

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 09/16/2025
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** Based on interview and record review, the facility failed to provide adequate supervision for one Resident #1 (R1) of three residents reviewed for elopement. This deficient practice resulted in R1 leaving the facility unattended and the potential for falls and injury. This citation pertains to intake 2600151 Findings include: Resident #1 (R1) Review of Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on 7/24/24, with active diagnoses that included anxiety disorder, depression and non-Alzheimer's dementia. R1 scored a 7 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of severe cognitive impairment. Review of document titled Elopement dated 6/30/25, read in part. Resident was visualized by Admissions Director C ambulating towards [Name of business]. Resident entered the business. Admissions Director C notified staff she saw him walking outside. Registered Nurse (RN) D went to the [Name of business] and accompanied resident. Notes.wander guard(C) assessed upon return to the facility .wander guard(C) did not alarm at the entrance of the facility (where resident had exited) .During an interview on 9/16/25 at 11:23 a.m., Social Worker B reported that R1 prefers to be by himself and doesn't normally get dressed or up during the day. The day R1 eloped, I heard a message on the two-way radio from Admissions Director C that he was outside. I left my office and went outside. Registered Nurse (RN) D saw he was over at the bar and I went and sat with him. his family came and drove him back to the facility as he was tired. During an interview on 9/16/25 at 11:54 a.m., Admissions Director C reported I was just outside of the facility with another resident. I saw R1 coming out of the facility door with visitors and announced on the two-way radio to alert the staff in the facility and kept watching him. RN D came out of the facility and went to the [Name of the business]. During a phone interview on 9/16/25 at 12:30 p.m., RN D reported I worked down a different wing that day but had heard he was outside of the facility. I walked to the area business (bar) and he was inside having a beer. Review of R1's care plan did not reveal any new interventions were added to the care plan following the elopement. During an interview on 9/16/25 at 12:27 p.m., The Nurse Manager E acknowledged no new interventions were added to the care plan following the elopement. During an interview on 9/16/25 at 2:50 p.m., The Nursing Home Administrator (NHA) and Director of Nursing (DON) acknowledged that the resident eloped from the facility and no interventions had been added to the care plan. Review of policy titled Elopement for Facilities with a Wander alert Bracelet System last revised 5/27/24, read in part Guidelines for when a missing resident has been located. the care plan is updated. resident s care plan and interventions that address the resident's needs. are reviewed and updated. Elopement is a situation in which a resident leaves the facility without the facilities knowledge.</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: 235267
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