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	12/03/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety, resulting in the increased potential of food borne illness among all residents that consume food from the kitchen.Findings include: During the initial kitchen tour with Dietary Manager (DM) HH on 12/01/2025 at 8:59 AM, the following items were found:In the walk-in refrigerator: A big bag of spring mix salad mix that was wilted with some brown lettuce pieces and a best by date of 11/20/2025.In the kitchen area: On the counter, a big plastic clear container of thickener that had caked on thickener on the outside of the container with no label and date. In the reach in refrigerator: 3 side salads in small bowls on a tray which were not covered individually and had parchment paper lying on top of it and was dated 11/29/2025. At 8:55 AM on 12/2/25, a follow up tour of the kitchen started. At 9:04 AM on 12/2/25, an interview with Dietary Manager (DM) HH found that most food products are dated for a three-day discard or staff follow their datemarking sheet. At 9:10 AM on 12/2/25, observation of the walk-in cooler found a large plastic bag with a piece of chunk ham dated 11/24 to 11/30. Further observation of the walk-in cooler found a container with six bags of whipped topping with no date to indicate discard. A review of the manufacturers' directions for the whipped topping stated they are good for two weeks under refrigeration. When asked how long the whipped topping had been in the refrigeration unit, DM HH was unsure. At 9:52 AM on 12/2/25, observation of the Nourishment room refrigeration unit found an open juice container with a best by date of 10/2/25. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5ºC (41ºF) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235395	A. Building B. Wing	12/03/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . According to the 2022 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) . At 9:11 AM on 12/2/25, observation of the walk-in cooler back right storage rack was found with an increased accumulation of debris on portions of the rack and open wires shelves. At 9:37 AM on 12/2/25, observation of the kitchen ice scoop holder found a small amount of stagnant water in the bottom of the holder with an accumulation of crusted brown and white debris. An interview with DM HH found that the ice scoop holder should be cleaned. At 9:53 AM on 12/2/25, observation of the ice machine in the Nourishment room found a heavy accumulation of white crusted debris under and inside the dispense portion of the ice machine. When asked who cleans the ice machine, DM HH stated that Maintenance and Housekeeping share the responsibility. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.

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	12/03/2025

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on interview and record review, the facility failed to ensure the Medical Director was a meaningful participant during QAPI (Quality Assurance and Performance Improvement) meetings, resulting in the potential for lack of coordination of resident care policies and overall medical care that could affect all 82 residents residing in the facility. Findings include: In an interview on 12/03/2025 at 1:31 PM, Nursing Home Administrator (NHA) A reported that the facility had three different Medical Directors (MD) in the past 6 months. The current MD (MD LL) had been in place since the middle of September 2025. NHA A reported that MD LL is only in the facility on Wednesdays and did not attend the QAPI meeting on Tuesday, 9/30/25. NHA A reported that MD LL was not present for the most recent QAPI meeting on Friday 10/31/25 because he was not in the facility, but that he had reviewed the meeting minutes, therefore he signed the attendance sheet. In an interview on 12/03/2025 at 2:42 PM, MD LL reported that he could not remember if he had attended a QAPI meeting at the facility and cannot recall when he became the MD for the facility.

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	12/03/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview, and record review, the facility failed to obtain informed consent for psychotropic medications for 2 (Resident #69, #7) out of 5 residents reviewed for psychotropic medications. This deficient practice resulted in the lack of communication/education to the resident/resident representatives for initiation and/or dose changes of psychotropic medications.Findings include:Resident #69: Review of an admission Record revealed Resident #69 was a male with pertinent diagnoses which included major depressive disorder, anxiety, high cholesterol, drug induced dyskinesia (involuntary movement disorder caused by antipsychotics use), diabetes, malnutrition, and paranoid schizophrenia (persistent delusions and hallucinations due to a chronic brain disorder that affects how a person thinks, feels, and behaves, leading to distorted perceptions of reality). Review of Care Plan for Resident #69 revealed the focus, .(Resident #69) is at risk for adverse effects r/t (related to) antipsychotic medications. with the intervention .AIMS (Abnormal Involuntary Movement Scale-assess for dyskinesia) testing.Monitor for signs of tremors.Antipsychotic medications - Monitor for possible side effects.Monitor/document report any side effects/adverse reactions of psychotropic medication.Monitor resident mood state and behavior.Review of Orders dated 1/16/25, revealed, .Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML (Paliperidone Palmitate) Inject 234 mg intramuscularly (IM) one time a day starting on the 16th and ending on the 16th every month for schizophrenia. Noted: No consent in the medical record for this medication. Review of Orders dated 2/18/25, revealed, .Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML (Paliperidone Palmitate) Inject 234 mg intramuscularly one time a day starting on the 18th and ending on the 18th every month for Schizophrenia. Noted: No consent in the medical record for this medication. Review of Order dated 5/10/25, revealed, .Haldol Decanoate Intramuscular Solution 50 MG/ML (Haloperidol Decanoate) Inject 0.5 ml intramuscularly one time a day every 4 weeks on Sat for Schizophrenia. Noted: No consent in the medical record for this medication. Review of Order dated 6/7/25, revealed, .Haldol Injection Solution (Haloperidol Lactate) Inject 50 mg intramuscularly one time a day every 30 day(s) for behaviors. Noted: No consent in the medical record for this medication. Review of Order dated 5/29/25, revealed, .chlorproMAZINE HCl Oral Tablet 25 MG (Chlorpromazine HCl) Give 1 tablet by mouth three times a day for schizophrenia. Noted: No consent in the medical record for this medication.Review of Nursing -Progress Notes dated 6/4/2025 at 2:07 PM, revealed, .New orders per (Medical Doctor) to start Haldol 50mg injections once a month for behaviors. Dc' d Ingrezza (used to treat involuntary movement disorder). Review of eMAR -Administration Note dated 6/17/2025 at 12:01 PM, revealed, .chlorproMAZINE HCl Oral Tablet (an antipsychotic, brand name Thorazine) 25 MG, Give 1 tablet by mouth three times a day for schizophrenia. Noted: No consent in the medical record for this medication.Review of eMAR - Administration Note dated 7/19/2025, revealed, .Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML Inject 234 mg intramuscularly every day shift starting on the 19th and ending on the 19th every month for schizophrenia. Noted: No consent in the medical record for this medication. Review of Orders dated 9/15/25, revealed, .Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML (Paliperidone Palmitate) Inject 234 mg intramuscularly every day shift starting on the 28th and ending on the 28th every month for schizophrenia.Started on 9/28/25. Review of Psychotropic Medication Consent dated 12/1/25, revealed, .Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML, 234 mg, intramuscularly, every day shift starting on the 28th and ending on the 28th every month. Noted: The consent was not completed in the correct time frame following the order. Review of Behavior Note dated 10/11/2025 at 1:30 PM, .Resident came up to desk very agitated. Mumbling. Jumped up out of chair and started getting loud. Telling this nurse he wants a shot of penicillin, and he wants it now. This nurse explained those orders have to come from the doctor and the medicine has to come from pharmacy. He said you're a liar. I explained that is the procedure. Resident leaned over the counter with hands raised at this nurse and started at this nurse and didn't move for ten (continued on next page)

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	12/03/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	minutes. Multiple times staff tried to redirect resident, and he wasn't leaving desk. Kept raising hands at this nurse and stating you're a liar. Explained this nurse would call doctor and let him know. He insisted the shot was in the med cart. Resident eventually got in his w/c (wheelchair) and went to room. On call Np (Nurse Practitioner) ordered one time dose of Ativan (Lorazepam) IM. Pulled from (System for Extra Medications). Administered in left buttock. Noted: No documentation attempt was made to contact Guardian prior to administration. Review of Psychotropic Medication Consent dated 10/18/25, revealed, .LORazepam Injection Solution 2 MG/ML, 2 mg, intramuscularly (IM), one time only.Review of Treatment Administration Record for October 25, revealed, .LORazepam Injection Solution 2 MG/ML (Lorazepam), Inject 2 mg intramuscularly one time only for agitation for 1 Day.Administered on 10/11/25. Noted: No consent in the medical record for this medication. Resident #7: Review of an admission Record revealed Resident #7 was a male with pertinent diagnoses which included contracture of muscle, left ankle and foot, contracture of muscle, right ankle and foot, anxiety disorder, muscle loss, stroke, severe obesity with low oxygen levels due to failure to breath deep enough, and Parkinson's disease.Review of Care Plan for Resident #7 revealed the focus, .At risk for adverse effects r/t (related to) use of antidepression medication, Use of antipsychotic medication.Resident has hx (history) of drug induced subacute dyskinesia (serious condition which causes involuntary movements like lip smacking, grimacing, fidgeting). with the intervention .AIMS testing.Antidepressants - Monitor for possible side effects.Antipsychotic Medications - Monitor for possible side effects.Evaluate effectiveness and side effects of medications for possible decrease/elimination of psychotropic drugs.Monitor for signs of tremor.Monitor resident's mental status functioning on an ongoing basis. Review of AIMS Assessment dated 9/30/25, revealed, .AIMS score of 4 with moderate extremity movements in upper extremities, minimal extremity movements in lower extremities, and patient awareness of abnormal movements without distress.Review of Psychotropic Medication Consent dated 8/11/25, revealed, .Vraylar Oral Capsule 4.5 mg, 1 capsule, by mouth, one time per day.Quetiapine Fumarate 50 mg, 2 tablets, by mouth, Give 2 tablet by mouth one time a day for hallucinations. Noted: This consent did not indicate if the resident representative consented to the change of the medications. Review of Orders dated 10/30/25 revealed, .Quetiapine Fumarate 50 mg one tablet, by mouth, one time per day at bedtime. Noted: No consent completed for the change in this medication. Review of Psychotropic Medication Consent dated 11/7/25, revealed, .Risperdal Oral tablet 0.5 mg, 1 tablet, by mouth, two times a day.Review of Psychotropic Medication Consent dated 11/3/25 revealed, .Risperdal Oral tablet 0.5 mg, 1 tablet, by mouth, two times a day.Risperdal, Oral tablet 0.5 mg, 0.5 tablet, by mouth, two times a day.Seroquel Oral Tablet 50 mg, 1 tablet, by mouth, at bedtime.1. Psychotropic medication education was completed on the indication for use, benefits, risks to include all black box warnings and have had the opportunity to discuss and ask any questions. They:a. Consent voluntarily to all the above listed psychotropic medications treatments without coercion or undue influence and understand that consent can be revoked at any time. (not selected)b. Consent voluntarily to all the above listed psychotropic medications treatments without coercion or undue influence, with the exemption of medication(s) listed below and understand that consent can be revoked at any time. (not selected)c. Do not consent to the above listed psychotropic medications and understands that, as a result of their refusal to consent they absolve the facility and its employees and contractors from any liability or responsibility for anything that might happen to the resident as a result of this refusal. This refusal to consent also may make it necessary to transfer the resident to another healthcare facility as a result of their psychiatric condition. Noted: This change in medications was not consented to and there was no signature for completion. In an interview on 12/02/2025 at 2:47 PM, Social Worker (SW) GG reported she had a difficult time maintaining contact with Resident #69's guardian who wanted to communicate via email only. SW GG reported she would obtain a consent from the guardian/resident representative, or resident prior to administration of psychotropic medications. SW GG reported there was a gap of time there were no consents completed for the changes in medications and dosage changes for (continued on next page)

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	12/03/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications. SW GG reported the interdisciplinary team (IDT) discuss residents behaviors and medication changes daily during the morning meeting. SW GG reported the IDT reviewed the behavior monitoring and alert chart activity as well as upcoming gradual dose reductions (GDR)s. This writer requested all consents for psychotropic medications for Resident #69 and Resident #7 for the previous 12 months and did not receive consents for all medications ordered. This writer received no additional consents prior to exit from the facility. Review of policy, Psychotropic Medication Use revised on 4/18/25, revealed, .It is the policy of the facility to only prescribe psychotropic medications when it is necessary to treat a specific diagnosed condition, and the medication is deemed as beneficial to the resident. The facility will identify when a resident is prescribed a psychotropic medication and will obtain informed consent from the resident or authorized representative for each psychotropic medication ordered.The resident and/or authorized representative will be educated on the risks versus benefits of psychotropic medication and informed consent obtained (see Informed Consent section below).Informed Consent: For any resident taking a psychotropic medication, the Social Service employee or designee will obtain informed consent from the resident and/or authorized representative using the Psychotropic Medication Consent UDA in the resident's electronic medical record, (psychotropic medication consents prior to the release of the UDA may be on paper in the resident's medical record) .The Social Service employee, or designee, will review the medication prescribed, dosage, side effects, and risks versus benefits of the medication, which are outlined on the psychotropic informed consent evaluation. The Social Service employee, or designee, will discuss any Black Box Warnings associated with the psychotropic prescribed to the resident or authorized presentative so that they are aware of the potential risks .After review, the resident and/or authorized representative will either consent or refuse the psychotropic medication .The consent or refusal of the psychotropic medication may be obtained in person or verbally via a telephone conversation.If the resident and/or authorized representative refuses to consent to the psychotropic medication, the physician/medical practitioner will be notified so that the medication can be discontinued. The resident and/or authorized representative may receive a copy of the informed consent, if requested .

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	12/03/2025

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interview and record review, the facility failed to address and resolve grievances reported in Resident Council Meetings as stated during a confidential Resident Council meeting resulting in unresolved concerns, unmet resident needs and frustration. Findings include:During a confidential Resident Council meeting on 12/02/2025 at 10:34 AM, 6 of 12 residents stated that management didn't follow up on concerns that they brought up in Resident Council meetings and individual concerns that came from the meetings.One resident stated that she didn't hear anything back about her grievances, so she doesn't fill them out anymore.Three residents stated that management did not resolve all of the grievances, only parts of it so they don't get a resolution on everything. One resident stated Nothing becomes of what you write in the concern form. They don't care. It's like talking to the wind.10 of 12 residents stated that food tickets were not read correctly and as a result aren't being followed. The residents said this had been a concern for several months. Review of the Resident Council meeting minutes dated 6/19/2025, 7/17/2025, 8/20/2025, 9/11/2025, 10/17/2025 and 11/13/2025 revealed that there was nothing written under old business, however concerns regarding water pass and reading food tickets correctly were discussed all 6 months. Resident Response forms were only filled out on 8/20/2025, 9/11/2025, 10/17/2025 and 11/13/2025 and the concerns from those months did not address all of the concerns from Resident Council. During an interview on 12/02/2025 at 11:34 AM, Activities Director (AD) R stated that she did not attend resident council meetings. AD R said that the Resident Council President (Resident #14) took the meeting minutes and then she reviews the minutes and concerns with Nursing Home Administrator (NHA) A. AD R stated that NHA A signed the minutes and gave the specific concerns to the department heads to follow up and resolve the grievances. AD R said that she was aware that some of the same issues come up month after month in Resident Council.During an interview on 12/02/2025 at 11:39 AM, Resident #14 stated that she filled out the minutes from the Resident Council monthly meetings and then she goes through the minutes with NHA A. Resident #14 reported that she usually skipped over old business in the meetings because then they would rehash everything from the previous month and nothing was resolved anyways. During an interview on 12/02/2025 at 1:51 PM Dietary Manager (DM) HH stated he was aware of the concerns from Resident Council month after month regarding the food tickets and wasn't sure how to resolve the issue. During an interview on 12/02/2025 at 2:30 PM, NHA A who was also the Grievance Officer stated that Resident #14 brought the monthly minutes to her and they would discuss them and then she (NHA A) gave the concerns to the assigned department head to resolve. NHA A stated she was aware of the ongoing concerns from Resident Council and said it was hard to follow up with some of the concerns. Review of the Concern (Grievance) Process Policy with a revision date of 5/31/2024 revealed .General Guidelines:. 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. The administrator is the Grievance Officer of the facility. 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 staff member receiving the concern form will review the nature and specifics of the grievance on the concerned form. Take immediate actions needed to prevent further potential violations of the residents rights. Upon receiving, the Grievance Officer will review the concern form and take steps to resolve the concern and document information about the concern, actions taken, and resolution on the concern form. Steps to resolve the concern may involve signing the concern form for investigation and/or follow up to the appropriate department manager or staff member. Any staff involved in the concern investigation or resolution will make prompt efforts to resolve their concern and return the concern form to the Grievance Officer. Prompt efforts include acknowledgement of the concern, (continued on next page)

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	12/03/2025

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	actively working toward a resolution of the concern, and keeping the resident appropriately apprised of progress towards resolution. The designated staff member will investigate the concern, follow up with the resident and/or person filing the concern/grievance for any additional information needed, progress with investigation of the concern/grievance and resolution of the concern/grievance. The designated staff member will make every effort to resolve the concern/grievance within 5 to 10 business days and complete the concern form to submit to the Grievance Officer. The designated staff member will review the findings and actions taken with the Grievance Officer. The Grievance Officer will review the concern form to determine if additional actions need to be taken and if the concern has been resolved. The Grievance Officer will notify the complainant to determine if they are satisfied with the resolution, and document the information on the concern form.

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	12/03/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to maintain a safe, clean, homelike environment in 3 of 4 residents (Resident #19, #39, & #69) reviewed for environmental concerns, and maintain cleanliness of storage closets containing resident supplies, resulting in the potential for resident dissatisfaction, injury, and respiratory complications due to dust buildup. Findings include:Resident #19 Review of an admission Record revealed Resident #19 was a male, with pertinent diagnoses which included obstructive lung disease, heart failure, a seizure disorder, gastroparesis (a chronic condition where the stomach empties too slowly due to damaged nerves or muscles), gastrostomy status (an opening in the stomach where a feeding tube is inserted), history of traumatic brain injury, and presence of a tracheostomy (an opening in the neck to the trachea through which a tube is inserted to provide an airway). Review of a Minimum Data Set (MDS) assessment for Resident #19, with a reference date of 9/20/25, revealed he had severe cognitive impairment. Review of a current Care Plan for Resident #19 revealed the focus .The resident has altered respiratory status/difficulty breathing (related to) tracheostomy, COPD (obstructive lung disease) . initiated 5/21/24. In an observation on 12/1/25 at 9:57 AM, Resident #19 was in bed in his room with his eyes closed. Noted a small, black personal fan on the windowsill beside Resident #19's bed with visible dust buildup on the surface of the fan guard. Noted multiple spots of a dried brown substance on the base of Resident #19's tube feeding pole. Observed bits of trash and debris on the floor under Resident #19's bed, and a large amount of drywall dust/debris below the head of Resident #19's bed along the edge of the wall. In an observation on 12/2/25 at 1:51 PM, Resident #19 was in bed in his room. Noted a small, black personal fan on the windowsill beside Resident #19's bed with visible dust buildup on the surface of the fan guard. Noted multiple spots of a dried brown substance on the base of Resident #19's tube feeding pole. Observed bits of trash and debris on the floor under Resident #19's bed, and a large amount of drywall dust/debris below the head of Resident #19's bed along the edge of the wall. In an interview on 12/2/25 at 1:55 PM, Housekeeper Q reported once per week the resident beds are pulled away from the wall, and the floors are cleaned below the beds/along the edges of the wall. Housekeeper Q reported personal fans are cleaned it they are .full of stuff . but not on a regular basis. Resident #39 Review of an admission Record revealed Resident #39 was a male, with pertinent diagnoses which included diabetes with retinopathy (disease of the retina) and macular edema (thickening/swelling on or under the macula of the eye), depression, heart failure, and high blood pressure. Review of a Minimum Data Set (MDS) assessment for Resident #39, with a reference date of 9/12/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated he was cognitively intact. (continued on next page)

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	12/03/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an observation and interview on 12/1/25 at 2:04 PM, Resident #39 was in bed in his room. Noted a small, black personal fan on Resident #39's tray table with visible dust buildup on the surface of the fan guard. Resident #39 reported he had a visual impairment. Review of the policy/procedure Routine Cleaning and Disinfection, dated 8/2022, revealed .It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible .Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge .Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch areas .Horizontal surfaces with infrequent hand contact (window sills and hard surface flooring) in routine resident-care areas should be cleaned .on a regular basis .When soiling and spills occur . Resident #69: Review of an admission Record revealed Resident #69 was a male with pertinent diagnoses which included major depressive disorder, anxiety, drug induced dyskinesia (involuntary movement disorder caused by antipsychotics use), diabetes, malnutrition, and muscle loss. During an observation on 12/01/2025 at 1:10 PM, Resident #69 was lying in his bed the headboard of the bed was broken on the left side. During an observation on 12/02/2025 at 2:05 PM, observed Resident #69's headboard of his bed was unattached to the bed frame and was observed to be hanging down on the left side of his bed. Observed a wide metal rod at the bottom of the headboard which Resident #69 could harm himself on. In an interview on 12/2/25 at 2:39 PM, Maintenance Director (MD) Z reported the broken headboard for Resident #69 had not been entered into the maintenance order system. MD Z reported he was not aware the headboard was not attached to the bed. MD Z reported if there was a work order that needed to be done, the staff were to enter it into the electronic maintenance order system so he would be aware and could address. At the time, MD Z placed Resident #69's headboard back in place. On 12/2/25 at 10:57 AM, a tour of A hall found three storage closets with accumulations of debris and trash on the floor. One of the closets was found with boxes of gloves, packages of briefs, and feminine hygiene products, all stored on the floor. On 12/2/25 at 11:02 AM, a tour of D hall found two closets at the end of the hall, used for storing linens and clean nursing supplies, that were observed with accumulations of dust and dirt on the floor. Further review found one of the closets had three packages of briefs stored on the floor. On 12/2/25 at 11:06 AM, a tour of C hall found two closets at the end of the hall, used for storing linens and clean nursing supplies, that were observed with accumulations of dust, dirt, and used gloves on the floor. On 12/2/25 at 1:00 PM, a tour of the facility was started with Maintenance Z and Housekeeping Manager P. During the tour the following was noted: A review of the B hall closets at the end of the hall found briefs stored on the floor of one of the closets. A review of the closets at the end of C hall found dust and used gloves on the floor. An interview with Housekeeping Manager P found that she will have staff better attend to these areas.

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	12/03/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to promote dignity in 2 of 4 residents (Resident #48, #69) reviewed for dignity/respect, resulting in long wait times for assistance, feelings of frustration, and dissatisfaction with care. Findings include:Resident #48 Review of an admission Record revealed Resident #48 was a female, with pertinent diagnoses which included peripheral vascular disease, high blood pressure, atrial fibrillation (an irregular heart rhythm that results in poor blood flow), heart failure, irritable bowel syndrome (a chronic disorder causing symptoms such as abdominal cramping, gas, and changes in bowel habits), and neuromuscular dysfunction of the bladder (occurs when nerve damage interferes with the bladder's ability to store and release urine properly). Review of a Minimum Data Set (MDS) assessment for Resident #48, with a reference date of 11/17/25, revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total score of 15, which indicated moderate cognitive impairment. In an interview on 12/1/25 at 10:22 AM, Resident #48 reported she often experienced long wait times for assistance when needing to use the restroom, especially around mealtimes. In an observation on 12/2/25 at 9:36 AM, Resident #48 was noted in her bed in her room. Observed Resident #48 call out to a Certified Nursing Assistant (CNA) in the hallway that she needed to use the restroom urgently, stating she had been waiting for assistance for 45 minutes. Noted Resident #48's call light was not activated at this time. The CNA acknowledged Resident #48's request, stating she would be back to assist her when she was done providing care to another resident. In an observation on 12/2/25 at 9:45 AM, Resident #48 again called out from her room for toileting assistance. Noted Resident #48's call light was not activated at this time. Observed Admissions Coordinator FF respond to Resident #48 and notify the resident that she would find someone to help. Noted Resident #48 appeared frustrated and upset. In an observation on 12/2/25 at 9:50 AM, observed two CNAs enter Resident #48's room to provide toileting assistance. In an interview on 12/2/25 at 11:43 AM, Resident #48 reported she turned her call light on after breakfast (between 9:00 AM and 9:15 AM) and Agency Registered Nurse (RN) KK turned the call light off and told her the CNA was aware of her request and would be coming to assist her shortly. Resident #48 state by the time staff came to assist her (at 9:50 AM) she was .very uncomfortable . and reported having to wait a long time for assistance is frustrating. In an interview on 12/2/25 at 4:36 PM, Agency RN KK reported after breakfast, she was passing medications on the hall when Resident #48 turned her call light on. Agency RN KK reported she responded to the call light and Resident #48 reported she needed to use the bedpan. Agency RN KK reported she relayed the message to the CNA and then deactivated Resident #48's call light. Agency RN KK reported Resident #48 expressed a concern that staff would forget about her request for assistance without the call light activated. In an interview on 12/3/25 at 1:06 PM, Administrator A reported activated call lights should not be (continued on next page)

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	12/03/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	turned off (deactivated) until the resident's need is met. Review of the policy/procedure Call Light Accessibility and Timely Response, dated 8/16/23, revealed .Staff members who see or hear an activated call light are responsible for responding, regardless of assignment. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified .Turn off call light when resident's request is met . Review of the policy/procedure Dignity, dated 9/21/23, revealed .It is the policy of this facility that each resident will be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth, and self-esteem .Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents, for example .promptly responding to a resident's request for assistance . Resident #69: Review of an admission Record revealed Resident #69 was a male with pertinent diagnoses which included major depressive disorder, anxiety, drug induced dyskinesia (involuntary movement disorder caused by antipsychotics use), diabetes, malnutrition, and muscle loss. During an observation on 12/01/2025 at 1:10 PM, Resident #69 was lying in his bed the headboard of the bed was broken off. A urinal, which appeared 3/4 full, was hung on the side of the trash basin by his bed which was soiled around the rim and seams. Resident #69's hair was matted, knotted and uncombed. No hair care products appropriate for a person of African American decent were visible in the resident's assigned area. During an observation on 12/02/2025 at 2:05 PM, observed Resident #69's urinal hanging on the side of his trash bin next to his nightstand and it was soiled with dried dark urine around the rim and in the grooves and seams. In an interview on 12/02/2025 at 2:08 PM, Certified Nursing Assistant (CNA) W reported the urinal would get replaced when it was getting bad with dried urine, dirtiness. CNA W reported the urinal was cleaned using water in the resident's sink and then dumped into the toilet. CNA W reported she did not think the facility had a pick (a styling tool with long, slender teeth designed to for curly hair) for African American type hair or any special hair care products. In an interview on 12/3/25 at 12:07 PM, Central Supply reported the facility did order hair picks, but they did not currently have any in the building.

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	12/03/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview and record review the facility failed to ensure residents medication was not left at bedside in 1 of 4 residents (Resident #69) reviewed for medication administration, when licensed nursing staff failed to ensure that Resident #69's medications were administered as ordered and per facility policy. Findings include:Resident #69: Review of an admission Record revealed Resident #69 was a male with pertinent diagnoses which included major depressive disorder, anxiety, high cholesterol, drug induced dyskinesia (involuntary movement disorder caused by antipsychotics use), diabetes, malnutrition, and paranoid schizophrenia (persistent delusions and hallucinations due to a chronic brain disorder that affects how a person thinks, feels, and behaves, leading to distorted perceptions of reality). During an observation on 12/02/2025 at 2:08 PM, This writer observed a medication cup on the resident's tray table with an unidentified pill in the cup which was a reddish-brown color and had a stamp on the pill. Noted: The medication cup and pill were not on the tray table on 12/1/25 when this writer observed Resident #69. Review of Resident #69's medical record revealed no order or completed assessment for the resident to self-administer medications. In an interview on 12/02/2025 at 2:10 PM, Licensed Practical Nurse (LPN) F reported the tablet was a stool softener and he was prescribed two of those pills for administration on an as needed basis. LPN F reviewed the medical record, and she wondered if he had asked for the medication last night, reported he must not have taken the second one and left it in his room on the tray table. LPN F reported the medication should absolutely not be left in the room as well as the nurse was to watch the resident take the medication. LPN F disposed of the medication in the trash on the medication cart. Review of Order dated 10/5/24, revealed, .Senna Oral Tablet 8.6 MG (Sennosides) Give 2 tablet by mouth every 24 hours as needed (PRN) for Constipation PRN at bedtime. In an interview on 12/03/2025 at 8:50 AM, LPN F reported if a resident was to administer medications there would be a safety box with key in the room. LPN F reported in order for a resident to be able to self-administer medications the resident had to be able to recite the side effects of the medication. LPN F reported Resident #69 has asked for the Haldol and Thorazine as he had taken those medications prior with good results, so the nurse practitioner prescribed those medications. LPN F reported the nurse who had given Resident #69 the medication found in the trash should have watched the resident take the medication because being thrown in the trash opened up the ability of other residents to have access to the medication. In an interview on 12/03/2025 at 2:41 PM, Director of Nursing (DON) B reported if a medication was offered to a resident and it was refused, the nurse was to waste the medication and note the resident refused the medication on the medication administration record. DON B reported if it was a controlled substance, then two nurses would need to sign off for the wasting.Review of policy, Medication Administration issued on 8/7/23, revealed, .Procedure: Administer Medication: Remain with resident until administration of medication is complete.Report and document an adverse effects or refusals. Review of policy, Medication Administration Guidelines - Destruction of Medications effective 3/1/2028, revealed, .Tablets, capsules, and liquids are washed down the toilet or hopper sink or disposed of in another manner by authorized licensed personnel as per facility policy.Controlled substances are retained in a secondary locked area with restricted access until destroyed according to Destruction of Controlled Substances.

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	12/03/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure appropriate bariatric bed and assistive devices were available for use to promote independence for 1 resident (Resident #7) of 1 resident reviewed for accommodation of needs, resulting in the development of a stage 3 pressure ulcer. Findings include: Resident #7: Review of an admission Record revealed Resident #7 was a male with pertinent diagnoses which included contracture of muscle, left ankle and foot, contracture of muscle, right ankle and foot, anxiety disorder, muscle loss, stroke, severe obesity with low oxygen levels due to failure to breath deep enough, pressure ulcer stage 3, and Parkinson's disease. Review of Care Plan for Resident #7 initiated on 5/14/24, revealed the focus, .The resident has potential impairment to skin integrity r/t (related to) impaired mobility, obesity, and diabetes . with the intervention .The resident needs pressure relieving/reducing mattress to protect the skin while in bed .Turn/Reposition resident regularly to relieve pressure points .Use a draw sheet or lifting device to move resident . Review of Minimum Data Set (MDS) Section GG dated 11/19/25, revealed, .Lower body - impairment both sides .Mobility: Roll left & right - Dependent .Sit to Lying - Dependent .Lower body dressing - Dependent .Shower - Dependent .Personal Hygiene - Dependent .Sit to Stand - Dependent . In an interview and observation on 12/01/2025 at 11:02 AM, this writer observed Resident #7 lying supine, no wedges, no pillows under his left or right pelvic area. Resident #7 was right on the edge of the bed on his left side and had approximately 6 inches on his right side. Resident #7 reported he was unable to move his right leg, noted foot drop, and he was able to bend his left leg at the knee and move his leg side to side with the leg folded out knee outward. Resident #7 reported he did not feel comfortable lying on his side as he did not have much mobility with his legs and he had no assist bars or abdominal strength to hold himself on his side. Resident #7 reported also doesn't like to lay on his side as he felt like he was going to fall out of the bed, so he preferred to lay on his back. Resident #7's head of bed was approximately 30 degrees and reported he used the trapeze over his bed to help hold himself when staff were providing care or to move himself up in his bed some. In an interview on 12/03/2025 at 8:34 AM, Certified Nursing Assistant (CNA) O reported Resident #7 will scoot down in his bed and then he would have to be repositioned as his knees and legs hurt due to the angle. CNA O reported Resident #7 had indicated to her when she had been providing care to him previously, he was fearful of falling or rolling out of bed especially because he was quite large in his middle section. CNA O reported when care was provided to him there needed to be two staff members due to his size, dependence on staff, lack of mobility and strength. Review of Resident #7's height of 66.04 inches and last weight of 322.6 pounds on 11/2/25, revealed a Body Mass Index (/BMI) of 52.1 approximately.In an interview on 12/02/2025 at 2:35 PM, Maintenance Director (MD) Z reported he was informed by the nursing staff on which size bed to install for a resident. MD Z reported Resident #7 has a 42-inch bed, a standard size bed was 36-inches. MD Z reported Resident #7 would have to be moved to a larger room for a larger bed due to his dependence during care and the use of a hoyer machine for transfers as there would not be enough space in the room for maneuvering the hoyer. In an interview on 12/2/25 at 3:30 PM, Director of Nursing (DON) B reported when considering the size and type of bed a resident would require, the facility would look at the person as a whole to determine the size of the bed. This writer and DON B went to Resident #7's room to speak to him. Resident #7 reported he did not feel comfortable lying on his side as he was fearful of falling out of bed. Resident #7 indicated to DON B he wanted a bigger bed as he was unable to lie on his side due to the size of bed and his size. Review of Bariatric Hospital Bed Size received on 10/3/25, revealed, .Bariatric hospital beds are heavy-duty beds designed for people who need extra support these beds have a higher weight capacity and wider bed width to ensure comfort and safety: 42 to 54 inches wide; 80 to 84 inches long ; and Adjustable height.How to choose the right size bed: Choosing the right hospital bed depends on several factors, all of which contribute to the patient's needs and the caregiver's ease of access .User's size: One of the most important factors in selecting the right bed size is the (continued on next page)

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	12/03/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	patient's height and weight.A person with a BMI over 45 will likely be more comfortable in a wider bed to ensure they have enough room to reposition comfortably.Type of Care Needed: Depending on the mobility and needs of the patient, a larger bed may be better for turning, repositioning, and aiding the individual comfortably. Extra width may also be helpful if a caregiver or physical therapist will be treating the individual from the bed. In an interview on 12/3/25 at 10:42 AM, Physical Therapy Aide (PTA) JJ reported she had been working with Resident #7 and he had reported he felt like he was going to fall out of the bed and she had to a certified nursing assistant (CNA) come and assist with repositioning Resident #7 more towards the middle of his bed as he was close to the edge of the bed. PTA JJ reported bed rails/assist bars would be beneficial for Resident #7 as that would allow him to utilize them to off load from his bottom and provide some pressure relief. PTA JJ reported Resident #7 had a trapeze above his bed which he used but expressed concern with the use causing shearing to his bottom as it was used to pull him up in the bed and not able to lift off the bed, especially due to his strength and weight. PTA JJ reported he was able to do more activities when he was first admitted to the facility but has since had decline due to a Parkinson's diagnosis as well his weight was probably a factor as well. PTA JJ reported she felt the use of bed rails/assist bars would also contribute to his abdominal muscles and arm strength as well as mobility while in bed, which she hoped would then allow the resident to feel more comfortable in a wheelchair and not feel like he would slide out of the chair and be able to sit up longer out of the bed which would help improve the pressure ulcer he currently had.

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	12/03/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop a person-centered care plan related to contact precautions for 1 resident (Resident #53) of 18 reviewed for person centered care plans resulting in the potential for unmet care needs of the resident.Findings include:Resident #53 (R53)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R53 admitted to the facility on [DATE] with pertinent diagnoses including depression, anxiety and Clostridium Difficile (C-diff, a bacterium that causes diarrhea and potentially life-threatening inflammation of the colon). Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R53 was cognitively intact (13 to 15 cognitively intact).During an observation on 12/01/2025 at 9:53 AM, there was a contact precautions sign posted outside R53's door. During an interview on 12/01/2025 at 9:56 AM, R53 stated that he had C-diff 4 separate times and had it before he was admitted to the facility. R53 said that this was a recurrent issue and he was seeing a gastroenterologist (doctor who specializes in diagnosing and treating disorders of the digestive system) this month. R53 also stated that staff had to wear gown and gloves when taking care of him due to the C-diff. Review of R53's physician order revealed .Contact Precautions for pending C-diff culture, every shift, active, revised 10/23/2025. Review of R53's chart revealed that there wasn't a care plan focus for contact precautions. During an interview on 12/02/2025 at 12:17 PM, Assistant Director of Nursing who was also the Infection Preventionist (IP) D stated that when a resident was under contact precautions, an order was put in the resident's chart and a care plan was developed specifically for contact precautions. When discussing R53's care plan, IP D said that he should have a care plan for contact precautions. During another interview on 12/02/2025 at 12:36 PM, IP D verified that there wasn't a care plan for R53 related to contact precautions. IP D said that the care plan for contact precautions should have been reactivated last month when R53 started having diarrhea again. Review of the Care Plan-Comprehensive and Revision Policy with a revision date of 8/25/2023 revealed .General Guidelines:.The comprehensive, person-centered care plan: includes measurable objectives and timeframes.reflects currently recognized standards of practice for problem areas and conditions.

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	12/03/2025

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 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents received care by qualified persons in 1 of 5 residents (Resident #13) reviewed for psychotropic medications, when nursing staff completed Resident #13's Psychotropic Medication Review for GDR (Gradual Dose Reduction) assessment without involvement from the physician or nurse practitioner, resulting in an incomplete GDR assessment for Resident #13.Findings include: According to the facility's policy Psychotropic Medication Use dated 1/10/24 revealed, .Residents who use psychotropic medications will receive gradual dose reductions, unless clinically contraindicated, in efforts to discontinue the medication when appropriate.For any resident who is receiving a psychotropic medication to treat a disorder other that expressions of indications of distress related to dementia (examples include, schizophrenia, bipolar mania, depression with psychotic features, or another medical condition other than dementia, which may cause psychosis), the GDR may be considered clinically contraindicated for reasons that include, but are not limited to: 1. The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale. or the resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at the time would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder.Review of an admission Record revealed Resident #13 was originally admitted to the facility on [DATE], with pertinent diagnoses which included: bipolar disorder (depression with extreme highs and lows), anxiety, and PTSD (post-traumatic stress disorder). Review of Resident #13's Care Plan revealed, At risk for adverse effects of psych (psychotropic) medications: Pt (patient) takes antianxiety medication, antipsychotic, and antidepressant medication and mood stabilizer. Date initiated: 5/29/25.In an interview on 12/03/2025 at 2:08 PM, Social Services Coordinator (SSC) GG reported that Resident #13 did not participate in services from behavioral health services, and that SSC GG along with the physician and DON (Director of Nursing) B should be managing the resident's behavioral needs and his psychotropic medications. SSC GG reported that Resident #13 had a Psychotropic Medication Review for GDR on 8/28/25 that was completed by the regional social worker that was in place prior to SSC GG being hired, and then another assessment was documented as completed on 11/29/25 by LPN (Licensed Practical Nurse) G. SSC GG reported that it was odd that the assessment was checked as completed, but there was no indication that the physician or DON was involved in the assessment, and to her knowledge it was not appropriate for a nurse to perform the assessment. SSC GG reported that she was present in the facility and could have completed the assessment the next business day but was not aware.Review of Resident #13's Psychotropic Medication Review for GDR dated 11/29/25 by LPN G revealed, .Medication Class: 1. Antipsychotics: Seroquel 50 mg BID (twice daily), GDR not attempted do to: target symptoms have not been sufficiently relieved by non-pharmacological interventions. The continued use of the current medication regimen is within current standards of practice.Diagnosis or indication for use: bipolar disorder. 2. Antianxiety: Klonopin 0.5 mg TID (three times a day), GDR not attempted, Diagnosis or indication for use: Anxiety and PTSD. 3. Antidepressant: Prozac 40 mg daily, GDR not attempted. Trazadone 50 mg daily, GDR not attempted, Diagnosis or indication for use: Bipolar Disorder and PTSD. 4. Other: Atarax (an antihistamine used to treat anxiety) 25 mg q8hr (every 8 hours) PRN (as needed), GDR not attempted. Depakote (antiseizure medication), GDR not attempted. Diagnosis or indication for use: Anxiety, Depression, Hallucinations, PTSD.An attempt was made to contact LPN G on 12/3/25 at 3:00PM, with no return phone call.In an interview on 12/03/2025 at 3:03 PM, DON B reported that floor nurses were not supposed to complete Psychotropic Medication Review for GDR assessments, and she was not aware that LPN G had documented Resident #13's assessment on 11/29/25. DON B reported that the assessment would need to be completed again with the physician and SSC GG's involvement.

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	12/03/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure indwelling catheter care was completed, monitored urinary output, ensured securement device positioning, and the urinary drainage bag was not resting on the floor for 1 (Resident #70) of 1 resident reviewed for indwelling catheter care, resulting in the potential of a urinary tract infection. Findings include: Review of [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 68514-68515). Elsevier Health Sciences. Kindle Edition, revealed .Securing indwelling catheters reduces risk of urethral trauma, urethral erosion, CAUTI (Catheter-Associated Urinary Tract Infection), or accidental removal .A CAUTI (Catheter associated urinary tract infection), or a UTI (urinary tract infection) associated with a catheter, is common if you have an indwelling catheter inside your urethra.Symptoms are similar to a general UTI and include bloody or cloudy urine, gritty particles or mucus in your urine, urine with a strong odor, pain in your lower back, chills and fever. (https://www.healthline.com/health/sediment-in-urine) Resident #70: Review of an admission Record revealed Resident #70 was a male with pertinent diagnoses which included urinary catheter. Review of Care Plan dated 10/2/5 revealed the focus, .Use of indwelling urinary catheter needed due to obstructive uropathy . with the intervention .Administer medication per physician orders .Catheter Care .Maintain drainage bag below bladder level .Per (name omitted) Urology: Change catheter and catheter bag monthly .Report any changes in amount and color, or odor of urine .Secure catheter with securement device .Change urinary catheter securement device q (every) week every day shift every Sun for Urinary Catheter care .Maintain Foley Catheter and provide care every shift every shift for Foley care .Suprapubic, Foley or condom Catheter Output Amount every 8 hours . Review of Order dated 10/5/25, revealed .Change urinary catheter securement device q (every) week every day shift every Sun for Urinary Catheter care .Maintain Foley Catheter and provide care every shift every shift for Foley care .Suprapubic, Foley or condom Catheter Output every 8 hours . In an interview on 12/03/2025 at 2:04 PM, Assistant Director of Nursing/Infection Preventionist (ADON/IFP) D reported the facility did not have an order to regularly schedule the catheter change, it was done if the resident had a possible UTI and then ordered by the provider at that time the entire system would be changed out. It would also be a scheduled order when an order to change it within a period of time was received by urology. Review of Treatment Administration Record (TAR) for Resident #70 for September 2025, revealed, .Maintain Foley Catheter and provide care every shift. Catheter Size/French: 16 Balloon CC: 10.Diagnosis: BPH (benign prostatic hyperplasia-impaired urinary elimination related to obstruction) .every shift for Foley care.12 Hr. *Missed opportunities on 9/14, 9/19.Suprapubic, Foley or condom Catheter Output Amount, every 6 hours.0000 (12:00 AM), 0600 (6:00 AM) .1200 (12:00 PM) .1800 (6:00 PM) . *Missed opportunities on 9/11 at 1800, 9/14 at 1200, 9/16 at 1800, 9/18 at 1800, 9/20 at 0000, 9/20 at 1800, 9/21 at 1800. Review of Treatment Administration Record (TAR) for Resident #70 for October 2025, revealed, .Suprapubic, Foley or condom Catheter Output Amount, every 8 hours.0600 (6:00 AM).1400 (2:00 PM).2200 (10:00 PM). *Missed opportunities on 10/13 at 2200, 10/23 at 2200, 10/26 at 1400 .Maintain Foley Catheter and provide care every shift, every shift for Foley care.12 Hr. *Missed opportunities 10/23, 10/26 .Change urinary catheter securement device q (every) week every day shift every Sun for Urinary Catheter care.7 AM. *Missed opportunities on 10/19. Review of Treatment Administration Record (TAR) for Resident #70 for November 2025, revealed, .Maintain Foley Catheter and provide care every shift, every shift for Foley care.12 Hr. *Missed opportunities on 11/12, 11/16, 11/30 .Suprapubic, Foley or condom Catheter Output Amount, every 8 hours.0600 (6:00 AM).1400 (2:00 PM).2200 (10:00 PM). *Missed opportunities on 11/9 1400, 11/11 1400 & 2200, 11/12 1400, 11/22 1400, 11/26 1400, 11/20 0600 & 1400. During an observation on 12/01/2025 at 3:05 PM, Resident #70 was lying in his room in bed. Catheter bag was (continued on next page)

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	12/03/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hanging from the side of his bed, the urine was a dark orange color and the urinary bag was 2/3rds full. During an observation on 12/03/2025 9:26 AM, Resident #70 was observed being assisted to the dining room and his catheter bag was hanging under the wheelchair seat, and the bag was touching the floor and was being contaminated by dirt, debris, and bacteria on the floor. In an interview on 12/03/2025 at 10:12 AM Resident #70 reported he had pain due to the securement device did not always stays in place and it pulls on his penis and caused him pain. Resident #70 when the catheter tubing would get clogged up he had pain and that usually happened every 3 months, and he would have a urinary tract infection (UTI). Resident #70's catheter bag was secured under the wheelchair seat, and it was touching the floor and was being contaminated with dirt, debris, and bacteria on the floor. During an observation on 12/03/2025 1:33 PM Resident #70's was seated in his wheelchair eating his lunch and the catheter bag was under the seat of his wheelchair and the catheter bag was touching the floor of his room. In an interview on 12/03/2025 at 1:58 PM, ADON/IFP D reported foley care would need to be done as if it was not done it would increase the risk of infection, urinary tract infections (UTI) and because Resident #70 does have a catheter, the catheter should not be dragging on the floor as it leads to contamination and increased risk of UTIs. ADON/IFP D reported the facility would monitor the output of the catheter to determine whether the kidneys were functioning the kidney, would also observe the urine to determine if there was concern for infection as well as the smell of the urine. Review of policy, Catheter Care dated 8/24/23, revealed, .It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .Catheter care will be performed every shift and as needed by nursing personnel .Empty drainage bag when it is half to three-fourths full and as needed .

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	12/03/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to administer oxygen therapy and provide respiratory care per physician order and professional standards of practice in 1 of 1 resident (Resident #19) reviewed for respiratory care, resulting in the potential for decreased oxygen levels and respiratory complications.Findings include:Resident #19 Review of an admission Record revealed Resident #19 was a male, with pertinent diagnoses which included obstructive lung disease, heart failure, a seizure disorder, history of traumatic brain injury, and presence of a tracheostomy (an opening in the neck to the trachea through which a tube is inserted to provide an airway). Review of a Minimum Data Set (MDS) assessment for Resident #19, with a reference date of 9/20/25, revealed he had severe cognitive impairment, utilized oxygen therapy, and required tracheostomy care. Review of a current Care Plan for Resident #19 revealed the focus .The resident has altered respiratory status/difficulty breathing (related to) tracheostomy, COPD (obstructive lung disease) . initiated 5/21/24. Review of a current Care Plan for Resident #19 revealed the focus .The resident has oxygen therapy r/t (related to) Ineffective gas exchange . with interventions which included .OXYGEN SETTINGS: Oxygen Delivery via Trach (Tracheostomy) Mask Liter flow: 7L (Liters) Duration: continuous At 30% humidification . initiated 5/21/24. Review of an Order Summary Report for Resident #19 revealed the physician order .Change Oxygen Tubing (i.e. Nasal cannulas, oxygen masks), filters and humidification bottle every week and PRN (as needed). every evening shift every (Sunday) for tubing change . with a start date of 8/31/25. Review of an Order Summary Report for Resident #19 revealed the physician order .Oxygen Delivery via Trach Mask Liter flow: 7L Duration: continuous At 30% humidification every shift for breathing . with a start date of 8/29/25. In an observation on 12/1/25 at 9:57 AM, Resident #19 was noted in bed in his room with his eyes closed. Observed Resident #19 had a tracheostomy, with oxygen delivered via a tracheostomy mask. Noted Resident #19's oxygen concentrator was set at 6 liters/minute. Noted the humidifier bottle was empty (no sterile water in the container and no bubbles observed) with no date noted on the bottle. Noted the tubing connected to the oxygen concentrator was dated 11/23/25. Review of the November 2025 Treatment Administration Record (TAR) for Resident #19 revealed the physician order .Change Oxygen Tubing (i.e. Nasal cannulas, oxygen masks), filters and humidification bottle every week and PRN. every evening shift every (Sunday) for tubing change . had missed documentation (no initials) for the scheduled change on 11/30/25. In an observation on 12/2/25 at 1:51 PM, Resident #19 was noted in bed in his room. Observed Resident #19 had a tracheostomy, with oxygen delivered via a tracheostomy mask. Noted Resident #19's oxygen concentrator was set at 6 liters/minute. Observed the humidifier bottle had recently been changed and was dated 12/1/25 with visible sterile water within the bottle (bubbles observed). Noted the tubing connected to the oxygen concentrator was dated 11/23/25. In an observation and interview on 12/2/25 at 2:04 PM, Agency Registered Nurse (RN) KK entered Resident #19's room and checked the settings on his oxygen concentrator. Agency RN KK verified the concentrator was set to 6 liters/minute. Observed Agency RN KK check Resident #19's oxygen saturation, which was at 90% (normal range 95%-100%). In an observation and interview on 12/2/25 at 2:24 PM, Director of Nursing (DON) B entered Resident #19's room and checked the settings on his oxygen concentrator. DON B verified the concentrator was set to 6 liters/minute, reported it should be set to 7 liters/minute based on the physician order, and adjusted the oxygen concentrator to 7 liters/minute. Review of the policy/procedure Oxygen Administration, dated 5/7/24, revealed .Oxygen is a crucial therapy used to maintain adequate tissue oxygenation while minimizing cardiopulmonary work .Oxygen shall be administered using a physician's order unless there is an emergent need .PROCEDURE .Verify physician's order .Turn the equipment on to the desired/ordered liter flow .If utilizing a humidifier reservoir, bubbles should be seen inside the bottle .

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	12/03/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement Enhanced Barrier Precautions (EBP) (an infection control measure designed to reduce the transmission of multidrug-resistant organisms (MDROs) in nursing homes) for 2 residents (Resident #94 & #19) of 6 residents reviewed for infection control and prevention, resulting in the potential for the spread of MDROs among a vulnerable population of residents.Findings include:Resident #94 Review of an admission Record revealed Resident #94 was admitted to the facility on [DATE]. Review of Resident #94's Physician Orders revealed, Enhanced Barrier Precautions: Indwelling medical device. Active on 12/2/25. During an observation on 12/03/2025 at 9:51 AM, a small sign in the hallway outside of Resident #94's room indicated EBP was in place. Certified Nursing Assistant (CNA) M was observed walking into the room to provide morning cares and get the resident up for therapy. CNA M donned gloves but did not put on a gown, then proceeded to change the resident's incontinence brief, assist with dressing and transferred the resident into his wheelchair. CNA M then removed soiled bedding and exited the room. Resident #94 was noted to have a foley catheter in place. Review of Resident #94's Kardex (care guide) revealed, .Enhanced Barrier Precautions, Staff will wear a gown and gloves during high contact resident activities. In an interview on 12/03/2025 10:10 AM, CNA M reported that she did not see the sign in the hallway outside of Resident #94's room, but that she knew she was supposed to wear a gown with all residents that had a catheter. CNA M reported that she was by herself on the hall today and stressed out. Resident #19 Review of an admission Record revealed Resident #19 was a male, with pertinent diagnoses which included obstructive lung disease, heart failure, a seizure disorder, gastroparesis (a chronic condition where the stomach empties too slowly due to damaged nerves or muscles), gastrostomy status (an opening in the stomach where a feeding tube is inserted), history of traumatic brain injury, and presence of a tracheostomy (an opening in the neck to the trachea through which a tube is inserted to provide an airway). Review of a Minimum Data Set (MDS) assessment for Resident #19, with a reference date of 9/20/25, revealed he had severe cognitive impairment, utilized a feeding tube, and required tracheostomy care. Review of a current Care Plan for Resident #19 revealed the focus .Resident requires enhanced barrier precautions related to: Trach (Tracheostomy), PEG tube (percutaneous endoscopic gastrostomy tube - a feeding tube that provides nutrition directly into the stomach, inserted through the abdominal wall) . initiated 2/3/25, with interventions which included .Staff will wear a gown and gloves during high contact resident activities . initiated 8/20/24. Review of an Order Summary Report for Resident #19 revealed the physician order .Enhanced Barrier Precautions: PEG, Trach every shift . with a start date of 8/29/25. (continued on next page)

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	12/03/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation on 12/2/25 at 2:04 PM, Agency Registered Nurse (RN) KK entered Resident #19's room to check the settings on his oxygen concentrator and check his oxygen saturation. Agency RN KK noted some mucous on Resident #19's tracheostomy dressing and identified that Resident #19 required tracheal suctioning due to increased sections. Observed Agency RN KK perform a tracheostomy site dressing change, and complete tracheal suctioning for Resident #19 with only gloves utilized (no gown donned prior to tracheostomy care/suctioning). Observed a sign on Resident #19's door indicating Enhanced Barrier Precautions (EBP) were in place for Resident #19 and gowns and gloves were required for high contact resident care activities. In an interview on 12/2/25 at 2:24 PM, Director of Nursing (DON) B reported for residents on EBP, gowns and gloves should be worn for any high contact resident care activities, which included tracheostomy care and suctioning. Review of the policy/procedure Enhanced Barrier Precautions, dated 9/3/25, revealed .The purpose of this policy is to provide guidelines for the use of enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs) .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 residents known to be colonized with a CDC targeted MDRO (where contact precautions do not apply) as well as those residents 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 .Feeding tubes .Tracheostomy tubes .High contact resident activities include .Care and use of indwelling medical devices .

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	12/03/2025

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to track and offer the pneumococcal vaccine for 1 (Resident #7) of 5 residents reviewed for immunizations, resulting in a delay of Resident #7, to be given the opportunity to receive or decline the pneumococcal vaccination.Findings include: In an interview and record review on 12/4/25 at 12:08 PM, Infection Preventionist (IFP) D reviewed Resident #7's age was [AGE] years old, review of the Immunization Record and it revealed, Resident #7 had received the not received the Prevnar 13 on 01/29/2017 and PPSV 23 (Pneumococcal) Dose on 08/14/2010. CV 20 or PCV 21. IFP D reviewed the medical record and was unable to locate a consent or declination for the immunization. According to the Centers for Disease Control and Prevention (CDC) PCV20 Vaccination for Adults 50 Years and Older dated 12/05/25, revealed, .Routine vaccination: Adults 50 years or older who have- Previously received both PCV13 and PPSV23, AND NO PPSV23 was received at age [AGE] years or older: 1 dose of PCV20 or 1 dose of PCV21 at least 5 years after the last pneumococcal vaccine dose . www.cdc.gov/vaccines/hcp/admin/downloads/job-aid- SCDM-PCV20-508.pdfIn an interview on 12/03/2025 at 1:00 PM, Director of Nursing (DON) B reported IFP D informed her Resident #7 did not have a declination for the vaccine.