

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 04/30/2026
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Dearborn Heig		STREET ADDRESS, CITY, STATE, ZIP CODE 26001 Ford Road 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intakes 2987085 and 2973371. Based on observation, interview, and record review, the facility failed to ensure call lights were accessible and answered timely for one resident (R304) of five reviewed and failed to provide an adaptive knife for one resident (R305) of five residents reviewed for residents rights. Findings include: R304 On 4/29/26, at 4:00 PM, R304 was observed lying on their bed, eyes closed, sleeping in the room. The bed was noted to be in the lowest position. When Registered Nurse (RN)C approached the door of the room, the surveyor asked to see where R304's call light was and found the call light wrapped around the television tucked away and far from the residents reach. At this time, RN C was interviewed and confirmed R304's call light was not within their reach. R304 was admitted into the facility on March 13, 2026, with a diagnosis of displaced intertrochanteric fracture of the right femur, Type 2 diabetes mellitus, deaf, nonverbal, and with difficulty walking. According to the Minimum Data Set (MDS) assessment dated [DATE], R304 Brief Interview of Mental Status Score (BIMS) was zero, indicating severely impaired cognition having the ability to make themselves understood, sometimes. The MDS documented R304 is dependent in toileting, showers, and activities of daily living and required maximum assistance with bed mobility and transfers. A review of R304's care plan dated 3/14/26, revealed the resident is at risk for falls due to a history of falls resulting in a recent fracture of the right femur with surgical repair. The care planned interventions included call lights within reach, orienting to surroundings, and using call lights. R305 R305 was admitted into the facility on 3/20/2026, with the diagnosis of Rhabdomyolysis, major depressive disorder, anxiety disorder, and chronic inflammatory demyelinating polyneuritis in addition to other diagnoses. R305 Brief Interview for Mental Status (BIMS) Score dated March 26, 2026, was 15/15 indicating cognitively intact and ADL assistance from one staff member with meals. A current care plan revealed the resident was to have adaptive equipment for eating: weighted utensils, and a plated guard. R305 was observed eating in their room on 4/29/26 at 12:35 PM. When the surveyor asked about how the meals were, R305 stated, Most meals are good. But sometimes it's like a kid's meal. The resident stated the portions were too small and has been receiving double portions for almost a week now. While eating independently, R305 struggled with the adaptive fork and attempted to cut a chicken breast with it. R305 appeared frustrated, picked up the large chicken breast with a fork, and started nibbling it, leaving crumbs and honey glaze on their face. When asked where the knife was, the resident said, It did not come with it; they did not send one this time. Sometimes they do, and sometimes they don't. I am supposed to have a weighted spoon, fork, and knife. Observation of the lunch tray revealed only a weighted fork. No weighted knife or weighted spoon were noted. R305's Meal ticket documented: LUNCH, Wednesday, 4/29/26-Feeding Assistance devices: weighted fork, weighted knife, and weighted spoon. At 12:40 PM, R305 described their hands were very numb and sometimes felt like they were on fire and that's why I need the weighted spoons and fork. It helps. On 4/29/26 at 1:35 PM, Occupational Therapist (OT) K said sometimes (name of R305) experiences heavy weakness, and sometimes it is mild. Last month, their status was maximum assist with Activities of Daily Living (ADL) and rehab was working to strengthen and develop fine motor (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
---	-------	-----------

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 04/30/2026
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Dearborn Heig		STREET ADDRESS, CITY, STATE, ZIP CODE 26001 Ford Road 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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	skills using the adaptive devices.On 4/30/26, at 3:00 PM, the Resident Council Minutes for March 2026 and April 2026 were reviewed and revealed:-March 17, 2026, at 2:30-3:30 PM, complaints noted: Call lights not answered in a timely manner, not accessible, and not within reach.-April 16, 2026, from 2:30-3:30 PM, there were repeated complaints about call lights being unreachable and long waits for them to be answered.On 4/30/26 at 1:00 PM, the Call Light Policy, Dignity and Adaptive Devices Policy were reviewed.		

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 04/30/2026
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Dearborn Heig		STREET ADDRESS, CITY, STATE, ZIP CODE 26001 Ford Road 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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide two-person assistance during care for one resident (R302) of three residents reviewed for falls, resulting in a fall from bed, being transferred to the hospital, and returning to the facility with five stitches on their forehead. Findings include: R302R302 was admitted into the facility on [DATE] with the diagnosis of cerebral infarction, vascular dementia, wedge compression fracture of the thoracic spine (T11-T12), Major Depression, anxiety, and adjustment disorder. R302's Brief Interview of Mental Status (BIMS) score dated 2/2/26, was 2/15 indicating severely impaired cognition. The 2/2/26 Minimum Data Set (MDS) section GG functions were uncoded. A Care Plan dated 12/20/2024 for Self-care deficit specified interventions requiring a 2-person assist with toileting at bed level and, with bed mobility. A nurse's notes authored by nurse JW dated 4/4/26 at 9:11 AM, documented: Writer was called to the resident's room by another nurse and observed the resident on the floor with CNA (Certified Nurse Aide) present. The nurse assessed the resident and noted an abrasion on the right side of the resident's forehead with a pool of blood on the floor. CNA was changing the resident when the resident rolled out of bed and fell on the floor. An Incident Report dated 4/7/26, reviewed, revealed: on 4/4/26, between 8:30 and 9:30 AM, (name of R302) was receiving ADL care (activities of daily living) from CNA (Certified Nursing Assistant) DG. During care, which included cleaning the resident and changing the bed linens, the resident fell to the side of the bed. Upon arrival of Nurse JW, (name of R302) was observed lying face down on the floor with active bleeding from the head. Nurse JW, along with additional staff, immediately assessed (name of R302). The EMS (emergency medical system), DON (Director of Nursing), Physician, and family were promptly notified CNA acknowledge (name of R302) is a two (2) person assist but stated they did not seek assistance because the staff was busy. CNA DG stated she was unfamiliar with the Happy Feet protocol (facilities fall prevention program) but reviewed R302's Kardex (resident care guide), which specifies 2-person assistance for bed mobility. (Name of R302) was transported to the nearby hospital for further evaluation and returned later the same day with five sutures to the head. Review of the hospital records dated 4/4/26 at 11:19 AM, the reason for visit was: Fall and Facial Laceration. Five sutures were placed in her forehead. CT Head Cervical Spine Without Contrast, ECG 12 Lead, Chest and Pelvic X-rays, and laboratory tests were obtained while at the hospital. The resident was returned to the facility with discharge instructions for the 5 sutures care and pain relief. On 4/30/26 at 11:45 AM, the Administrator was asked about the incident and stated, The CNA did not follow the care plan for R302 to have two (2) persons assist for bed mobility and transfers. Thus, causing the resident to fall because they should have 2-person assistance during care. Attempted to call CNA DG on 4/30/26 at 12:00 PM but did not return the call after a voice mail was left. The DON was interviewed on 4/29/26 at 3:30 PM and revealed the resident's fall was due to the CNA DG not waiting for another staff member to provide ADL care. (Name of R302) rolled out of bed while the CNA was providing incontinence care, without a second staff member present. The resident ended up being sent to the hospital and returned the same day with 5 stitches on their forehead. R302 was observed lying in bed in their room on 4/30/26 at 1:00 PM. The resident was nonverbal but was crying pointing at their forehead, where stitches were observed. R302's mouth was moving but unable to determine what was being said. The Administrator presented the corrective action plan regarding Resident 302's fall on 4/4/2026 when the care plan had not been followed during bed mobility with two persons assist. Past Non-Compliance (PNC) was identified during investigation of the deficient practice and was accepted by the survey team upon exit from the facility for this citation. The facility attained and maintained compliance for F689 with a compliance date on 4/7/2026. Element 1: On 4/4/2026, immediately after the fall, Resident 302 was assessed and transferred to a nearby hospital for further evaluation and treatment. R302 returned from the hospital (continued on next page)</p>		

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 04/30/2026
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Dearborn Heig		STREET ADDRESS, CITY, STATE, ZIP CODE 26001 Ford Road 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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>on the same day with five (5) stitches on the head. A one-time review of R302 bed mobility and fall care plans were reviewed on 4/6/2026 by the interdisciplinary team to ensure they were appropriate and were updated as needed. Element 2: All residents have the potential to be affected. All residents reviewed for bed mobility as one time audit on 4/6/26. Like residents are defined as those requiring a two-person assist for bed mobility. Element 3: The Fall Management Policy was reviewed and determined to be appropriate. The Interdisciplinary Team and Nursing staff were re-educated on bed mobility and to follow the Happy Feet designation of residents requiring two (2) person assistance in bed mobility. Education completed on 4/6/26, for all nursing staff with the Topic: Safety and Fall Management Policy, follow Happy Feet designation requiring two (2) person assistance, care plans and Kardex's (care guides), with signed signatures of CNAs and nurses. A signed Performance Education for CNA DG acknowledging education was received on 4/6/26. Audits completed on 4/8/26, 4/13/26 and 4/27/26. All audits will be reviewed with the QA committee. Date of compliance of the plan of correction: 4/7/2026. The State Surveyor verified the documentation provided by the facility and conducted interviews with facility staff regarding following care planned interventions and staff were knowledgeable about the facility policies. Other Residents were reviewed for falls and noncompliance was not identified with F-689.</p>		