

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 10/30/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978</p> <p>This citation pertains to intake MI00147496.</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate transfer using a mechanical lift for one Resident (#1) of three residents reviewed for accidents, resulting in Resident #1 sustaining a fall with subsequent left knee pain and the potential for serious injury.</p> <p>Findings include:</p> <p>All time recorded in Eastern Daylight Time (EDT), unless otherwise noted.</p> <p>Resident #1 (R1)</p> <p>According to the Minimum Data Set (MDS) assessment, dated 10/09/2024, R1 was admitted to the facility on [DATE] and had diagnoses including cervical disc disorder, morbid obesity and a history of falling. Further review of the MDS assessment revealed R1 was dependent on staff for all transfers and bed mobility. R1 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating R1 was cognitively intact.</p> <p>On 10/30/2024 at 12:05 p.m. R1 was observed in her room sitting in bed. R1's bed was observed to be in a high position, approximately three feet above the floor. During an interview at the time of the observation, R1 reported a recent fall from a sit-to-stand type mechanical lift. R1 stated she could not bear weight and when she was lifted from being seated on the bed, her feet fell off the lift platform and she fell on her knees. R1 was observed rubbing her left knee as she reported she had continued left knee pain following the fall. When asked how she was usually transferred from her bed, R1 stated staff were supposed to be using the total mechanical lift that does not require her to bear weight.</p> <p>Review of the Witnessed Fall report, dated 10/24/2024 at 12:00 (Central Daylight Time, CDT), revealed the following:</p> <p>CNA [certified nursing assistant] staff were attempting to transfer resident via [sit-to-stand mechanical lift], which she has been practicing with therapy. However, in her care plan her transfer status remains as assist of 2 with [total mechanical lift]. Resident stated her legs gave out.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Witnessed Fall reported revealed the following statement from CNA B, dated 10/24/2024:</p> <p>While attempting to transfer resident in [sit-to-stand] lift from bed to wheelchair . I looked down and realized her left foot was on the floor instead of the lift base. As we were going to lower her into the chair, I noticed both feet were on the floor when we lowered her, her kneed bucked and she was lowered to the floor.</p> <p>Review of the staff education document attached to the fall report, provided by the DON, revealed CNA B and CNA F were verbally educated by Registered Nurse (RN) H on 10/24/2024, regarding the importance of checking care plans for transfer status prior to transferring residents.</p> <p>During an interview on 10/30/2024 at 1:00 p.m., the Director of Nursing (DON) reported CNA B and CNA F were educated following R1's fall on 10/24/2024. The DON reported the education provided was to remind the CNAs to follow resident care plans to ensure use of appropriate transfer equipment, including mechanical lifts. When asked if staff practices were audited following the education to ensure compliance and identify any other resident who may have been affected, the DON stated no audits were conducted. The DON reported the incident appeared to be due to a miscommunication regarding R1's transfer status. The DON reported CNA staff were under the impression R1's status was changed by the therapy department to use of the sit-to-stand mechanical lift. The DON reported the care plan had not yet been updated by therapy to reflect the change.</p> <p>During an interview on 10/30/2024 at 3:03 p.m., Therapy Director, Physical Therapist (PT) A reported R1 had never been approved by therapy for use of the sit-to-stand mechanical lift for transfers. PT A stated R1 was unable to fully participate with transfers and weight-bearing therefore required the use of the total mechanical lift.</p> <p>Review of R1's ADL (Activities of Daily Living) care plan revealed the following:</p> <p>Transfer: Resident requires full mechanical lift with 2 PA [person assistance]. Date initiated: 10/16/2024.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41978</p> <p>This citation pertains to intake MI00 147221.</p> <p>Based on observation, interview and record review, the facility failed to ensure use of Enhanced Barrier Precautions (EBP, gown and glove use) during high-contact resident care activities, according to physician order and current professional guidelines, for one Resident (#2) of three residents reviewed for infection control, resulting in the potential for spread of multidrug-resistant organisms (MDROs) and infection.</p> <p>Findings include:</p> <p>All time recorded in Eastern Daylight Time (EDT), unless otherwise noted.</p> <p>According to the Minimum Data Set (MDS) assessment, dated 10/18/2024, R2 was admitted to the facility on [DATE] and had diagnoses including anal cancer, an open peri-anal surgical wound, colostomy, right and left nephrostomy, and neuromuscular dysfunction of the bladder with suprapubic catheter. Further review of the MDS assessment revealed R2 was dependent on staff for toileting hygiene and personal hygiene, including management of ostomies and catheters.</p> <p>An observation of R2's care provided by Certified Nursing Assistant (CNA) C was conducted on 10/30/2024 at 2:03 p.m. During care provision, CNA C was observed emptying the urine from R2's right and left nephrostomy drainage bags and her suprapubic catheter bag. CNA C was then observed assisting R2 to change clothing including removing R2's pants which were observed to be saturated at the buttocks. R2 and CNA C reported the Resident's pants were often wet due to leaking of her nephrostomy tubes and at times from drainage from R2's peri-anal wound. It was noted during the observation, CNA C was not wearing a protective gown while caring for the Resident's catheter, nephrostomy tubes and drainage bags or while assisting R2 to change clothing.</p> <p>Review of R2's electronic medical record (EMR) revealed the following order, dated 10/14/2024 at 12:08 p. m. (Central Daylight Time, CDT):</p> <p>Enhanced barrier precautions related to nephrostomy tubes, colostomy, suprapubic catheter and wounds.</p> <p>During an interview on 10/30/2024 at 2:30 p.m., CNA C was asked if the use of Enhanced Barrier Precautions (EBP) was ordered for use when caring for R2's catheter, nephrostomy tubes and drainage bags. CNA C stated she was unsure if EBP was ordered. CNA C checked R2's care plan guide at the time of the interview and reported EBP was ordered for use in all high contact care for R2. CNA C reported she did not see a sign for use of EBP or a personal protective equipment cart outside R2's room, therefore did not think she needed to use EBP during the Resident's care.</p> <p>Review of R2's care plan revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident requires enhanced barrier precautions related to: wounds, colostomy, suprapubic catheter and nephrostomy . Interventions: Enhanced Barrier Precautions will be used for the duration of the resident's stay at the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at risk. Date Initiated: 7/25/2024. Staff will wear a gown and gloves during high contact resident activities. Date Initiated: 7/25/2024.</p> <p>Review of the facility policy titled, Enhanced barrier precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs). Enhanced barrier precautions involve gown and glove use during high-contact resident activities for . those at increased risk of MDRO acquisition, such as chronic wounds or indwelling medical devices . Indwelling medical devices include but are not limited to: Indwelling urinary catheters . other indwelling devised/lines that exit the body . Wound . unhealed open surgical wounds . High contact resident activities include: dressing . providing hygiene, care and use of indwelling medical devices .</p>		