

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Grosse Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 21401 Mack Ave Grosse Pointe Woods, MI 48236	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851</p> <p>This citation pertains to Intake MI00143863.</p> <p>Based on observation, interview and record review, the facility failed to ensure pressure ulcer treatments were consistently provided as ordered for one (R501) out of three residents reviewed for pressure ulcers. Findings include:</p> <p>A review of the Intake allegation noted, It was alleged facility staff failed to provide adequate and appropriate care to prevent and/or treat pressure sores.</p> <p>A review of R501's medical record revealed, R501 was admitted to the facility on [DATE] and readmitted on [DATE], discharged [DATE], with diagnosis of Type II Diabetes and Protein calorie malnutrition.</p> <p>Further review of R501's medical record noted, Skin assessment dated , 3/13/24 Pressure ulcer acquired New, Unstageable Left ischial tuberosity. 12.5 area, 4.3 length, 4.0cm width . Notes Resident alert with arousal, oriented x1-2, and cooperative to care. Resident exhibiting s/s (signs and symptoms) of decline, refusing food, sleeping through treatment and ADL care. Unable to hold posture while up in wheelchair, exhibiting s/s of dehydration. Education: Expressed some discomfort during treatment r/t contractures. Treatment administered, unit supervisor, physician, and POA (power of attorney) notified. Will continue with current treatment regimen. Resident to continue to be followed weekly by wound care. Continue with current plan of care.</p> <p>R501's care plan noted, At risk for alteration in skin integrity related to weakness, debility, hx (history) of CVA (cerebral vascular accident) with RT (right) hemi, dementia, incontinence. Date Initiated: 02/12/2024. Goal: Decrease/minimize skin breakdown risks. Date Initiated: 02/12/2024. Intervention: Administer treatment per physician orders. Date Initiated: 11/17/2023. Barrier cream to peri area/buttocks as needed. Date Initiated: 02/12/2024. Observe skin condition with ADL (activities of daily living) care daily; report abnormalities. Date Initiated: 02/12/2024.</p> <p>A review of R501's Treatment Administration Record (TAR) revealed, blank documentation for the treatment of R501's ulcers for the months of January, February, and March.</p> <p>January order: Triad Hydrophilic Wound Dress External Paste (Wound Dressing) Apply to bilateral buttock topically every shift for and as needed for wound care. Start Date: 1/17/2024. The TAR was noted to be blank and without any documentation for this order.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235109	If continuation sheet Page 1 of 3

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>February order: Triad Hydrophilic Wound Dress External Paste (Wound Dressing) Apply to bilateral buttock topically every shift for and as needed for wound care. Start 2/04/2024. The TAR was noted to have blank/without documentation on 2/2, 2/5, 2/7-2/12/24.</p> <p>R501's care plan did not reveal interventions to address if R501 refused treatments or repositioning.</p> <p>On 5/7/2024 at 1:01 PM, the Director of Nursing (DON) was asked about R501's skin and the facility's expectation for following physician's orders. The DON explained that R501 had started to decline and had been in and out of the hospital. The DON acknowledge the treatments were not documented consistently, and the facility identified some issues with how wounds were being followed. The DON explained they completed a past non-compliance to correct the concerns with acquired wounds. The DON explained the expectation is to complete and document the wound treatments, if not completed to contact her and the physician.</p> <p>A review of the facility's policy titled, Skin and Wound Guidelines dated, 3/20/24, noted Policy Overview: To describe the process steps required for identification of residents at risk for the development of pressure injuries, identify prevention techniques and interviews to assist with the management of pressure injures and skin alterations . Treatments: . Treatments are ordered by the medical practitioner. A complete treatment order consists of the following: Site application, Cleansing agent, Frequency, including end date orders if applicable, Type of securement .</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included (interventions/actions to correct the past noncompliance). The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p> <p>Past Noncompliance - Quality of Care - Facility Acquired Pressure Ulcers</p> <p>#1. Facility currently has 5 residents with facility-acquired pressure ulcers. All residents have appropriate physician ordered treatments, weekly assessments and documentation, RD (Registered Dietician) following for nutritional support, care plan updated with appropriate interventions, physician and resident/representative aware and in agreement with plan of care.</p> <p>#2. Residents who reside in the facility have the potential to be affected. A facility-wide audit was conducted, and a skin sweep of all current residents was completed. All appropriate interventions are in place for residents with wounds, physician ordered treatments are in place, skin assessments are being completed weekly, wound V7 assessments are being completed every 7 days per policy, and residents at risk for wounds have interventions in care plan and at bedside, and admission skin checks are being completed with 2 nurses with appropriate interventions and physician ordered treatments in place.</p> <p>#3. Director of Nursing, or designee, will educate staff on turning and repositioning, floating heels and heel checks, weekly skin assessments, facility wound care policy, incontinence care, appropriate interventions related to skin care and high risk residents, initiating proper treatments based on facility formulary/products.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>#4. Director of Nursing, or designee, will audit 10 residents weekly x4 weeks to ensure that all residents are receiving weekly skin assessments and they are documented appropriately, that residents are being turned and repositioned with heels floated as tolerated, that facility wounds are being assessed at least every 7 days per policy, that wounds have appropriate physician ordered treatments placed upon identification of the wound. Results of these audits will be reviewed in Quality Assurance [QAPI] meeting to further guidance.</p> <p>#5. The Administrator will be responsible for achieving and maintaining compliance. Date of compliance 5/6/2024.</p>		