing Staff Coordinator DD reported she was supposed to be off on vacation over the weekend, but ended up coming in to work at the facility on Sunday 7/20/25 because .the building was not doing well . Nursing Staff Coordinator DD reported the master schedule indicated six nurses were scheduled for day shift on 7/20/25. Nursing Staff Coordinator DD reported two of the six nurses had quit prior to the weekend (but their names remained on the schedule). Nursing Staff Coordinator DD reported another nurse was listed on the schedule but absent that day. Nursing Staff Coordinator DD reported that day, only three of the six nurses listed on the schedule were present for day shift. Nursing Staff Coordinator DD stated, It was horrible. We've been short-staffed, but never to that extent . Nursing Staff Coordinator DD reported they were short CNAs that day, and only had eight when there should have been a minimum of ten. Nursing Staff Coordinator DD reported one of the night shift nurses ended up staying over for a few hours to try and help out but had to go home because she was at her maximum allowed hours. Nursing Staff Coordinator DD stated, You could feel the nurses' frustration. Nursing Staff Coordinator DD reported she assisted on Station 2, and they did not get anyone up out of bed because .we didn't want them to get stuck (up) in their wheelchairs . if there wasn't enough staff later in the day to assist them back to bed. Nursing Staff Coordinator DD reported at this point the facility did not have any contracts with staffing Agencies, so calling for Agency staff was not an option. Nursing Staff Coordinator DD reported Nurse Manager CC did end up coming in Sunday 7/20/25 in the afternoon to assist the nursing staff. Nursing Staff Coordinator DD reported Administrator A was aware prior to Sunday 7/20/25 that staffing was a concern. Nursing Staff Coordinator DD reported Administrator A did end up coming in that day (7/20/25) between 5:00-6:00 PM but did not assist staff on the floor.<br><br>In an interview on 8/7/25 at 1:38 PM, LPN P reported she was not originally scheduled on 7/20/25, but picked up the shift to help out. LPN P reported staffing concerns on Sunday 7/20/25, which resulted in late medication administration on several units.<br><br>In an interview on 8/7/25 at 1:54 PM, Interim Agency Director of Nursing (DON) B reported medications should be administered within one hour before or one hour after the scheduled administration time.<br><br>In an interview on 8/7/25 at 2:21 PM, Nurse Manager CC reported she was contacted on Sunday 7/20/25 regarding staffing concerns at the facility and came in to assist. Nurse Manager CC reported when the facility changed ownership at the beginning of July, many licensed nurses quit. Nurse Manager CC reported nights are the hardest in terms of staffing. Nurse Manager CC reported the facility brought in Agency staff, however, they are not always reliable. Nurse Manager CC stated, We are just bleeding staff at this point . Nurse Manager CC reported residents have expressed concerns with medication timeliness and accuracy.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 8/7/25 at 2:58 PM, Administrator A reported after the change in facility ownership at the beginning of July, a significant amount of licensed nurses and staff quit. Administrator A stated, It was scaring the residents .The fear and the panic in the building has been crazy. They lost so many people so fast .just fear of the unknown .half of the full-time nursing staff (quit) .(The facility) had to get Agency staff to steady the ship . Administrator A stated, The scheduler just walked off so we were flying blind for 4-5 days until we could get the new schedule into the system .Since then, things are settling day by day .<br><br>Review of the policy/procedure Medication Administration, dated 8/7/23, revealed POLICY OVERVIEW: To safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs .Medications are administered in accordance with the following rights of medication administration .Right time and frequency .Administer medication in accordance with frequency prescribed by physician and standards of practice .<br><br>Review of the policy/procedure Staffing, dated 4/18/25, revealed POLICY OVERVIEW: The facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for the residents in accordance with the residents plan of care .Licensed nurses and nursing assistants are available 24 hours a day, seven days a week to provide competent resident care services including .Assuring resident safety .Attaining or maintaining the highest practicable level of physical, mental, and psychosocial well-being of the residents .Assessment, evaluating, planning and implementing resident care plans .Responding to resident needs .Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident’s plan of care, the resident assessments, and the facility assessment .Factors considered in determining appropriate staffing ratios and skills include an evaluation of the diseases, conditions, physical or cognitive limitations of the resident population, and acuity .<br><br>Review of the Facility Assessment, last updated 8/6/24, revealed an average daily census of 118, with a census range from 111 to 131. Noted the Staffing Plan indicated a total of 6 licensed nurses and 12 Certified Nursing Assistants (CNAs) for day shift, and 6 licensed nurses and 10 CNAs for night shift.<br><br>Resident #109<br><br>Review of an admission Record revealed Resident #109 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: fracture of shaft of humerus (upper arm), left arm, fracture of fifth lumbar vertebra (lower spine), unspecified fall and encephalopathy (condition in which functioning of the brain is affected by an agent or condition).<br><br>Review of a Minimum Data Set (MDS) assessment for Resident #109 with a reference date of 7/15/25, revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #109 was moderately cognitively impaired. Section “GG” of the MDS revealed Resident #109 required assistance of 2 staff to transfer from the bed to the wheelchair.<br><br>Review of a “Care Plan” for Resident # 109 with a reference date of 7/12/25, revealed a focus/goal/interventions of: “Focus: At risk for pain and/or has pain related to: multiple fractures from recent fall. Goal: Will express that pain management is within acceptable limits. Interventions: …encourage/assist to reposition to position of comfort…”.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a “Kardex” for Resident #109 revealed “Resident Care: ADL (activities of daily living) assist of 2 staff, encourage and assist resident up in w/c(wheelchair) as resident allows…POA (Power of Attorney) prefers resident to be dressed in own clothing instead of gown, encourage and assist as resident allows…”<br><br>In an interview on 8/5/25, at 1:37pm, Family Member (FM) “V” reported Resident #109 often appeared disheveled, was dressed in a hospital gown rather than her own clothes and had dirty sheets on her bed. FM “V” reported she visited Resident #109 regularly and was concerned for her well-being due the lack of care the resident received. FM “V” reported on 7/19/25 and 7/20/25 Resident #109 did not get out of bed, and did not get dressed. FM “V” reported on 7/20/25 Resident #109 complained that her back hurt because she’d been in bed too long, but staff did not get her up.<br><br>Review of a “Pain Scale Assessment” for Resident #109 revealed the resident’s pain level was assessed at a “3” at 7am 7/20/25. Resident #109’s pain level was rated as high as a “3” only one other time at 7am, during 23 assessments. The remaining assessments indicated Resident #109’s pain was at “0” 20 times, and “1” once.<br><br>In an interview on 8/6/25 at 10:39am, LPN “J” reported when nursing staff levels were too low, she observed some residents who required assistance of 2 staff to safely transfer, were not given the opportunity to get out of bed, because there were not enough staff available to assist with transferring the resident.<br><br>In an interview on 8/6/25 at 12:40pm, Housekeeper (HSK) “U” reported on 7/19/25 and 7/20/25 the facility only had 3 nurses for the entire building. On those days, HSK “U” reported residents were left in bed all day, didn’t get dressed, were not bathed, and didn’t get their bed linens changed. HSK “U” reported it was apparent showers were not getting done and bed linens were not getting changed because the only significant amounts of linens that came down to laundry were incontinence bed pads, which was atypical for the types of linens that passed through the laundry department every day.<br><br>In an interview on 8/5/25 at 1:10pm, Licensed Practical Nurse (LPN) “K” reported the facility recently went through a “hellish time” with a lack of nursing staff. LPN “K” reported many residents voiced complaints about not receiving care and receiving their medications late during the last few weeks. LPN “K” reported the facility was supposed to be staffed with 6 nurses but recently only had 3 for the entire building. LPN “K” reported the acuity (medical needs) of the residents and the limited number of nurses created a potential for unmet care needs.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235103 | A. Building<br>B. Wing | 08/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health & Rehabilitation at Kent-Crossing | 2320 E Beltline SE<br>Grand Rapids, MI 49546 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 8/6/25 at 10:22am, LPN “O” reported on 7/19/25 and 7/20/25 they were responsible for 5 medication carts and 3 groups of residents due to a lack of nursing staff at the facility. LPN “O” reported nursing care was not done on time for the residents, residents were left in bed all weekend, didn’t get dressed or bathed, and residents who needed assistance were fed cold food because their food sat for an hour before a staff member was available to assist them. LPN “O” reported residents also did not receive blood sugar checks and insulin in the manner they should have, which created a potential for residents to develop hypoglycemia (low blood sugar levels) or hyperglycemia (high blood sugar levels). LPN “O” reported residents were not properly cared for on those days. LPN “O” reported nursing schedules were developed at least 3 weeks in advance and the facility was aware for about a week that there would be a significant shortage of nurses on 7/19/25 and 7/20/25 but no other nurses were scheduled.<br><br>In an interview on 8/5/25 at 1:24pm, Registered Nurse (RN) “Q” reported in recent weeks residents were not getting wound dressings changed as ordered by their physician, due to the facility not having enough nurses working. RN “Q” reported it was not uncommon recently to find that a resident’s wound dressing had not been changed in few days, despite physician’s orders for daily dressing changes. |