

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Kingsford		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Woodward Avenue Kingsford, MI 49801	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35103</p> <p>This intake pertains to MI00145231:</p> <p>Based on interview and record review, the facility failed to inform the Resident Representative of the grievance policy and procedure and promptly address all grievances for one Resident (R1) out of three residents reviewed for Resident Rights. This deficient practice resulted in grievances submitted by email, without inclusion in the facility grievance log, and a delay or omission of grievance response(s). Findings include:</p> <p>All times noted are Eastern Daylight Savings Time (EDST) unless otherwise noted.</p> <p>An abbreviated survey was conducted on 7/24/24 related to complaint allegations that the facility failed to provide staff assistance with personal hygiene and incontinence for R1. This included the failure of the facility to maintain an adequate stock on incontinence briefs (pull-up style) in the specific location (R1's top dresser drawer) for R1, as specified in R1's care plan, based on R1's Resident Representative request.</p> <p>Review of R1's Minimum Data Set (MDS) assessment revealed R1 was admitted to the facility on [DATE], with active diagnoses that included the following, in part: Traumatic brain dysfunction, cerebrovascular accident (stroke), seizure disorder or epilepsy, unspecified intracranial injury with loss of consciousness of unspecified duration, sequela, borderline intellectual functioning, cognitive communication deficit, post-traumatic hydrocephalus, and presence of cerebrospinal fluid drainage device. R1 scored 4 of 15 on the Brief Interview for Mental Status (BIMS) reflective of severe cognitive impairment, although R1 had clear speech and was able to understand others and be understood when speaking.</p> <p>Review of electronic email correspondence between Complainant A and facility administrative staff, including former Nursing Home Administrators (NHA's) C and I, the current NHA, the Director of Nursing (DON), and RN/Unit Manager B revealed emails from Complainant, A related to R1's care and treatment while in the facility, on the following dates: 4/27, 4/28, 4/29, 5/1, 5/2, 5/5, 5/8, 5/10, 5/12, 5/14, 5/19, 5/23, 5/25, 5/27, 5/30, 6/9, 6/10, 6/12, 6/21, 6/27, 6/30, 7/1, 7/22, and 7/23/24. These emails were provided to this Surveyor by Complainant A.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Grievance Binder with the NHA and Regional Clinical Services Director G on 7/24/24 at 3:02 p. m., identified the following dates of electronic emails included in the Grievance Binder for review and resolution: 5/1, 5/5, 5/8, 5/10, 5/12, 5/23, 5/25, and 7/15/24. No other email concerns voiced by Complainant A were found in the Grievance Binder to show they had been reviewed and a resolution found for the undocumented grievances.</p> <p>During an interview on 7/24/24 at 1:45 p.m., the NHA acknowledged she did not have grievance forms for all of the concerns identified by emails to the facility from Complainant A. The NHA confirmed a grievance form should have been filled out for all of the concerns identified by emails submitted to the facility, and there was no evidence to show this had been done.</p> <p>Review of the Concern (Grievance) Process policy, revised date 5/31/2024, revealed the following, in part: It is the policy of the facility to support each resident's and family member's right to voice concerns (grievances) without discrimination, reprisal, or fear of discrimination or reprisal. Concerns, grievances, recommendations stemming from resident or family group council concerning issues of resident care in the facility will be documented. Actions on such issues will be responded to at or before the next resident or family group meeting.</p> <p>The Administrator is the Grievance Officer of the facility.</p> <p>The Grievance Officer is responsible for overseeing the concern (grievance) process which includes receiving and tracking concerns through to their conclusion, maintaining the confidentiality of information associated with grievances, and issuing written grievance decisions to the resident upon their request. The grievance officer may choose to lead or delegate any necessary investigations and/or follow-up related to the concern.</p> <p>.</p> <p>Concern forms will be maintained for a period of no less than 3 years from the issuance of the grievance decision .</p> <p>- Concerns/Grievances may be voiced in the following ways:</p> <p>- Written complaint to a staff member including the Grievance Officer.</p> <p>- If the written complaint was not documented on a concern form, staff will transcribe the concern onto a concern form for appropriate follow-up documentation.</p> <p>- Written complaint to a staff member including the Grievance Officer.</p> <p>- If the written complaint was not documented on a concern form, staff will transcribe the concern onto a concern form for appropriate follow-up documentation.</p> <p>The designated staff member will make every effort to resolve the concern/grievance within 5-10 business days and complete the concern form to submit to the Grievance Officer.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resolution of a concern may take longer depending upon the nature of the concern and/or the expansion of investigation, and/or the outside sources (i.e. waiting for family to bring in a receipt for reimbursement for replacement of an item, etc.)</p> <p>The designated staff member will review the findings and actions taken with the Grievance Officer.</p> <p>The Grievance Officer will review the concern form to determine if additional actions need to be taken and if the concern has been resolved.</p> <p>- The Grievance Officer will notify the complainant to determine if they are satisfied with the resolution and document the information on the concern form.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35103</p> <p>This intake pertains to MI00145231:</p> <p>Based on interview and record review, the facility failed to provide the appropriate treatment and services to maintain the ability to carry out activities of daily living for one Resident (R1) out of three residents reviewed for ADL care. This deficient practice resulted in inadequate grooming, dressing, personal hygiene, and toileting for R1. Findings include:</p> <p>All times noted are Eastern Daylight Savings Time (EDST) unless otherwise noted.</p> <p>An abbreviated survey was conducted on 7/24/24 related to complaint allegations that the facility failed to provide staff assistance with personal hygiene and incontinence for R1. This included the failure of the facility to maintain an adequate stock of incontinence briefs (pull-up style) in the specific location (R1's top dresser drawer) for R1, as specified in R1's care plan based on R1's Resident Representative request.</p> <p>Review of R1's Minimum Data Set (MDS) assessment revealed R1 was admitted to the facility on [DATE], with active diagnoses that included the following, in part: Traumatic brain dysfunction, cerebrovascular accident (stroke), seizure disorder or epilepsy, unspecified intracranial injury with loss of consciousness of unspecified duration, sequela, borderline intellectual functioning, cognitive communication deficit, post-traumatic hydrocephalus, and presence of cerebrospinal fluid drainage device. R1 scored 4 of 15 on the Brief Interview for Mental Status (BIMS) reflective of severe cognitive impairment, although R1 had clear speech and was able to understand others and be understood when speaking.</p> <p>Review of R1's Care Plans, formulated in collaboration with the Resident Representative, revealed the following interventions, in part:</p> <ul style="list-style-type: none"> - Maintain as much as possible a preferred routine, familiar staff/unit and a homelike environment. Date Initiated: 07/16/2024. - Encourage use of hearing aid(s) during activity programs. Date Initiated: 07/16/24. <p>Focus: Alteration in elimination/risk for constipation r/t (related to) decreased mobility, chronic idiopathic constipation, occasional episodes of incontinence reported historically, improper cleaning of self after BM (bowel movement) per family, will remove brief and not put on new one. Date Initiated: 07/16/2024.</p> <ul style="list-style-type: none"> - Approach resident for toileting hygiene by saying 'let's freshen up'. Date Initiated: 07/16/2024. - Check resident on rounds to ensure resident has a brief on. Date Initiated: 07/16/2024. <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Keep briefs stocked and easily available for resident use in top dresser drawer. Date Initiated: 07/23/2024. - Prompt toileting upon arise in a.m., before/after meals, at HS (hour of sleep) and if noted awake on rounds. Assist resident with incontinence cares as needed. Date Initiated: 07/16/2024. - Provide reinforcement of proper toileting hygiene with toileting prompts. Date Initiated: 07/16/24. - IDT (Interdisciplinary Team) to provide patient centered services according to care plans in an effort to enhance optimum functioning and psychosocial wellbeing. Date Initiated: 07/16/2024. <p>Focus: Resident has an ADL self-care performance deficit related to: hx (history) of traumatic brain injury .</p> <ul style="list-style-type: none"> - Assist resident with shaving every day. Date Initiated: 07/16/2024. - Eating: Independent after set up. Date Initiated: 07/16/2024. - Hand wash compression socks and hang to dry nightly. Date Initiated: 07/16/2024. - Hearing aides (sic) to bilateral ears - assist with applying in the AM, remove and place on charger at HS. Date Initiated: 07/23/2024. - Immediately alert nurse and document if resident refuses any cares . Date Initiated: 07/16/2024. - Keep top sheet on bed at all times. Date initiated: 07/23/2024. - Tensoshapes (compression socks) - On in AM, Off at HS - (Family provides colorful and designed stocking - HAND WASH ONLY). Date Initiated: 07/16/2024. - Set up and cueing with supervision were required for dressing, personal hygiene, oral care, and toilet use. <p>Review of electronic email correspondence between Complainant and facility administrative staff, including former Nursing Home Administrators (NHA's) C and I, the current NHA, the Director of Nursing (DON), and RN/Unit Manager B revealed the following emails with ADL concerns:</p> <p>4/27/24: To Former NHA I - . [R1] had on soiled clothes which she had on yesterday. There were 4 pairs of dirty socks strewn about and she is still wearing same pajamas. [R1] does not necessarily need physical help dressing but she does need to have clean garments laid out for her, as well as clean panties . IF soiled clothes are not put in laundry, she will either hang them back in the closet or leave on chair, and put them on again .I realize it's a learning process but some of the related ADL activities we may take for granted, are not always on [R1's] radar .</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/28/24 to Former NHA I: . I explained yesterday why she has needs that may not be evident. I found the outfit she had on Friday hung up in the closet. Pants were full of bm (see blue pants). In addition, bed, where she changed her panties or took soiled off was streaked with bm (see pic), and the pajamas she has worn since admission were still out and evidently no panties was (sic) worn as they were soiled. I do understand it is a learning process but [R1] will not express her 'needs' as she does not think she has any .</p> <p>5/5/24 to RN B and former NHA C: When picking [R1] up Saturday, she still hadn't had her facial hair shaved . Can you PLEASE ensure this task is incorporated into her daily cares? . In addition, her brief was soaked, and her pants were wet on Saturday. She had not changed her brief since Friday . Please make sure she is CLEAN, wearing a clean brief, clean clothes, and shaved on Monday by 9:30 a.m. for her visit to the healthcare provider.</p> <p>5/19/24 to RN B: [R1] was not wearing compression socks today . Her ankles were pretty swollen by afternoon. The pair from Saturday was still on the floor where she put them after I brought her back Saturday .</p> <p>5/23/24 to RN B: . room smelled of urine and the waste basket had discarded briefs. [R1] also had a VERY strong odor of human waste product. I brought her home and change her brief and freshened her up a bit . I also brought two packages (28) of briefs from home, as there were none in her drawer . If briefs are not available in the usual spot, she will go without so please make sure she has some available.</p> <p>5/25/24 to RN B: . I picked [R1] up about 10 minutes ago . and the odor emanating from her was intense . What is the problem that staff cannot insure she is clean? . It is the facility's responsibility to make sure she is CLEAN. I am very worried about skin breakdown if this continues. I should not have to take her to my house in order to make sure she is presentable .</p> <p>5/25/24 to RN B: And not shaved. ARGH.</p> <p>5/27/24 to RN B: It's Monday. [R1] still hasn't been shaved and she also has significant perineal body odor. I thought since it's supposed to be shower day, I could pick her up without having to stop at my house to clean her up. No one other than the activities person was visible so couldn't mention it. Is it the wing staff? Perhaps we need to move [R1] to the west wing if current staff cannot meet her needs. Our plans constantly have to be changed because (facility name) staff are not doing their jobs by ensuring she is clean, and clean shaven.</p> <p>6/9/24 to RN B: Just a status report. When I talked to former NHA I, I hadn't really been in close proximity to [R1]. But as she moved past me and I helped her in the truck, she had a strong discernible odor (on Friday afternoon also as I told the DON) I was taking her to my house anyway today to find a bra as all of her bras are gone so she was [NAME] bra; but had her freshen up here too. In addition, I could not locate all of her 6 pairs of compression socks .</p> <p>6/12/24 to RN B: .[R1] was unclean, with significant odor every day in the last week I have been there [NAME] today. We had to go to laundry and find some of her undergarments . If I am short with you, it's because in two months there doesn't seem to be the progress and improvements in [R1s] care I had hoped for.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/20/24 to RN B: .When I picked her up, she had a body odor, and her pull-up had smeared bm .</p> <p>7/22/24 to NHA and RN B: Please make sure [R1] has adequate supply of pull-ups available. She had NONE on today, and the back of her pants were soiled with BM .</p> <p>7/23/24 to NHA and RN B: [R1] has no briefs in her drawers. IF she is to maintain cleanliness and good hygiene, she needs to have briefs available.</p> <p>During an interview on 7/24/24 at 10:29 a.m., CNA D was asked if she was aware that R1 had a bowel movement in her pants on Monday, 7/23/24, when CNA D asked her to walk down the hall to the shower chair by the nurse's station. CNA D stated, I knew [R1] had an accident (bowel movement), so I probably should not have asked her to walk down to the nurse's station (where the shower chair was located). CNA D confirmed a brown feces stain was visible on the back of R1's pants as she walked down the hall, and in hind sight CNA D agreed they should not have made R1 walk in the hallway in that condition (with brown poop stains on her pants).</p> <p>During an interview on 7/24/24 at 1:45 p.m., the NHA acknowledged understanding and agreement with continued concerns related to the provision of ADL treatment and services to maintain or improve R1's ability to perform her own ADL care.</p>		