

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  07/18/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</b></p> <p>Based on interview and record review, the facility failed to provide timely notification of a change in condition for one (R65) of six residents reviewed. Findings include:</p> <p>Review of the facility record for R65 revealed an admitted [DATE] with diagnoses that included Anemia, Gastrointestinal Hemorrhage, and Acute Kidney Failure.</p> <p>A progress note dated 05/25/24 and timestamped 3:01 AM indicated R65 was found to be primarily unresponsive and had a blood pressure of 90/58. The progress note indicated the physician, (facility)management, and the family were notified and the resident was sent to the hospital.</p> <p>Further review of the record revealed R65 returned from the hospital on 05/25/24 at 11:00 AM after being treated in the emergency room for hypoglycemia. Review of R65's vital sign history indicated on 05/26/24 at 10:14 AM, the blood pressure reading was 84/58. There was no indication in the record this blood pressure was reported to the physician or that a follow-up blood pressure or action otherwise was taken. The next entry in R65's progress note was dated 05/26/24 and indicated R65 was found unresponsive at 5:10 PM.</p> <p>On 07/17/24 at 10:38 AM, R65's family member (FM) G was interviewed via phone call. FM G reported on 05/26/24, they had not been notified by the facility that the resident had any change in condition until after they were found unresponsive.</p> <p>On 07/18/24 at 11:50 PM, the facility Director of Nursing (DON) reported the parameters for reporting vital signs to the physician are determined on a resident to resident basis. The DON reviewed R65's blood pressure reading history with the surveyor and reported the 05/26/24 entry of 84/58 should have been reported to the physician and their expectation is that it would have been reported to the physician.</p> <p>Review of the facility policy Change in Condition Notification dated 08/09/23 states The nurse will notify the resident, the resident's physician/practitioner, and the resident's designated representative when there is:</p> <p>- A significant change in the resident's physical, mental, or psychosocial status such as deterioration which includes life-threatening conditions or clinical complications.</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 12

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  07/18/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The nurse will document in the resident's medical record information relative to the resident's change in medical/mental condition or status (i.e., assessment, notifications, interventions, and response).</p>		

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  07/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32220</p> <p>Based on observation, interview and record review, the facility failed to ensure dependent residents were repositioned or provided range of motion exercises for three residents (R35, R44, R116) of three whose positioning was reviewed. Findings include:</p> <p>R35</p> <p>On 07/16/24 at 9:39 AM and 11:43 AM, 1:47 PM, 1:53 PM and 2:52 PM, R35 was observed to be supine in bed with the head of the the bed up around 20-30 degrees. R35 leaned toward the left side of the bed with their head at the left edge of the pillow. The legs/and or foot of the bed was elevated and R35 appeared to have heel boots on. A powered low air loss mattress unit was active at the foot of the bed. The TV was on. At 1:53 PM, Certified Nursing Assistant (CNA) F was asked about R35 and reported R35 needed assistance with repositioning had a wound to the heel and may have had a small open area on the tailbone or buttocks. R35 appeared asleep at times but did awaken to their name and the knock on the door.</p> <p>At 5:06 PM, R35 appeared supine in bed with no observable position change to the left or right. R35 appeared asleep, with the head of the bed up around 20-30 degrees, their head faced toward the left with their feet up. A pillow was visible to left side but only the arm of R35 appeared on it.</p> <p>On 07/17/24 at 7:40 AM, R35 was observed to be in bed, supine, a pillow on the left side which did not appear to be under the torso of R35. The head of bed the bed was up around 30-45 degrees. R35's head faced toward the right, appeared to have heel boots on with the lower legs elevated on a pillow and was dressed in hospital style gown.</p> <p>At 9:12 AM, staff entered the room of R35 for the breakfast meal tray and removed it. R35 was observed to be supine in bed, the torso toward the left side, and the head of bed up 30-45 degrees. R35 reported no concerns.</p> <p>At 9:49 AM, R35 was in a similar position and staff entered, reported to resident, I am here to help get you dressed. R35 remained in bed.</p> <p>At 10:41 AM, R35 remained in bed as before and appeared asleep as they did not easily awaken to the knock on the door or their name.</p> <p>At 12:24 PM, R35 was observed to be supine in bed with their torso toward the left side of the bed. R35 had a hospital style gown on gown on. R35 was asked about not getting out of bed as they were not dressed and reported they are not often out of bed or their room.</p> <p>At 2:29 PM and 4:56 PM, R35 was observed to be supine in bed with the tray table over the bed, R35 appeared asleep, with their eyes closed and their head over to left bottom corner of the pillow.</p> <p>(continued on next page)</p>		

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  07/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/18/24 at 7:40 AM and 10:41 AM, R35 was observed to be in bed, supine, their head over to left lower corner of the pillow and dressed in a hospital style gown. The head of the bed was up around 20-30 degrees with lower extremities elevated. At 10:41 AM, R35 awakened to the knock on door and reported they were not that active.</p> <p>At 11:00 AM, a skin observation was completed with the unit manager. The coccyx (buttocks area) had light purple discoloration area which surrounded the area, which blanched upon the application and release of pressure. A pillow was under the left arm which appeared swollen compared to the right, but no pillow or device was under the torso. R35 was not observed to be out of bed during the survey.</p> <p>A review of the record for R35 revealed, R35 was admitted into the facility on [DATE]. Diagnoses included Dementia, Muscle Weakness and Reduced Mobility. The Minimum Data Set (MDS) assessment dated [DATE] documented impaired cognition with a 5/15 Brief Interview for Mental Status (BIMS) score, no rejection of care, function range of motion limitation in both upper extremities and the need for substantial/maximal assistance for personal hygiene, to roll left or right, to sit up in bed, to sit at the side of the bed and to transfer. R35 was totally dependent for bathing and toileting hygiene.</p> <p>The care plan dated 03/11/24 documented at risk for changes in behavior and mood related to Dementia . at risk for pain related to weakness .implement .positioning to assist with pain and monitor for effectiveness . at risk for alteration in skin integrity .encourage and assist as needed to turn and reposition, use assistive devices as needed . ADL (activities of daily living) self care deficit .bed mobility times one person assist . encourage and or assist to reposition frequently . Exerts choice to refuse .refusals can change day to day . give resident choices and encourage to take an active role during daily care .</p> <p>R44</p> <p>On 07/16/24 at 9:30 AM, R44 was observed to be on their back (supine) in bed, leaned toward the right side of the bed, with the head of the bed up around 30-45 degrees, the call light across the chest area and the bed up from the lowest position. R44 had a powered mattress set at alternating. R44 appeared asleep and was not awakened or opened their eyes to the call of their name.</p> <p>At 11:35 AM, R44 appeared to be supine in the same position.</p> <p>At 1:13 PM, R44 appeared to be supine in bed and the torso leaned more toward the right side of the bed.</p> <p>At 1:15 PM, a friend of the R44 reported they R44 could be out of bed more, was not getting their face washed daily and was not getting the range of motion exercises regularly.</p> <p>On 07/17/24 at 7:47 AM, R44 was observed to be in bed, supine (on their back), with the torso toward the right side of the bed, two pillows under their head, lower legs elevated and appeared to have heel boots on. R44 was dressed in a hospital style gown and the head of the bed was up around 45-60 degrees. The covers were up over the shoulders. R44's eyes were open with their head faced toward the TV on the right. The TV was on. A meal tray was at bed side, on the right and appeared to have been eaten. A powered unit for the bed mattress was active at the foot of the bed.</p> <p>(continued on next page)</p>		

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  07/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 8:38 AM, R44 was observed during the medication pass and appeared in the same supine position and cooperatively interacted with the nurse.</p> <p>At 9:00 AM, R44 was in the same position.</p> <p>At 9:46 AM, R44 appeared supine in bed as before, eyes closed and did not open them to the knock on the door and call of their name. The TV was on and R44 had their head down toward right the right shoulder. Devices to reposition left or right were not apparent.</p> <p>At 9:50 AM, therapy staff, knocked and entered room and exited out as quickly as they went in.</p> <p>On 07/17/24 at 10:44 AM, R44 was observed to be supine in bed as before. At 12:32 R44 appeared to be in the same supine position the eyes were open and R44's head faced toward the TV and over toward the right shoulder. R44 did not answer to the call of their name. R44 was dressed in a hospital style gown. The printed throw was visible at top of the shoulders.</p> <p>At 2:32 PM, R44 appeared supine as before. R44's head was farther off pillow and below the right corner of the pillow. The double pillows were in place. The head of bed was around 30-45 degrees.</p> <p>At 2:48 PM, Certified Nursing Assistant (CNA) C was asked about the care of R44 and reported R44 was completely dependent for care and needed help to turn/reposition in bed, to eat, wash up, for mouth care and incontinence care. CNA C also reported R44 liked to watch TV and since they were dependent for turning should be turned at least every two hours with a pillow or wedge.</p> <p>At 2:54 PM, R44 was observed with CNA C for devices an it was noted none were in place at the sides. A splint was observed to cover the left hand and wrist area.</p> <p>At 4:57 PM, R44 appeared to be on their back in bed, but more upright in the bed.</p> <p>On 07/18/24 at 7:43 AM, CNA F brought R44's breakfast tray in placed in on the bedside table and elevated the head of the bed to around 45-60 degrees. R44 appeared to be supine in bed, with the hospital style gown down off the shoulders. Staff seated themselves on right side of bed, TV on, and assisted R44 to eat. No obvious wedge or pillow was in place. At 10:44 AM, R44 was observed to be in bed, and appeared supine in bed, gown off shoulders, lower legs elevated, no obvious device for turning or reposition to the left or right. R44's head was turned/faced toward the right and at the side of pillow.</p> <p>At 9:58 AM, R44's functional status was reviewed with the Therapy Manager. The Therapy Manager reported R44 remained dependent for care upon the most recent therapy evaluations and was on occupational therapy for the establishment of a comfortable wear program for the splint.</p> <p>At 10:51 AM, CNA F was asked about the positioning needs of R44 and reported a pillow or wedge had been used and the resident did not like the wedge. The observation of R44 in a similar position was review with CNA F who reported R44 was turned/repositioned when changed due to incontinence and at times would resist turning and repositioning.</p> <p>(continued on next page)</p>		

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  07/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 11:11 AM, two CNA staff entered to complete care for R44. Pillows were noted under the legs but not to the sides of the torso. A lift sling had been placed under the resident. Range of motion to the lower extremities was not attempted. R44 was not observed to be out of bed during the survey.</p> <p>A review of the record for R44 revealed, R44 was admitted into the facility on [DATE]. Diagnoses included Stroke and Muscle Weakness. The Minimum Data Set (MDS) assessment dated [DATE] documented impaired cognition with a 3/15 BIMS, no rejection of care, functional range of motion limitation in both upper and lower extremities and total dependence for personal hygiene, to roll left or right, bathing, toileting hygiene and to transfer.</p> <p>The care plan dated 07/09/24 documented at risk for changes in behavior and mood . at risk for pain and has pain related to pressure ulcers .implement .positioning to assist with pain and monitor for effectiveness . at risk for alteration in skin integrity .administer treatment per physician orders .encourage and assist as needed to turn and reposition, use assistive devices as needed . has alteration in mobility .range of motion to be provided by staff during ADL task .</p> <p>A review of the active orders revealed an order dated 07/10/24 which indicated, Perform passive range of motion to bilateral lower extremities during resident care, two sets times twenty reps. A review of the task titled, Restorative Passive ROM (range of motion) program #1 documented three attempts since the order date of 07/10/24. One for five minutes on 07/11 and one for ten minutes on 07/13 and one refused on 07/16. Four additional dates were documented not applicable.</p> <p>R116</p> <p>On 07/16/24 at 2:27 PM, R116 was observed to be in bed with the head of the bed up around 30-45 degrees. R116 was leaned over to right so that their right shoulder was at the end of the bed. On query R116 attempted to reach the left side of the bed and was unable to bring themselves to an upright position in bed. The food tray was angled away from the right side of the bed with some of the items eaten.</p> <p>At 5:24 PM, R116 was leaned over with their shoulder at the right side of the bed with the head of the bed up around 30-45 degrees. R116 reached over the bedside table and moved some items around. R116 acknowledged their position in bed and the noted they had been at the facility a couple of weeks. R116 commented they needed therapy for their legs.</p> <p>On 07/17/24 at 7:56 AM, R116 was observed to be in bed and appeared to be sleeping at they were not awakened to the knock on the door and the head was over to the right shoulder. R116 was more upright in bed but remained off center to the right.</p> <p>At 11:07 AM, R116 reported they had therapy earlier. R116's torso was off center as before.</p> <p>At 12:46 PM R116 continued as before in bed.</p> <p>On 07/17/24 at 2:46 PM, R116 was flatter in bed with the head of the bed down, slightly off center to the right, The bed control was in hand.</p> <p>At 4:58 PM, R116 was observed to be in bed with the head of bed up around 20-30 degrees, the torso was toward the right edge of the bed.</p> <p>(continued on next page)</p>		

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  07/18/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/18/24 at 7:46 AM and 10:56 AM, R116 was observed to be in bed, the right shoulder over to right edge of bed and the head of bed up around 30-45 degrees.</p> <p>At 10:10 AM, R116 functional status was reviewed with the Therapy Manager. The Therapy Manager reported R116 refused physical therapy upon evaluation on 07/07/24 and acknowledged R116 had rigidity and impaired mobility. The manager noted occupational therapy would be working on sitting balance, wheelchair mobility and lower body bathing. It was noted by the therapy manager there were refusals on 7/15/24 and 07/17/24 with concerns for being hurt or pain or other excuse provided. R116 was not observed to be out of bed during the survey.</p> <p>A review of the record for R116 revealed, R116 was admitted into the facility on [DATE]. Diagnoses included Schizoaffective Disorder, Anxiety Disorder, Dementia and the Need for Assistance with Personal Care. The Minimum Data Set (MDS) assessment dated [DATE] documented intact cognition with a 14/15 BIMS, Disorganized Thinking, rejection of care one to three days, functional range of motion limitation in both lower extremities and total dependence for bathing, for toileting hygiene, to roll left or right, to sit up and lay down from the side of the bed and to transfer.</p> <p>The care plan dated 07/03/24 documented at risk for changes in behavior and mood .offer choices to enhance sense of control . at risk for pain .Encourage/assist to reposition frequently to position of comfort . implement .positioning to assist with pain and monitor for effectiveness . at risk for alteration in skin integrity . encourage and assist as needed to turn and reposition, use assistive devices as needed . has alteration in mobility .range of motion to be provided by staff during ADL task . Resident chooses not to agree with the plan of care .Encourage resident to make decisions concerning timing of care .</p> <p>On 07/18/24 at 12:22 PM, the wound consultant Nurse Practitioner was asked about repositioning and with a low air loss or specialty mattress and reported they still recommend to reposition residents as tolerated.</p> <p>On 07/18/24 at 11:03 AM and 2:36 PM, the care of the identified residents was reviewed with the Director of Nursing (DON), The DON noted R116 was very resistive to care exhibited behaviors and would not let them touch even the trash can. It was further reported that it takes 4-5 people to get R116 together the DON acknowledged they could do better. For R44 the DON noted resistance to care at times and the presence of wounds and the reopening of a wound to the left foot. The DON reported that looking at everything the facility could improve on repositioning. For R35 the DON noted R35 could also be resistive to care at times and does not like to be turned.</p> <p>A review of the policy titled, Repositioning issued 08/09/23, revealed, .this procedure is to provide guidelines to promote comfort, assist in prevention skin breakdown, promote circulation and provide pressure relief for bedbound and chairbound residents .frequency of repositioning a bedbound or chairbound resident should be determined by: Level of resident's activity and mobility; type of pressure redistribution support surface in use -- turning and repositioning is still required on specialty surfaces but frequency ay be reduced; The condition of the resident's skin; The overall condition of the resident; Comfort levels of the resident; Resident preferences . Residents who are immobile and or dependent on staff for repositioning, should be repositioned every two hours .</p>		

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  07/18/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32220</p> <p>Based on observation interview and record review the facility failed to maintain sanitary conditions in the kitchen for 74 residents. Findings include:</p> <p>On 07/16/24 at 8:40 AM and on 07/18/24 at 7:54 AM, the main kitchen was observed with the Dietary Manager (DM) present and the following was noted:</p> <ul style="list-style-type: none"> <li>-two gnats were flying around the beverage dispenser;</li> <li>-a six inch puddle of water was observed between the coffee dispenser and the reach-in refrigerator;</li> <li>-a fly was flying around the dishwasher area;</li> <li>-food particles were under the garbage disposal-with a bucket under the disposal and on the floor at the left corner of the pre-rinse counter;</li> <li>-a tan colored sludge extended four (six inch) tiles out and 12 tiles down toward the dishwasher;</li> <li>-the dishwasher had a build up of food and sticky soil under the entire foot print of the unit;</li> <li>-the floor under the drying/clean side of the dishwasher had standing water which covered four tiles;</li> <li>-a test of a sanitizer bucket with the DM indicated it was light and not at the proper level for disinfection;</li> <li>-food debris was left on the 8 quart pot and scoops- three red, one blue, one yellow, one gray;</li> <li>-a box of meat was not fully closed to prevent air contamination.</li> </ul> <p>On 07/18/24 at 7:54 AM, the puddle behind the coffee dispenser was observed gone and left a tile size area of black soil.</p> <p>On 7/18/24 at 8:28 AM, staff were serving food from the breakfast tray line service and the following was observed:</p> <ul style="list-style-type: none"> <li>-a box of food placed into the reach in refrigerator by the DM; At 8:34 removed gloves to prepare items on the stove and placed on new gloves without hand hygiene in between; At 8:49 AM, the cook removed their gloves and walked over to the trash can and lifted the front edge of the trash can with the gloves in hand, entered the ice dispenser area, removed a carton of liquid eggs from a refrigerator, re-entered the main kitchen area, donned new gloves without hand hygiene and returned to food serving and plating;</li> </ul> <p>(continued on next page)</p>		

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  07/18/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-at 8:51 AM, a fly was observed to land on a fluorescent light fixture by the entry door, the middle fixture in same line was without a cover and appeared rusty; the DM removed their gloves and completed some other tasks with the toaster and filling some oatmeal serving cups and hands were not observed to be washed between glove changes. The identified concerns were reviewed with the DM and the cook. It was noted they were waiting for a part for the disposal because it sprayed debris when in use and the floor was cleaned nightly.</p> <p>A pest control visit note dated 05/28/24 noted a leak behind the drink machine in the kitchen.</p> <p>A review of the policy titled, Kitchen Sanitation to Prevent the Spread of Viral Illness dated 2/2023 revealed, The Food service employees of the facility will practice good sanitation practices in accordance with the state and US Food Codes in order to minimize the risk of cross contamination and spread of illness through food Use of Gloves i. Gloves are not a substitute for thorough and frequent hand washing. 1. When using gloves, always wash hands before touching or putting on new gloves. ii. Do not use latex or corn starch powder, which can transfer protein allergens from latex to person consuming food. iii. Use single use gloves for one task. iv. Change gloves: 1. Between each food preparation task. 2. After touching items, utensils or equipment not related to task. 3. After touching hair, face or any other source of contamination. 4. When leaving food preparation area for any reason. The food service director or designed shall enforce all principles of employee hygiene while preparing, storing and serving food to minimize spread of illness .</p>		

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  07/18/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32220</p> <p>Based on observation, interview, and record review, the facility failed to perform hand hygiene during/after resident care for two residents (R26 and R44) and failed to sanitize patient care equipment after use for one resident (R218) of three residents reviewed for hand hygiene during care. Findings include:</p> <p>On 07/17/24 at 8:03 AM, Licensed Practical Nurse (LPN) J completed a medication administration and washed their hands to a count of five seconds.</p> <p>On 07/17/24 at 8:38 AM, LPN K completed a medication pass and did not complete hand hygiene after removal of their gloves.</p> <p>On 07/17/24 at 08:30 AM, Nurse D did not perform hand hygiene prior to beginning medication preparation. After Nurse D prepared some medications, it was determined stock medications were not available in the medication cart. Nurse D went to the medication storage room to obtain them. Hand hygiene did not occur before Nurse D left the medication cart. Nurse D did not perform hand hygiene when resuming medication preparation.</p> <p>On 07/17/24 at 08:30 AM, Nurse D obtained R218's blood pressure, administered R218's medication, and left the room. Nurse D did not sanitize the blood pressure apparatus.</p> <p>On 07/17/24 at 09:35 AM, Nurse E did not perform hand hygiene prior to beginning medication preparation. Nurse E completed preparing the mornings medication and entered the resident room with the blood pressure apparatus. Nurse E obtained R26's blood pressure and pulse and handed R26 the medication cup. R26 revealed to Nurse E that he wanted to hold off on taking the blood pressure medication and the water pill, providing an explanation to Nurse E and revealing he would take after therapy. Nurse E returned to the medication cart without performing hand hygiene. Nurse E then pulled all of the administered medication cards from the cart to enable the identification of the blood pressure pill and the water pill. Nurse E donned one glove after choosing the correct card, to identify the correct pills to remove. Nurse E then dumped similar looking tablets into her gloved hand and removed the correct pills, placing them in a separate medication cup. Nurse E removed her glove, hand hygiene was not performed. Medication was administered to R26. R26 dropped one capsule to the floor. Nurse E retrieved the capsule from the floor, identified it and placed in the cup with the other wasted medication. Hand hygiene was not performed. The blood pressure apparatus was not sanitized.</p> <p>On 07/17/24 at 09:35 AM, Nurse E left the medication cart with the medication to be wasted. Nurse E went to the medication storage room to place the wasted medication in the safe disposal container. Nurse E opened a new medication safe disposal container using a half donned glove, punctured the seal with their pen and dropped the medication in. Nurse E resealed the container and replaced under the sink. Nurse E removed the glove. Hand hygiene was not observed.</p> <p>On 07/17/24 at 09:35 AM, Nurse E left the medication storage area and returned to her medication cart. Nurse E began to prepare medication for the next resident. Hand hygiene was not performed.</p> <p>(continued on next page)</p>		

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  07/18/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/18/24 at 11:39 AM, a wound care observation for R44 was completed with the wound care consultant, unit manager and wound nurse. The heel wound was assessed by the wound consultant and upon completion their hands were washed less than 20 seconds. The keys for the treatment cart were used by the consultant to get supplies from the cart with a gloved hand. Gloves were removed and hands were washed approximately five seconds. The coccyx wound was then measured and by the wound consultant and gloves were doffed with hand washing for a count of five seconds. A picture was taken of a left heel wound by the wound consultant who had their forearms on the bed to point the camera at the wound. The consultant finished and doffed their gloves with hand washing for a count of five seconds. The phone was not wiped down prior to the consultant putting it in their pocket. The phone was then used without gloves by the consultant.</p> <p>On 07/17/24 at 1:03 PM, the infection control nurse reported hand washing should be done between gloves changes and should include the use of hand sanitizer or soap. If washed with soap hands should be washed for at least 20 seconds. The infection control nurse also reported the need to complete hand hygiene between care of residents and to clean the blood pressure cuff between residents.</p> <p>On 07/18/24 a review of the policy titled Hand Hygiene revised 4/14/23, revealed, Situations in which using soap and water or alcohol based hand rub can be used, before preparing or handling medications, before performing resident care procedures, after contact with a resident's skin, and after handling contaminated objects, equipment, dressings, etc .</p>		

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  07/18/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46956</p> <p>This citation pertains to Intake MI00145395.</p> <p>Based on observation, interview, and record review, the facility failed to maintain clean, sanitary tube feeding equipment for one (R48) of two residents reviewed for tube feeding. Findings include:</p> <p>The facility record for R48 revealed an admitted [DATE] with diagnoses that included Cerebral Infarction and Gastrostomy Status.</p> <p>On 07/16/24 at 10:48 AM, R48 was observed in bed. The tube feeding pole and base were observed to be significantly soiled with tube feeding fluid.</p> <p>On 07/17/24 at 09:06 AM, R48 was observed laying in bed. The tube feeding was being administered. The tube feeding pole and base were observed to continue to be soiled as during the previous observation.</p> <p>On 07/17/24 at 02:42 PM, R48's tube feeding pole was observed to continue to be in the same soiled condition as during the previous observations.</p> <p>On 07/18/24 at 09:07 AM, R48's tube feeding pole and base were observed to continue to be in a significantly soiled condition as during the previous observations.</p> <p>On 07/18/24 at 11:12 AM, the facility Director of Nursing (DON) observed R48's tube feeding equipment with the surveyor and reported that the pole should not be in such a soiled condition. The DON reported their expectation is the equipment should be cleaned any time it becomes soiled. The DON reported that the cleaning of the equipment can be completed by clinical or housekeeping staff.</p> <p>Review of the facility policy Routine Cleaning and Disinfection dated 08/22 included the Policy statement It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. The Compliance Guidelines section further stated 1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge.</p>