STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235395	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Three Rivers	517 S Erie St Three Rivers, MI 49093

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999 Based on observation, interview, and record review the facility failed to ensure 1 (Resident #104) of 3 residents reviewed for management of personal funds, had ready and reasonable access to those funds upon request, resulting in Resident #104 experiencing anxiety and frustration related to a delay in access to her money that could result in a loss of property and life insurance coverage. Findings include: Review of an Admission Record revealed Resident #104, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: myocardial infarction (heart attack), hypertension (high blood pressure), and chronic obstructive pulmonary disease (chronic inflammation of lung tissue that causes obstruction of air flow). Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 1/10/24 revealed a Brief Interview for Mental Status (BIMS) score of 9/15 which indicated Resident #104 was moderately cognitively impaired. Review of a Care Plan for Resident # 104, with a reference date of 10/23/23, revealed a focus/goal/interventions of: Focus: Indicators of depression/sadness present, Goal: Maintain involvement with ADL performance and social activities, Approaches: . Involve in making own schedule/ sequencing of activities to enhance a sense of control . Offer choices to enhance sense of control . During an observation on 5/29/24 at 9:26am, it was noted that the top drawer of Resident #104's nightstand had a lock on it. The drawer was pulled and the lock was engaged. In an interview on 5/29/24, at 9:27am, Resident #104 reported she was worried because she needed to pay some important bills and wanted to have cash on hand so she could give it to her son when he visited, and he could pay her bills. Resident #104 reported she had paid her bills this way since her admission to the facility. Resident #104 explained that she regularly withdrew money for her facility managed trust account, and used the locked drawer of her nightstand to hold her money until her son came to visit. Resident #104 reported she asked to withdraw $80 from her trust account about 2 weeks ago and was told the facility could not give her that much money because the facility was concerned it would not have enough cash on hand to honor other resident's requests if they arose. Resident #104 reported she had asked repeatedly in the last few weeks to access her money. (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: 235395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 5/29/24 at 11:57am, Licensed Practical Nurse (LPN) C reported Resident #104 had asked her repeatedly to let the facility managers know she needed to get her money and that Resident #104 expressed feeling very frustrated about the situation. LPN C reported she communicated each of Resident #104's requests to members of the management team. LPN C reported the facility did not have a Business Office Manager at this time, so the Regional Business Manager was covering for the facility once a week but there had been issues with maintaining enough cash for residents to withdraw their money. In an interview on 5/29/24 at 2:03pm, Regional Business Office Manager (BOM) AA reported she came to the facility about once a week to provide support with managing the resident trust account and during that time she provided Nursing Home Administrator (NHA) A with a check to replenish the cash available for resident withdrawals. BOM AA reported she tried to discourage residents from withdrawing more than $50 at a time. BOM AA reported the receptionist oversaw day to day withdraws from the resident accounts. In an interview on 5/30/24 at 8:53am, Receptionist staff (RS) S reported it had been difficult to maintain an adequate amount of cash to fulfill resident requests for cash withdrawals because the facility did not have a full time Business Office Manager. RS S reported Resident #104 generally requested about $80 monthly and most recently, the facility had declined her request for her money because of a limited availability of cash on hand. RS S stated We gave her what we could but wanted to save some cash for others. RS S reported several days had passed since Resident #104's request and she had not received the total amount she requested. In an interview on 5/30/24 at 9:21am, Resident #104 reported she was very upset about not being able to access the $80 she needed. Resident #104 stated It's for important bills .insurance on my house and my life insurance . Review of a Resident Statement dated 1/2/24-5/16/24 revealed Resident #104 withdrew $80 dollars from her account in January, February, and April of 2024. A transaction dated 5/16/24 revealed Resident #104 was given $20. No subsequent cash distributions were noted. Review of a facility Trust Fund Policy with a reference date of 3/2021 revealed: If a resident chooses to deposit personal funds with the Facility, upon written authorization of a resident, the Facility shall act as fiduciary of the resident's funds and hold, safeguard, manage and account for the personal funds of the resident deposited with the Facility . Withdrawals of resident personal funds may be made from the business office as follows: Withdrawals from funds kept on the premises may be made from 9:00 AM - 4:00 PM, Monday - Friday; Withdrawals of funds deposited with a bank will be made during normal business hours within three (3) working days of proper authorization.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999 This citation pertains to intake #MI00143174 Based on interview, and record review, the facility failed to prevent misappropriation of resident money for 1 of 3 residents (Resident #104) reviewed for misappropriation, resulting in the loss of Resident #104's lock box(that contained $152), and feelings of frustration, and helplessness. Findings include: Review of an Admission Record revealed Resident #104, was originally admitted to the facility on [DATE]. Review of a Care Plan for Resident #104, with a reference date of 10/23/23, revealed 2 relevant focus/goal/interventions: 1. Focus: Indicators of depression/sadness present, Goal: Maintain involvement with ADL performance and social activities, Interventions: . Involve in making own schedule/ sequencing of activities to enhance a sense of control . Offer choices to enhance sense of control . 2. Focus: Prefers to have cash on hand .Goal: none noted, Interventions: lock box provided for resident to keep personal money safe in room. Review of a facility policy Abuse with a reference date of 5/24/23 revealed: The facility will develop and implement written policies and procedures that include: .prohibiting, preventing .misappropriation of resident property .Misappropriation of resident property is the deliberate misplacement .temporary or permanent use of resident's belongings or money without the resident's consent. Review of an Incident Report dated 2/12/24 revealed: Resident #104 requested staff obtain her lock box from her top drawer .the staff was unable to locate her lock box .2/13/24 the lock box has not been recovered .this investigation revealed the amount potentially in the lock was $152.42 . suspicion of a crime protocol was initiated . Review of a Michigan Investigation Report dated 2/12/24, provided by the local police department, revealed: Complainant interview: (Resident #104) saw her lockbox .about 2 weeks ago .Resident #104 told them (staff) the lock box contained approximately $150 and was now missing .We briefly discussed .having a different way to store money .rather than continuing to have it openly available . In an interview on 5/29/24 at 8:53am, Receptionist Staff (RS) S reported Resident #104 used a lockbox for her personal money until 2/2024. In an interview on 5/29/24 at 9:37am Resident #104 reported she worried frequently about her money, especially after the lock box was stolen. Resident #104 reported when her money was stolen, she felt helpless and frustrated and struggled to trust staff at the facility. Resident reported even now when she requests assistance, she does not feel confident her needs will be met. When further queried about how the situation impacted her, Resident stated I've don't sleep well now. Resident #104 reported she had begun worrying about her other belongings as well and had even started refusing to get out of bed in effort to ensure her belongings were safe. Resident #104 reported she wished the facility would have provided a locked drawer for her belongings rather than a lock box. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 5/29/24 at 11:57am Licensed Practical Nurse (LPN) C reported Resident #104 appeared easily frustrated now when there was a delay in her requests, and she frequently advocated for the resident because it was important for her to feel she could trust the facility. LPN C reported being in control of her money was important to Resident #104. In an interview on 5/30/24 at 1:50pm, Director of Nursing (DON) B reported the police department investigated the theft of Resident #104's lockbox but both the police department and the facility were unable to identify a suspect.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 46999 This citation pertains to intake #MI00142953, and MI00144298. Based on observation and interview, the facility failed to maintain a safe, and sanitary environment resulting in the increased likelihood for resident to sustain injuries, bacterial harborage, increased dust particulate in the air, and the potential for decrease in the satisfaction of environment for residents of the facility. Findings include: During a tour of the facility on 5/23/24 at 3:16pm the following observations were made: During on observation on 5/23/24 at 3:16pm the corridor floor outside room D103 contained a broken tile with missing piece approximately 2 in diameter, the same area had a build up of an unknown white material on the floor. During an observation on 5/23/24 at 3:17pm the ventilation screen outside room D105 was heavily soiled with dust and debris. During an observation on 5/23/24 at 3:19pm several strips of laminate flooring in the dining room were noted to be peeling up from the subfloor with the ends of the strips elevated. During the same observation the ventilation screen in the dining room (outside the therapy gym door) was noted to be covered with a black residue. During an observation on 5/23/24 at 3:22pm, the cloth window coverings in the dining room were noted to have a thick covering of dust and debris on each crease in the material. During an observation on 5/23/24 at 3:35pm, the ceiling grid for the dropped ceiling in the dining room was noted to have peeling paint hanging down approximately 1/2 inch in sections as long as 6'. The peeling paint hung from the ceiling grid over resident dining tables and was present throughout most of the dining room. During an observation on 5/23/24 at 3:39pm, the chair railing that ran along the wall inside the dining room, to the right of the doorway, was noted to have deep gouges with rough edges, jagged wood exposed in several areas. The chair rail was affixed to the wall at a height of approximately 3 feet. During an observation on 5/24/24 at 11:54am, several residents using wheelchairs maneuvered into the dining room near the jagged chair rail. The jagged surface was at arm and face level for those that used wheelchairs. During an observation on 5/23/24 at 3:50pm, the air intake outside room C109 was heavily soiled with dust and hair. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 5/30/24 at 9:19am a square metal cover located on the corridor wall (approximately 12 from the floor) near the A hall linen closet, protruded 1 with sharp edges exposed. The corridor floor was stained with a brown substance from the linen closet to room A109. During an observation on 5/30/24 at 9:22am, a metal box outside room A112 protruded from the wall 1, with 3 screws that affixed the box only partially drilled into the wall, which left the sharp edges of the metal screws exposed approximately 1' off the floor. During an observation on 5/30/24 at 9:34am, the baseboard outside room D110 and D111 was missing. The drywall was broken and missing, leaving a rusty, rough surfaced, metal framing exposed. During an observation on 5/30/24 at 12:10pm, brown stained and cracked caulk surrounded the base of the toilet shared by room A103 and A104. Dust and debris covered the exhaust fan in the bathroom, the flooring on both sides of the toilet was discolored with a brown tint and a rusty, rough edge was exposed on the door frame. The paint on the door frame was peeling. During an observation on 5/30/24 at 12:4pm, nearly every wall in the corridors had exposed screws protruding at various heights. In an interview on 5/24/24 at 3:59pm Certified Nursing Assistant (CNA) P reported several residents complained about the cleanliness of the facility, and the quality of the cleaning done seemed to have worsened. CNA P reported many of the housekeepers were new and may still be learning the job. In an interview on 5/25/24 at 12:05pm Director of Nursing (DON) B reported the staff recognized a need to improve the environment in the facility and some had donated their time to complete some basic updates, but more needed to be done. In an interview on 5/29/24 at 8:56am Maintenance Director (MD) U reported he was working to improve the condition of the building but needed additional help. MD U confirmed the condition of the building needed improvement. In an interview, Licensed Practical Nurse (LPN) J reported the residents regularly complained about the condition of their bathrooms. Review of a facility policy Homelike Environment with a reference date of 9/21/23 revealed: Residents are provided with a safe, clean, comfortable and homelike environment .the facility staff and management maximizes (sic) .the characteristics of the facility that reflect a homelike setting. These characteristics include: .clean, sanitary, and orderly environment .housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.