

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehab of Dearborn Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 26001 Ford Rd Dearborn Heights, MI 48127	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851</p> <p>This citation pertains to Intake: MI00149497.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders for elastic bandage leg wraps for one sampled resident (R902) of three review for resident care and treatments. Findings include:</p> <p>On 2/11/25 at 2:30 PM, R902 was observed sitting up in bed and was asked if they had concerns with their care. R902 said at their last care conference they reported three concerns, brief size, not being changed timely, and legs not being wrapped. R902 explained the elastic bandages/wraps were delivered on Sunday 2/9/25 and has not been put on their legs as of yet. R902's legs were observed to be without the elastic bandage wraps on. Observation was made of four rolls of elastic bandage wraps observed in R902's window seal unopened.</p> <p>A review of R902's medical record revealed, R902 was admitted to the facility on [DATE] with diagnosis of Acute on Chronic Diastolic (Congestive) Heart Failure. Further review of R902's Minimum Data Set (MDS) assessment noted, R902 with an intact cognition and dependent on staff to complete activities of daily living.</p> <p>A review of R902's February (2025) Treatment Administration Record (TAR) noted, Order: Wrap legs up to groin with (name of elastic wrap) wrap daily, remove @HS (bedtime) one time a day for wrap legs. Start Date: 2/4/25. End date: Indefinite. Specific time(s) 0900 (9:00 AM). The order was noted to be documented as completed on February 4th through 9th.</p> <p>A review of R902's care plan noted, Focus: At risk for pain and has pain related to: lymph-edema and lip edema to BLE (Bilateral Lower Extremities) Date Initiated: 01/31/2025. Goal: Pain or analgesia will not affect participation in activities of choice or daily routine Date Initiated: 01/31/2025. Interventions: Adjust times of ADL (activities of daily living) and treatment activities so that occur after analgesia benefits have been achieved (i.e., therapy, wound dressing change, etc.) Date Initiated: 01/31/2025. Therapy evaluation and treatment per orders Date Initiated: 01/31/2025.</p> <p>On 2/11/25 at 2:56 PM, the Assistant Director of Nursing (ADON) was asked about R902's order for legs to be wrap. The ADON explained, they reviewed the order and noted the order had been documented as completed, but not provided to the resident. The ADON was asked the expectation of following physician's orders and explained, the order is to be followed and documented correctly.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled, Medication Administration dated 8/7/23, noted POLICY OVERVIEW: To safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs . DOCUMENTATION: Medications administered are documented following administration. Administration of PRN medications include the justification and response to administration. The licensed nurse is responsible for validating documentation is completed for any medication administered during the shift .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34851</p> <p>This citation pertains to Intake MI00149394.</p> <p>Based on observation, interview, and record review, the facility failed to fill water cups with ice in a sanitary manner. This deficient practice had the potential to affect all 104 residents that drink water in the facility. Findings include:</p> <p>On 2/11/25 at 4:39 PM, Certified Nursing Assistant A (CNA A) was observed to fill empty water cups with ice from a bag. CNA A used another empty cup to first scoop ice out of the bag, and then started to use their bare hand to scoop ice into empty cups. A few empty cups were observed to fall to the floor and subsequently, the CNA was observed to pick the cups up from the floor, filled them with ice, and then with water. CNA A was asked if they were going to use the cups that had fell on the floor to provide water to the residents, to which the CNA did not respond.</p> <p>On 2/11/25 at 5:17 PM, the Nursing Home Administrator (NHA) was asked the procedure for scooping ice from a bag. The NHA stated the bagged ice is to go into a cooler and a scoop is to be used. The NHA was asked for a policy and procedure for using store bought ice to fill the cups. The NHA explained there is no written policy for using the bagged ice.</p>		