

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 02/03/2026
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)		
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2715858. Based on interview and record review, the facility failed to monitor urinary output for one Resident (#10) of three residents reviewed for standards of practice with indwelling catheters. Findings include: Resident #10 (R10) Review of the Electronic Medical Record (EMR) revealed R10 was admitted to the facility on [DATE] and had diagnoses including neurogenic bladder, diabetes, paraplegia, and Stage 4 sacral pressure ulcer. Review of the Minimum Data Set (MDS) assessment, dated 11/05/2025, revealed R10 had mild cognitive impairment and required substantial/maximal assistance with personal hygiene and was dependent on staff for toileting hygiene bed mobility and transfers. Section H (Bladder and Bowel), of the MDS assessment revealed R10 had an indwelling urinary catheter. Review of R10's progress notes revealed the following: 12/17/2025 at 10:35 a.m. Called [acute, inpatient hospital] for an update on resident: Catheter was changed again at the hospital and is being monitored. Resident is in the hospital with heart flutter. UTI - put on antibiotics. Anemic - they administered 2 units of blood. 12/16/2025 at 9:01 p.m. Resident have multiple issues with catheter after it was changed a few days ago. Urine continues to come out around the catheter, blood mixed with urine, catheter not patent, multiple times having to be flushed. At [1:45 p.m.] today I went in to check on the catheter and found resident soaked in blood from the catheter insertion site with no urine collected in the urine bag . permission to call 911 to have her transferred to the ED [emergency department] . Review of documentation in the EMR from 10/27/2025 until R10's transfer to the ED on 12/16/2025, revealed the following: Urology Consultation Note dated 10/27/2025: [R10] had a R PCN [tube inserted through the skin into the back of the kidney for drainage] . for sepsis and right hydro [Hydronephrosis: swelling of the kidney caused by back-up of urine due to a blockage in urinary tract] . she is currently at [respective long-term care facility] . isn't sure how much has been draining from the nephrostomy tube . per reports there was no stone. Today I advised a clamp trial . Today 10/27/25 [R10] follows up; her neph tube has been clamped ever since I shut it off last visit. There is no [urine] in the bag . no hydro noted in that right kidney . Based on this I did remove the right PCN today in clinic. It was noted there was no assessment of the indwelling urinary catheter noted in the urology consultation notes. 11/04/2025 at 7:00 a.m. Past medical history . UTI (recent 6 weeks of cefepime and vancomycin [antibiotic] treatment) . 12/16/2025 at 4:48 a.m. Resident has moderate to severe hematuria [blood in urine] . During an interview on 2/03/2026 at 11:40 p.m. the Director of Nursing (DON) was queried regarding standards of practice for residents with indwelling urinary catheters, specifically measurement and monitoring of urinary output. The DON reported that all residents with indwelling urinary catheters should have measured output documented every shift. On 2/3/2026 at 12:15 p.m. the DON stated, I have to correct myself on my earlier comment. The DON went on to state urinary output is only measured when there is a physician order to do so, even in the presence of indwelling urinary</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235267	If continuation sheet Page 1 of 2

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 02/03/2026
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>catheters. The DON was asked if urinary output should be measured as a standard of practice for a resident with an indwelling catheter who had a history of UTI and hydronephrosis with recent removal of a nephrostomy tube. The DON reported only if the physician ordered measurement of the urine. The DON was asked if R10's urine had been measured after the nephrostomy tube was removed to which she answered she would check and report back to this Surveyor. At 12:45 p.m., the DON reported R10 was being followed by the urology office, and they did not give an order to measure output from the indwelling catheter but to watch for fever and flank pain. The DON reported the foley was in place for wound healing not genitourinary issues, therefore the urologist would not have provided a care order for the catheter. The DON confirmed she was aware R10 had a history of UTIs and hematuria but contended measurement of urinary output was not indicated. On 2/3/2026 at 2:50 p.m. the Nursing Home Administered (NHA) reported CNA (Certified Nursing Assistant] documentation from 10/2025 through 12/16/2025 states that [R10] has had output every shift since 10/2025 through when she went to the hospital 12/16/2025. Review of the CNA POC (point of care) documentation for 10/1/2025 through 12/16/2025, provided by the Director of Nursing (DON) on 2/3/2026 at 11:31 a.m. and again by the NHA on 2/3/2026 at 2:50 p.m., revealed the following: Bladder Elimination. Urinary Continence. Select the one category that best describes the resident: 0 - Continent. 1 - Incontinent. 2 - Did not void. 3 - Continence not rated due to indwelling catheter . Review of the documentation revealed R10 was consistently coded at 3 - Continence not rated due to indwelling catheter. It was noted in review of all CNA POC documentation for 10/01/2025 through 12/16/2025, there was no language or assessment indicating patency of the catheter or amount and description of urine output from the catheter. Further review of the EMR revealed no documented measured amounts of urine output from R10's indwelling urinary catheter. Review of R10's October, November and December 2025 Medication Administration Records (MARs) and Treatment Administration Records (TAR) revealed the following: Maintain foley catheter and provide care every shift . Diagnosis: retention . Start Date: 10/31/2025. It was noted no documentation was included on the MARs and TARS to include the measured amount of urine present or emptied from R10's indwelling urinary catheter, including after the catheter was changed as documented on 12/03/2025, 12/13/2025 and 12/15/2025 or after irrigation of the catheter for urinary issues as documented on 12/16/2025 at 4:51 a.m. Review of the facility policy titled Catheter Use, with a review date of 2/2/2026, revealed the following: If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures that include but are not limited to . Ongoing monitoring for changes in condition related to potential catheter-associated urinary tract infections, recognizing, reporting and addressing such changes. A review of the website National Library of Medicine revealed the following information for each website page: https://www.ncbi.nlm.nih.gov/books/NBK593198/table/ch21elimination.T.expected_outcomes_of_u/#:~:text=U output is at least 30 mL/hr. Verifies correct catheter placement and appropriate kidney functioning. If urine output is less than 30 mL/hour, check tubing for kinking and obstruction, and notify the provider if there is no improvement after manipulating the tubing. https://www.ncbi.nlm.nih.gov/books/NBK606132/#:~:text=Urinary%20or%20urine%20output%20(UO,1.0%20 or urine output (UO) is an important clinical indicator of renal physiology and function. Evaluating UO can provide insights into a patient's hydration status and guide subsequent management. A normal UO is approximately 0.5 to 1.0 mL/kg/h .</p>		