STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235206	A. Building B. Wing	08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Whitehall	916 East Lewis Street Whitehall, MI 49461

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 Level of Harm - Minimal harm or potential for actual harm 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. (continued on next page)

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure sufficient staff to meet the needs of seven Residents on the 100 hall (R202, R207, R210, R212, R215, R216 and R207) and five residents on the 200 hall (R204, R206, R208, R211, and R214). Findings Include: Review of the staff schedules provided by the facility for 8/12/25 through 8/14/25 reflected that one Certified Nurse aide (CNA) was scheduled for the 100 hall and one CNA was scheduled for the 200 hall for each day, afternoon, and night shifts.A review of documentation provided by the facility reflected fourteen residents resided on the 100 hall and eight residents on the 200 hall.R202 - 100 HallR202 was admitted to the facility 7/10/2025 with diagnoses that include Muscular Dystrophy and Chronic Obstructive Pulmonary Disease. Review of the Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) reflected R202 scored 15 out 15 which indicated the Resident was cognitively intact.Review of the care plan for R202 reflected Activities for Daily Living (ADL) focus of resident refuses to get out of bed for meals times to allow (sic) and prefers to eat in his room. Review of the interventions for this focus reflected R202 will be encouraged to go to the Dining Room for meals initiated 8/1/2025. The care plan further reflected that R202 required full mechanical lift with two staff members for transfers, is at risk for constipation, is at risk for falls, and the bed is to be in a low position when the Resident is in it.On 8/12/2025 at 12:16 PM an observation and interview were conducted with R202 in his room. R202 was observed to be in bed which was in a high position. A bedside commode was observed in the room. R202 reported staffing at the facility was inadequate as it was not unusual to wait as long as an hour for a response to a call light. R202 indicated a clock on the wall across from his bed and reported he had timed call light responses. R202 reported while he does prefer to eat in his room he still likes to get out of bed and use his power wheelchair. R202 reported that if he asks for help to get out of bed, he often will have to wait several hours before two staff are available to transfer him. R202 reported that sometimes a staff member will return to his room later and tell him they are not going to be able to get him up. R202 reported that the last time this happened was two or three days prior to this interview and that he only gets out of bed two or three times a week. R202 reported he has constipation but when he does have a BM he must have it in bed. R202 reported the facility had a special Hoyer sling with a hole in it that allowed him to have a BM out of bed. R202 reported inconsistent availability of this special sling and a lack of available two personnel required for the operation of the mechanical lift when he must void. R202 reported at one point that the facility took away the special sling, so he had a family member bring in a bedside commode from home. However, R202 reported the facility does not have the available staff to transfer him when he needs to have a BM. The Electronic Medical Record (EMR) Progress Notes for R202 were reviewed. No documentation was identified that reflected that R202 had refused to get out of bed. Physician documentation on 7/22/2025 at 1:55 PM reflected the Resident had complained to the physician that He (R202) has concerns about staff: timely care, communication between shifts etc. Documentation on 7/23/2025 at 11:37 AM reflected that R202 was verbalizing frustration that he is not getting out of bed due to using the bed pan ineffectively. The documentation reflected supervision would be notified to formulate a solution. On 7/29/2025 at 3:35 PM physician documentation reflected that R202 continued to (complain) about cares. Physician documentation dated 7/31/2025 reflected that R202 reports he has a hard time having a (bowel movement) (because) the Hoyer pad doesn't have a hole in it anymore . having his brother bring in his commode from home. On 8/4/2025 physician documentation reflected a continued concern that the proper Hoyer sling was not available and that this was discussed with administrationAs of survey exit, no additional documentation was providedR207 -100 HallReview of the medical record reflected R207 admitted to the facility 8/30/2024 with pertinent diagnoses that included amputation of the right leg below the knee, and retention of urine. The MDS dated [DATE] reflected a BIMS score of 15 which indicated R207 was cognitively intact.During an interview conducted on 8/13/25 at 2:30 PM, R207 reported the facility is short staffed. R207 reported he regularly used a urinal in bed and often gets his bedding wet. R207 indicated he will initiate a call light and will have to wait, and wait, and wait. R207 reported he sees staff walking fast past his door and indicated staff know my light is on. R207 reported around 6:00 AM, if the night shift was still on duty, he was able to get his bedding changed but if the day shift was on often, it would be 2:00 PM before his bedding was changed. R207 was asked if he had complained of this but conveyed that everyone knows it, everyone talks about it referring to his perception of lack of adequate staff numbers, and it's common