

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 09/29/2025
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Grosse Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 21401 Mack Avenue 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>This citation pertains to intake 2627057 and 2626819. Based on interview and record review, the facility failed to report an allegation of employee to resident abuse for one resident (R903) of two residents reviewed for abuse. Findings include: A review of intakes 2627057 and 2626819 revealed allegations of employee to resident abuse resulting in injury and hospitalization. On 9/29/25 at 10:06 AM, a phone interview was completed with R903 who explained they were currently hospitalized for a sustaining a concussion from being physically assaulted in the forehead with an unknown object causing bleeding by an unidentified agency staff member. R903 explained they contacted the local police after the incident and was transferred to the hospital on 9/16/25 following the incident. On 9/29/25 at 11:56 AM, an interview was completed with the Director of Nursing (DON) regarding the allegations of abuse reported by R903. The DON explained there were allegations of employee to resident abuse that allegedly occurred in the early morning hours of 9/16/25 however, after the facility investigated the concerns, they were unable to substantiate that abuse occurred. On 9/29/25 at 2:54 PM, the Nursing Home Administration (NHA) and DON were interviewed regarding the reporting of allegations of employee to resident abuse. The NHA and DON explained the facility investigation was completed within an hour of being informed of the allegations and determined there was no employee to resident abuse, and as a result, determined they didn't need to report the allegations to the State Agency. A review of the facility's Abuse policy revealed the following, 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 or reported to State Survey Agency no later than 24 hours if the allegation does not involve abuse and does not result in serious bodily injury to the State Survey Agency and to other officials.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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