STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235428	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Dearborn Heig	26001 Ford Road Dearborn Heights, MI 48127

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 maintain sanitary conditions in the kitchen. Findings include:On 02/04/2026 at 9:30 AM, the initial kitchen observation was conducted with the Dietary Manager. The following items were observed: The terminal end of the drain for the food prep area sink slanted down below the level of the floor drain and did not have a minimum one inch air gap; The inside frame of the microwave opening had visible rust along the bottom edge which extended a half or more from the inside rim; The center area of the microwave also had a quarter size area of rust; Each with a potential to contact food; The freezer had a box of burgers open to the air inside the cooler. These were removed by the Dietary Manager. The dietary manager reported the identified concerns would need to be rectified. A review of the facility policy titled, Food Storage dated 12/26/22 revealed, It is the policy of this facility to provide sufficient storage to keep foods safe, wholesome and appetizing .It is the responsibility of the Dietary staff and supervisors to ensure that food is stored, labeled and used within the recommended time guidelines to prevent food borne illness. A review of the facility policy titled, Air Gaps dated 05/01/25 revealed, an air gap is a critical safety measure used to prevent backflow and contamination of the potable water supply or food-handling equipment. It is defined as the unobstructed vertical space through the free atmosphere between the lowest opening of any pipe or faucet supplying water to a tank, plumbing fixture, or other device and the flood-level rim of the receptacle. gaps are strictly required for equipment used for the storage, preparation, and handling of food, such as: 1. Ice Machines: Since ice is classified as food, both the water supply and drain lines require air gaps. 2. Food Prep Sinks: These must discharge through an indirect waste pipe by means of an air gap. 3. Walk-in Refrigerators: Floor drains inside walk-ins must be indirectly connected via an air gap. 4. The air gap must be at least twice the diameter of the water supply inlet and cannot be less than 25 millimeters (1 inch).

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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(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 ensure a call light was in reach for one dependent resident (R129) of three reviewed for falls. Findings include: On 02/04/2026 at 2:55 PM and 4:39 PM, R129 was observed to be on their back in bed, dressed in a hospital style gown, with the head of the bed up, and the tray table to left side of bed. The call light was not in reach and looped over the headboard of the bed. The gown was hanging down off the bare right shoulder. A review of R129's record revealed a fall onto the knees on 02/03/26. On 02/05/2026 at 8:33 AM, R129 was observed with active arm and leg movements while on their back in bed without nonslip socks on. Breakfast had been eaten. The blanket and sheets were soiled with stool and items from breakfast. The water cup was dated 2/4. The call light was behind the head of the bed, looped partially over the headboard and down between the nightstand and the bed. The call button portion was on the nightstand. At 8:42 AM staff entered the room to change the resident after the breakfast tray was brought out by the Administrator. The call light remained on the nightstand after care was completed. At 02/05/2026 at 10:49 AM, R129 was observed to be placed from the bed into a wheelchair by the aide. On 02/05/2026 at 1:15 PM, R129 was observed to be seated in the wheelchair at the nurse's station. R129 was awake with their feet on the footrests. R129 was dressed in a hospital style gown and intermittently looked around and then fell back to sleep with the head down, eyes closed and mouth slightly open; At 2:18 PM, R129 continued in the wheelchair in the same spot, with a blanket over the legs and feet; At 4:07 PM, R129 was seated in the wheelchair at nurse station in the same spot, positioned higher up in the wheelchair with the feet on the footrests. R129 looked asleep with eyes closed, head tilted down toward left shoulder and the mouth open slightly. A blanket was over the right shoulder. On 02/06/2026 at 8:18 AM, R129 was observed to be supine in bed, the head of the bead up around 45 degrees and feeding themself breakfast. The call light was behind the head of the bed, and the button portion was on the floor. The breakfast tray was on the over bed table. R129 said hello on query but did not elaborate or provide answers to questions. At 8:49 AM, R129 continued in bed as before; At 9:08 AM, R129 continued eating breakfast while supine in bed and in a similar position as before. The call light button was behind the head of the bed on the floor. On 02/06/2026 at 9:23 AM, Certified Nursing Assistant (CNA) C reported R129 was noted to have confusion but was redirectable. On 02/06/2026 at 9:45 AM, CNA D reported R129 needed help to get dressed, was able to feed themself, was able to use the call light, could talk enough to make needs known but was forgetful as with thinking they can do things like stand on their own. CNA D also reported R129 was a fall risk and not very steady on their feet, so staff still needed to check on R129. CNA D recalled only one fall for R129. On 02/06/2026 at 12:19 PM, the Director of Nursing was asked about resident care and the need for a call light in reach and reported call lights are to be in reach for all residents in order to meet the needs of the resident and should be checked by staff upon entering a room. A review of the record for R129 revealed R129 was admitted into the facility on [DATE]. Diagnoses included History of Falling, Muscle Wasting, Heart Failure and Overactive Bladder. A review of the active care plan documented, At risk for falls secondary to generalized weakness, impaired balance, worsening dementia, waxing and waning status, pain, exertional dyspnea, impaired judgement, reduced recognition of routines, history of repeated falls, incontinence, impaired vision, impaired safety awareness, osteoarthritis, cervical spondylosis Date Initiated: 01/22/2026 . Call light within reach . The Minimum Data Set assessment dated [DATE] documented severe cognitive impairment and the need for assistance to transfer from bed to chair, to stand from a sitting position and personal hygiene. A review of the facility policy titled, Care Plan - Comprehensive and Revision last revised 02/02/26 revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to update the care plan related to meal assistance for one sampled resident (R6) of three reviewed for care plans revisions. Findings include:On 2/04/2026 at 12:48 PM, R6 was observed eating lunch in their room without assistance. Observed on R6's plate was chicken tenders, macaroni and cheese, broccoli, and chocolate dessert.On 2/05/2026 at 1:05 PM, R6 was asked what they had for lunch. R6 reported they ate in their room and had chopped up chicken, two soups, and a banana. R6 stated, It was delicious. On 2/06/2026 at 12:53 PM, R6 was observed in their room feeding themselves their lunch.A review of R6's medical record noted R6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Nontraumatic acute subdural hemorrhage and Severe-protein-calorie malnutrition. R6's Minimum Data Set (MDS) assessment noted R6 with an impaired cognition and required setup or clean up assistance for eating.A review of R6's orders noted, Order: Regular diet Soft Bite Size texture, Thin consistency, at risk for hot liquid spill: total assistance when served hot liquids. Assistance recommended with all meals. Dated: 12/15/25 - Indefinite.A review of R6's care plan noted, Focus: Risk for aspiration related to diagnosis of Dysphagia, severe cognitive impairment. Date Initiated: 07/15/2025. Goal: Will have no food or fluid aspirated through next review date. Date Initiated: 07/15/2025. Interventions: Assistance recommended with all meals, 1:1 assist with feeding. Date Initiated: 07/15/2025. Monitor for choking, coughing, any food or fluid being pocketed in mouth s/p (status post) each meal. Alert nurse of any unusual findings. Date Initiated: 07/15/2025. Position resident upright during all meals, and upright for 30 minutes after each meal. Date Initiated: 07/15/2025.A review of the physician's progress note revealed, 1/19/26 Physician Team Progress note: Active Medical Problems . Dysphagia requiring texture-modified diet. 4. Protein-Calorie Malnutrition. Continue texture-modified diet. Continue Magic Cup BID (two times a day) and Pro-Heal supplementation. Monitor weights and intake. 5. Dysphagia Maintain aspiration precautions. Continue assisted feeding and diet consistency .On 2/06/2026 at 2:51 PM, the Dietician (RD) was asked about R6's care plan that noted R6 to be a one to one with meals. The RD explained R6 needed one to one assistance when R6 was first admitted , R6 currently only needs help with setting up the meal and encouragement. On 2/06/2026 at 3:12 PM, the Director of Nursing (DON) was asked about R6's care plan meal assistance as one to one with meals. The DON reported R6 was confused when admitted but has improved. The DON indicated R6's care plan should have been updated because R6 is able to feed themselves. A review of the facility's policy titled Care Plan-Comprehensive Revision dated 8/25/23. POLICY OVERVIEW: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. GENERAL GUIDELINES: . Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. The interdisciplinary team reviews and updates the care plan: o When there has been a significant change in the resident's condition. o When the desired outcome is not met. o When the resident has been readmitted to the facility from a hospital stay. At least quarterly, in conjunction with the required quarterly MDS assessment .

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to apply a palm protector per physician order and plan of care for one resident (R96) of one reviewed for range of motion. Findings include:On 02/04/2026 at 10:35 AM, R96 was lying flat on their back asleep. An observation of R96's left hand was observed as contracted. There was no palm protector observed being worn by the resident or noted anywhere near the resident's bed.A review of R96's medical record revealed they were admitted into the facility on 3/16/23 with diagnoses which included Muscle Wasting and Atrophy, Cognitive Communication Deficit, and Diabetes. Further review revealed the resident was severely cognitively impaired and required one-person assist with activities of daily living (ADLs).Further review of R96's medical record revealed the following care plan, Focus: Resident has an ADL self-care performance deficit r/t (related to): Confusion, Impaired balance, Significant Mobility Impairments, reduced ROM LUE (left upper extremity) Date Initiated: 06/05/2024 .left hand palm protector to wear during day shift. Please remove at end of day shift to perform skin check. Date Initiated: 11/16/2024 .Further review of R96's medical record revealed the following active physician order dated 11/17/24, Orthosis/Splint to be applied to: during the day shift to apply left hand palm protector. Remove at the end of day shift. Please observe hand for any skin every day shift On in the Morning, Off in the Evening.On 02/05/2026 at 9:59 AM and 11:48 AM, no splint was observed on R96's left hand. On 02/06/2026 at 10:27 AM, 11:40 AM, and 1:11 PM, no splint was observed on R96's left hand. On 02/06/2026 at 1:59 PM, the Assistant Director of Therapy was interviewed regarding the need for R96's palm protector, and she explained when R96 was on their caseload, she would make attempts to stretch their hand with resistance and identified the resident would benefit from a palm protector. On 02/06/2026 at 3:06 PM, the Director of Nursing (DON) was asked about the resident not wearing their palm protector and explained they were still looking into it as they thought the resident was utilizing the palm protector on a trial basis. A review of the facility's Restorative Nursing Program policy revealed the following, .Residents will receive restorative nursing care as needed to help promote optimal safety and independence .Residents will receive services when they are assessed to have a need for a restorative nursing program. These services may include: Active, active-assisted, or passive range of motion, Splint or brace assistance .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review, the facility failed to maintain appropriate grooming and skin care for one resident (R104), of four reviewed for Activities of Daily Living (ADLs). Findings include: On 02/04/2026 at 12:58 PM, R104 was observed lying in bed. The skin on their face was observed as white and scaly, with the residue covering the front of the resident's black t-shirt. On 02/05/26 at 9:24 AM, R104 was observed in bed finishing their breakfast. They were observed wearing the same black t-shirt they wore the previous day. They continued to have dry scaling skin on their face with the scaling residue covering the neck/chest area of their shirt. On 02/06/2026 at 10:25 AM, R104 was observed at bedside. The chest of their shirt was covered with dry skin residue. On 02/06/2026 at 10:39 AM, Licensed Practical Nurse, LPN E was interviewed and asked if they would expect residents with dry skin to have their skin moisturized/treated during daily care or only on shower days. LPN E reported dry skin should be treated daily on residents as needed. On 02/06/2026 at 10:46 AM, Certified Nursing Assistant, CNA F was interviewed and asked the protocol for providing skin care for residents with dry skin, and they reported they complete dry skin care as needed during daily grooming and hygiene care and not only after showers. On 02/06/2026 at 11:25 AM, the Director of Nursing (DON) observed R104 with the surveyor and acknowledged the dry skin residue on the resident's shirt. He reported the expectation is that the resident's shirt would be kept clean and free of debris, and their face and skin otherwise should be kept moisturized. A review of the facility's, Activities of Daily Living (ADLs) policy revealed the following, Appropriate care and services will be provided for residents who are unable to carry out ADL independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: Hygiene (bathing, dressing, grooming, and oral care) .

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement interventions for heel pressure sores for one resident (R80) of three reviewed for skin management. Findings include: On 02/04/2026 at 2:44 PM and at 4:45 PM, R80 was observed to be on their back in bed with the head of the bed up 45-60 degrees. R80 reported they had boots on in the morning, but they were taken off and not put back on. The boots were not observed to be in place. The low air loss mattress was active and set on alternating with a setting for the resident's weight of 450 pounds. R80 did not look to weigh 450 pounds. R80 was not observed to be out of bed during the hours of the survey on 02/04/26. On 02/05/2026 at 1:00 PM, R80 was observed to be on their back in bed with their heels on the bed and no device under the lower legs to elevate the heels off the bed surface. R80 reported no pain in heels this day but did have pain off and on. The heel boots were off and had been put on the windowsill toward the foot of the bed. The head of bed was up around 60-90 degrees for lunch and R80 reported they liked to sit up so they are more over plate of food. R80 reported it was kind of hard to move around and reported their tailbone was a little sore. R80 noted they had been out to the doctor and had the staples in their hip and leg out. At 2:20 PM and 4:09 PM R80 continued in bed as before. The curtain had been pulled to the waist area. R80 denied any refusal to wear the boots or be repositioned. On 02/06/2026 at 8:20 AM, 9:09 AM, 9:44 AM, and 10:10 AM, R80 was observed to be on their backside in bed with the head of the bed up around 45-60 degrees for breakfast. The heels rested on the bed surface and the dressing for the right heel wound was visible above the sock. The heel boots were on the windowsill in same area at the foot of the bed. At 9:44 AM Staff were seen to enter the room. At 10:10 AM R80 reported pain from their hip to their feet. The heel boots were on the windowsill. On 02/06/2026 at 10:19 AM, R80's heels were observed with the wound care nurse. Both heels had dry deep tissue injuries with the right one larger covering the entire planter surface of the heel. A wound consult note date 01/31/26 documented, Seeing patient regarding bilateral heel wounds .pressure induced dep tissue damage of right heel (3.6 centimeters [cm] x 2.8 cm); pressure induced dep tissue damage of left heel (2.5 cm x 3.0 cm) .heel lift boot while in bed . The wound nurse confirmed the heel boots along with the leg splint for the right leg should be on while in bed On 02/06/2026 at 9:45 AM, CNA D reported R80 to be non-weight bearing due to the heels, alert and oriented, cooperative in care and would make needs known. On 02/06/2026 at 12:19 PM, the Director of Nursing confirmed pressure injury interventions should be applied to improve wound healing. A review of the record for R80 revealed R80 was admitted into the facility on [DATE]. Diagnoses included Fracture of the right Femur and Deep Tissue injuries of the right and left heels. The care plan documented, Risk for pressure injury formation . encourage to reposition . encourage resident to float heels or wear heel boots . initiated 01/19/26 . The Minimum Data Set (MDS) assessment dated [DATE] documented intact moderately impaired cognition and the need for assistance with rolling left and right in bed and dependence on staff for transfers, to sit up and to stand. A physician order with revision date of 01/27/26 documented, Place bilateral heel protectors. A review of the facility policy titled, Skin and Wound Guidelines revised 02/04/26 revealed, Policy: To describe the process steps required for identification of residents at risk for the development of pressure injuries, identify prevention techniques and interventions to assist with the management of pressure injuries and skin alterations . The individualized comprehensive care plan addresses the resident's problem (i.e. at risk for skin breakdown or actual wound), the goal for prevention and/or treatment, and individualized interventions to address the resident's specific risk factors and the plan for reduction of risk . Pressure Injury: Localized damage to the skin and underlying soft tissue, usually over a bony prominence or related to a medical or other device. Can be present as intact skin or an open ulcer and may be painful. Injury occurs because of intense and or prolonged pressure or pressure in combination with shear and is classified by stage.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. Based on observation, interview and record review, the facility failed to provide podiatry services to one resident (R4) of one reviewed for foot care. Findings include:On 02/06/2026 at 10:29 AM, R4 was observed lying in bed. R4's toenails on their left foot were observed as yellow, extremely elongated measuring the length of the nail bed and curling over. Attempts to ask the resident if they had seen a podiatrist however, due to their cognition, they were unable to respond. A review of R4's medical record revealed the resident was admitted into the facility on 2/21/25 with diagnoses which included Cerebral Infarction, Vascular Dementia, and Epilepsy. Further review revealed the resident had a severe cognitive impairment and required assistance with activities of daily living. On 02/06/2026 at 12:08 PM, all podiatry notes for R4 were requested from the facility however, the surveyor was provided with a list of residents scheduled to be seen on 2/18/26. On 02/06/2026 at 3:05 PM, an interview was completed with the Director of Nursing (DON) regarding R4 not being provided with podiatry services. The DON was unsure why the resident had not been seen. On 02/06/2026 at 3:34 PM, an interview was completed with Social Worker B regarding R4 not being seen by podiatry. She explained the resident's spouse had requested the resident be seen by the podiatrist and was placed on the list to be seen in October and December. Social Worker B explained that reminder emails were sent to the podiatry provider for R4 to be seen however, for unknown reasons the resident was not seen. Social Worker B also acknowledged that the podiatrist was in the building the day prior, 2/6/25 and R4 had not been seen. On 02/06/2026 at 2:19 PM, a policy regarding podiatry services was requested from the facility but was not received by the end of the survey.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review the facility failed to ensure appropriate monitoring for lactulose (laxative medication) administered for elevated ammonia levels for one resident (R96) of four residents observed during the medication pass observation. Findings include: On 02/05/26 at 11:19 PM, an observation of a medication pass for R96 was conducted with Licensed Practical Nurse (LPN) I. It was noted by LPN I that the lactulose was not available for administration. The indication for the lactulose was documented as for an ammonia level. The record was reviewed with LPN I who confirmed the last level they found was from July of 2025. A review of the order revealed, Lactulose Oral Solution, Give 30 ml via PEG-Tube two times a day for Ammonia Level with an original order date of 01/20/25. A review of the record indicated the ammonia level was last drawn on 07/25/25. The level was 79 with a normal range of 31-169 indicated. The note on the lab dated 07/28/25 indicated no new orders were given.A review of the medication administration records (MARs) documented administration of the lactulose since July of 2025. The MAR for 2/2026 revealed, Senna Oral Tablet 8.6 MG (Sennosides) Give 2 tablet via PEG-Tube two times a day for constipation -Start Date-10/31/2024 was also documented as given. The tasks for the last thirty days documented one or more daily bowel movements. An additional order for GlycoLax Powder (Polyethylene Glycol 3350) Give 17 gram via PEG-Tube every 8 hours as needed for constipation was noted with no administration documented in February 2026.A review of the progress note date 02/5/2026 at 2:56 PM by the Director of Nursing documented, Writer spoke with (nurse practitioner) NP (J) concerning Lactulose. NP ordered that lactulose be discontinued and ordered (labs/bloodwork) CBC, CMP, Ammonia, and Mag levels on next draw Friday 02/6/26.On 02/06/2026 at 2:35 PM, the lactulose medication and monitoring were reviewed with NP J. The NP reported originally R96 was put on lactulose for an elevated ammonia level and once on lactulose the ammonia level would be monitored weekly until in range. Once in range the level would be continued to be monitored and the lactulose tapered as needed. The NP did not indicate a follow up interval for monitoring and noted it would be continued based on the labs and on a case-by-case basis.A review of the facility policy titled, Laboratory Results with review dated 02/03/26, revealed, .the facility must provide or obtain laboratory services to meet the needs of the resident A review of the facility policy titled, Medication Administration with review dated 02/03/26, revealed, .Laboratory values are validated prior to the administration of laboratory dependent medications in accordance with the medical practitioner's orders

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure medication was not left at the bedside with a cognitively impaired resident for one resident (R118) of four reviewed for medication administration. Findings include: On 02/04/2026 at 10:18 AM, R118 was observed to have a bottle of Saline Nasal Spray on the overbed table. R118 stated they administer it to themself. On 02/05/2026 at 4:03 PM, R118 was observed to have a bottle of Saline Nasal Spray on the overbed table.On 02/06/2026 at 8:45 AM, R118 was observed to have a bottle of Saline Nasal Spray on the overbed table with the breakfast tray. A review of the record documented R118 to lack capacity to make medical decisions. No medication self-assessment was located in the medical record. On 02/06/2026 at 8:47 AM, Licensed Practical Nurse (LPN) G LPN reported they knew of only one resident with self-administration for medication. This was not R118.On 02/06/2026 at 8:58 AM, the Director of Nursing (DON) reported if a resident was granted self-administration of medication upon assessment, then they would have a lock box for them and if a resident was going to keep medication at the bedside, a self-administration assessment was needed. This included inhalers, over the counter medications and nasal sprays. A review of the record for R118 revealed R118 was admitted into the facility on [DATE]. Diagnoses included Dementia, Depression and High Blood Pressure. The active care plan documented an alteration in communication related to cognitive impairment and hard of hearing . A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated a severely to moderately impaired cognition with a 6/15 Brief Interview for Mental Status score (BIMs) and the need for setup for meals. A review of the facility policy titled, Medication Self-Administration revised 02/03/26 revealed, Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so.A review of the facility policy titled, Medication Administration revised 02/03/26 revealed, Policy: To safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs . Medications administered are documented following administration .

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	235428	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Dearborn Heig	26001 Ford Road Dearborn Heights, MI 48127

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2715408. Based on interview and record review the facility failed to draw ordered labs for two sampled residents (R128, R6) of three reviewed for laboratory services. Findings include: R128A review of the intake noted, Lab levels were not being monitored appropriately . The ammonia level was ordered on 12/22 (25) or 12/23 (25) and never resulted according to the PM (evening) supervisor. A review of R128's physician orders noted, an order dated 12/22/25 to collect labs for CMP (comprehensive metabolic panel), MAG (magnesium), Phos (phosphorus), and Ammonia level. A review of R128's medical record progress note revealed, 1/6/2026 00:00 (12:00 AM) Nursing: Writer reorder labs to done on 1/7/2026 CBC, CMP, MAG, Phos, and Ammonia level. A review of R128's physician orders reflected the above reorder of labs. Further review noted R128 was admitted to the facility on [DATE] with diagnosis of Cirrhosis of the liver. R128's Minimum Data Set (MDS) assessment noted R128 with an intact cognition and required staff to assist with activities of daily living. R128's medical record noted, R128 was transferred to the hospital on 1/6/26 due to a mental status. On 2/06/2026 at 11:02 AM, Unit Manager (UM A) was asked the reason the labs were reordered, UM A reported the labs were never completed when they were first ordered on 12/22/25. UM A continued and reported that labs were reordered on 1/6/26 but not completed due to the resident transferring to the hospital. A review of R128's progress note revealed, 1/6/2026 15:23 (3:23 PM) Nursing Progress Note: Resident displaying increased lethargy. Writer contacted provider. Order given to increase Lactulose 3 times daily and collect labs . Provider then arrived and stated he wanted the resident sent to out (to the hospital due to) the increased lethargy and lactulose (used to prevent and treat hepatic encephalopathy, a condition caused by liver failure that leads to increased ammonia levels in the blood) will not have an immediate effectiveness. On 2/06/2026 at 12:18 PM, the Director of Nursing (DON), was asked the explanation why the lab was not completed after the first order dated 12/22/25. The DON explained the process was not done correctly. The order was never placed into the lab book for it to be completed, without it being placed in the book the tech would not know there was an order. The DON was asked how R128's ammonia was being monitored, and reported ammonia is monitored via labs. R6R6 was admitted to the facility on [DATE] with diagnoses that included: vascular dementia, schizoaffective disorder and bipolar disease. Review of the resident's Minimum Data Set (MDS) noted the R6 had a Brief Interview for Mental Status (BIMS) score of 3/15 (severely cognitively impaired).Continued review of R6's clinical record revealed the following: 11/26/25: Consultant Pharmacist Recommendation to Prescriber : .(R6) MRR (Medication Regimen Review) Date 11/26/25.Please consider scheduling the following labs for clinical monitoring on the next convenient lab day: valproic acid level.Physician/Prescription Response.Agree.date: 12/3/25.1/31/26: Consultant Pharmacist Recommendation to Nursing: .(R6) MRR Date: 1/31/2026.This recommendation from 11/26/25 was reported to order a valproic acid level however I don't see a valproic acid level order or result in pcc (electronic record system).Order to be drawn 2/4/26.Laboratory Results: .Collection Date: 2/4/26.Reported Date 2/5/26.Results.VALPROIC ACID.Result: 8.57.Ref. Range (50.0-100.0).Flag: L (low).Status: Final.On 2/5/26 at approximately 1:25 PM an interview and record review were conducted with the Director of Nursing (DON). The DON was queried as to the facility policy regarding MRR recommendations. The DON noted that the pharmacy recommendations are completed monthly. If there are concerns, they are sent to the physician for a response. The DON was asked about the delay in obtaining R6's labs for Valproic acid as the physician had agreed with the pharmacy recommendation on 12/3/25. The DON reported that the recommendation should have been addressed earlier and will follow-up with the 2/4/26 laboratory results. A review of the facility's policy titled laboratory results dated [DATE], revealed, POLICY OVERVIEW: The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	GENERAL GUIDELINES: The facility must provide or obtain laboratory services to meet the needs of its residents. The facility will assist the resident in making transportation arrangements to and from the laboratory if necessary. Labs not drawn as ordered are reported to the attending physician for further direction. STAT lab results are received according to timeframes established in the contract. Laboratory results will be dated and contain the name and address of the testing laboratory. PROCEDURE: The physician will identify and order laboratory testing based on the resident's diagnostic and monitoring needs. The staff will process test requisitions and arrange for tests. The laboratory or other testing source will report test results to the facility. The laboratory will notify the facility of critical or panic laboratory results .

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to ensure residents received a clear understanding of the facility's Binding Arbitration agreement for three (R20, R25 and R74) out of 36 residents reviewed for Binding Arbitration. Findings include: A review of the facility document titled, Arbitration Agreement documented, in part: .This Agreement is an addendum to the admission agreement between the parties.In further consideration for this Agreement, the parties acknowledge they will receive mutual benefits from resolution of any dispute/controversy through efficient arbitration.This is a voluntary Agreement between the Parties to have all disputes resolved through binding arbitration.In the event of any dispute or controversy between the Parties, including those arising out of the diagnosis, treatment, or care of the Resident by the Facility, the dispute or controversy shall be submitted to binding arbitration.The Arbitrator Has Sole Jurisdiction. The arbitrators will be the only ones with the authority and jurisdiction to resolve all party disputes, including wrongful death.Waiver of Judge, [NAME] and Trial, No appeal. By signing this arbitration agreement, you are waiving the right to have all disputes decided by judge, jury or by trial. The arbitrator's decision is final and binding. The facility provided a list of 36 residents that currently resided in the facility who had entered Binding Arbitration. A sample of residents who entered into the facility's Binding Arbitration agreement were interviewed as follows: R25On 2/5/26 at approximately 1:19 PM, R 25 was observed lying in bed. R25 was asked if they remembered signing and agreeing to Binding Arbitration. R25 reported they did not recall signing the document and was not familiar with what Binding Arbitration meant. When told the facility agreement they signed would not allow them to resolve any disputes against the facility via a judge, jury or trial, R25 noted that if that was told to them, they never would have agreed to it. A review of R25's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included: COPD (chronic obstructive pulmonary disease), type II diabetes and heart failure. A review of R25's Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 10/15 (moderately impaired cognition). R74On 2/5/26 at approximately 1:25 PM, R74 was observed in their room. R74 was asked if they remembered signing and agreeing to Binding Arbitration. They reported that they did not recall signing it. When told the facility agreement they signed, they would not allow them to resolve any disputes against the facility via a judge, jury or trial, R25 noted that they most likely would not have agreed to it. A review of R74's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included: muscle wasting, type II diabetes and unspecified dementia A review of R25's Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 15/15 (cognitively intact cognition). R20On 2/5/26 at approximately 2:40 PM, R20 attended the resident council meeting. The group attendees were asked if they had entered into a Binding Arbitration agreement and understood the explanation details expressed by the facility as noted in the agreement. R20 reported they did not recall entering into that agreement. A review of R20's clinical record revealed the resident was admitted to the facility on [DATE].A review of R20s Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 15/15 (cognitively intact cognition). On 2/5/26 at approximately 1:53 PM, the Administrator was asked about the facility Binding Arbitration agreement and the residents who agreed to it. The Administrator reported they were not that familiar with the agreement and suggested that the Surveyor speak with the Admissions Director (AD)K. On 2/5/26 at approximately 1:55 PM, an interview was conducted with AD K. AD K reported they started their position at the facility in November 2025. When was queried as to how they explain the Binding Arbitration agreement, AD K reported that when residents are admitted to the facility, they will drop off the admission packet to the resident's room to have the resident/resident's representative to review. AD K noted that the (continued on next page)

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	packet contains several documents including the Binding Arbitration agreement. Soon after the admission they will meet with the resident and review the documents included in the packet and have them sign the needed documents. When asked how they explain Binding Arbitration to the residents they reported they will give a simple explanation that notes arbitration is like a dispute with siblings when they were young and their parent(s) told them they needed to sit at the table until they worked things out. AD K was asked if they ensure residents are aware that Binding Arbitration limits their right to resolve a dispute via Judge/Jury and Trial. They reported that they never thought of explaining the agreement that way.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review the facility failed to maintain clean and sanitary conditions in two resident rooms and two ice machines. Findings include: On 02/04/26 at 9:30 AM, the drain tube for the ice machine on the 300 unit was observed to have a circumferential buildup of a black gel/mildew like substance at the distal end where it entered the drain. The distal end of the ice machine drain was down below the rim level of the drain from the floor and without the minimal one-inch air gap. On 02/04/2026 at 10:33 AM and on 02/05/2026 at 9:35 AM, the tube feeding pole in room [ROOM NUMBER]B was observed with multiple dried areas of tube feeding liquid on the base and shaft and on the floor. The spots could not be easily scraped from the floor. On 02/04/2026 at 10:35 AM and on 02/05/2026 at 11:19 AM, in room [ROOM NUMBER]B the privacy curtain had three yellow half dollar sized stains and mixed in with multiple milk chocolate colored dry drip stains along the left edge and left center area of the curtain. The feet of the tube feeding pole had multiple polka dot like tan colored dried tube feeding on them. On 02/05/2026 at 4:14 PM, the dual drain tube from the back side of the ice machine off service hall/100 hall were below the level of the drain cup and without the minimal one inch air gap. The front tray was noted to be mounded with ice. On 02/06/2026 at 11:25 AM, the Interim facility Director of Nursing (DON) observed the tube feeding pole in room [ROOM NUMBER] and acknowledged the liquid tube feeding residue on the pole base and floor and reported the expectation was that the equipment and area should be kept clean and not be left to dry.On 02/06/2026 at 2:20 PM, the Maintenance Director acknowledged the identified observations for the airgaps and the needed repair of the drain lines and ice machine maintenance. A review of the facility policy titled, Homelike Environment review dated 02/03/26 revealed, Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible.A review of the facility policy titled, Air Gaps dated 05/01/25 revealed, an air gap is a critical safety measure used to prevent backflow and contamination of the potable water supply or food-handling equipment. It is defined as the unobstructed vertical space through the free atmosphere between the lowest opening of any pipe or faucet supplying water to a tank, plumbing fixture, or other device and the flood-level rim of the receptacle. gaps are strictly required for equipment used for the storage, preparation, and handling of food, such as: 1. Ice Machines: Since ice is classified as food, both the water supply and drain lines require air gaps. 2. Food Prep Sinks: These must discharge through an indirect waste pipe by means of an air gap. 3. Walk-in Refrigerators: Floor drains inside walk-ins must be indirectly connected via an air gap. 4. The air gap must be at least twice the diameter of the water supply inlet and cannot be less than 25 millimeters (1 inch).