

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 04/01/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>This citation pertains to Intake MI00151482.</p> <p>Based on interview and record review, the facility failed to provide Occupational Therapy (OT) and Physical Therapy (PT) as ordered, for one resident (R701) out of one reviewed for therapy services. Findings include:</p> <p>A review of a complaint called into the State Agency noted the following, Complainant states the resident didn't receive Physical Therapy.</p> <p>A review of the medical record revealed that R701 admitted into the facility on [DATE] with the following medical diagnoses, Dysphagia and Muscle Wasting. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score 13/15 indicating an intact cognition. R701 also required staff assistance with bed mobility and transfers.</p> <p>Further review of PT/OT encounters noted R701 certification period were from 3/13/2025-4/11/2025. PT/OT encounters revealed R701 missed OT on the following days 3/14/2025 and 3/15/2025 and PT on the following days 3/17/2025, 3/19/2025, and 3/21/2025.</p> <p>R701 was then transferred to the hospital on 3/23/2025 and did not return to facility.</p> <p>On 4/1/2025 at 10:57 AM, an interview was conducted with the Director of Rehabilitation (DOR). The DOR reported they have a therapist in the facility Monday through Friday and part time and as needed staff on the weekends to make up sessions. The DOR reported R701 was scheduled for PT/OT five days a week and did miss a couple of therapy days, and then they were sent out to the hospital.</p> <p>A therapy agreement with the facility titled, Therapy Services noted the following, 2.3. Supplier shall render the Therapy Services to inpatients and/or outpatients of Facility only in accordance with, and upon the written orders of, the patients attending physician. Supplier shall consult with the patient's attending physician in the development of a written plan of care for each patient receiving the Therapy Services.</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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