

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Optalis Health & Rehabilitation of Whitehall		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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: 235206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2025
NAME OF PROVIDER OR SUPPLIER Optalis Health & Rehabilitation of Whitehall		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake # 2695940 and 2690356Based on interview and record review, the facility failed to ensure that weights were obtained, and medications were administered in accordance with physician orders for 5 out of 7 residents (Resident #4, #8, #9, #10, and #11), reviewed for the provision of nursing services. Findings:Resident #4 (R4) Review of an admission Record revealed R4 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: adrenocortical insufficiency (adrenal glands don't produce enough cortisol and aldosterone.)Review of R4's Order Summary dated 12/2/25 revealed a steroid taper dose:predniSONE Oral Tablet 10 MG (Prednisone) Give 2 tablet by mouth two times a day for inflammation for 2 Days thenpredniSONE Oral Tablet 10 MG (Prednisone)Give 1 tablet by mouth two times a day for inflammation for 3 Days thenpredniSONE Oral Tablet 10 MG (Prednisone) Give 1 mg by mouth one time a day for inflammation for 3 Days.Review of R4's December Medication Administration Record revealed:On 12/5/25 the morning dose was not administered.On 12/6/25 the morning dose was not administered. Review of R4's Electronic Medical Record revealed no documentation for the rationale or a provider order for withholding the prednisone.During an interview on 12/26/2025 at 1:03 PM, the Director of Nursing (DON) confirmed there were 2 doses of prednisone not administered to R4 on 12/5/25 in the morning and on 12/6/25 in the morning. DON reported that the licensed nurse received a medication error write up and immediate 1:1 education on medication administration.Resident #8 (R8) Review of an admission Record revealed R8 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: congestive heart failure.Review of R8's Order Summary dated 12/10/25 revealed, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 25 mg by mouth one time a day for Hypertension HOLD for SBP <110 (systolic blood pressure [top number] less than 110) and/or HR <60 (heart rate less than 60).Review of R8's Blood Pressure Summary and Pulse Summary revealed the last assessment of R8's pulse and blood pressure was completed on 12/14/25. The previous assessments were completed on 6/30/25.Review of R8's December Medication Administration Record revealed the metoprolol was administered 12/11/25-12/15/25, 12/17/25-12/21/25,and 12/23/25-12/25/25.Review of R8's Electronic Medical Record revealed no documentation for the rationale for administering the medication without first obtaining a heart rate or blood pressure.Resident #9 (R9) Review of an admission Record revealed R9 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: congestive heart failure and hypertension.Review of R9's Order Summary dated 8/19/25 revealed, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 2 tablet by mouth every morning and at bedtime for HTN (hypertension) hold for SBP less than 100 or pulse less than 60.Review of R9's Blood Pressure Summary and Pulse Summary revealed the only blood pressure and heart rate assessments were completed on 12/2/25, 12/8/25, and 12/9/25.Review of R9's December Medication Administration Record revealed every dose of metoprolol was administered from 12/1/25 through 12/26/25.Review of R9's Electronic Medical Record revealed no documentation for the rationale for administering the medication without first obtaining a heart rate or blood pressure.Resident #10 (R10) Review of an admission Record revealed R10 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: congestive heart failure.Review of R10's Order Summary dated 10/27/25 revealed: Digoxin Oral Tablet 125 MCG (Digoxin) Give 1 tablet by mouth at bedtime for heart failure Hold for HR < 60 (heart rate less than 60). Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 0.5 tablet by mouth at bedtime for beta blocker (12.5 mg) Hold for HR < (less than) 60 or SBP < 90.Review of R10's Pulse Summary revealed the only assessments were completed on 12/8/25 and 12/24/25.Review of R10's December Medication Administration Record (MAR) revealed every dose of digoxin was administered from 12/1/25 through 12/22/25 and 12/24/25-12/25/25.Review of R10's Blood Pressure Summary revealed a blood pressure assessment was not completed on 12/2/25, 12/9/25, 12/10/25, 12/14/25, 12/15/25, 12/21/25, 12/23/25, or 12/25/25.Further review of the Blood Pressure Summary revealed:R10's blood pressure of 120/80 was documented in the MAR for 12/8/25, 12/9/25, and 12/10/25. R10's blood pressure of 138/64 was documented in the MAR for 12/13/25 and 12/14/25. R10's blood pressure of 135/67 was documented in the MAR for 12/20 and 12/21. R10's blood pressure of 124/74 was documented in the MAR for 12/22/25 and 12/23/25. Review of R10's Electronic Medical Record revealed no documentation for the rationale for</p>		