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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235439 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2024 |
| NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Allen Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 9150 Allen Rd Allen Park, MI 48101 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This citation pertains to intakes numbers MI00143609 and MI00143610.</p> <p>Based on observation, interview and record review, the facility failed to provide timely incontinence care for one resident (R102) of three residents reviewed for Activities of Daily Living (ADL).</p> <p>Findings include:</p> <p>Review of an Admission Record revealed, R102 admitted to the facility on [DATE] with pertinent diagnoses which included Dementia and Hemiplegia and Hemiparesis affecting left non-dominant side (weakness on one side of the body).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R102 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 13, out of a total possible score of 15.</p> <p>In an observation and interview on 4/11/24 at 9:13 a.m., R102 laid in bed and wore a gown. R102 reported having a wet brief and not being changed since midnight. R102 then reported being told staff should do rounds every two hours to assist residents that needed their briefs changed.</p> <p>In an observation on 4/11/24 at 9:33 a.m. Certified Nursing Assistant A performed incontinent care for R102. R102's testicles had redness and the brief was heavily soiled indicated with dark blue lines down the center of the brief. The bed pad and draw sheet underneath R102 was wet.</p> <p>In an interview on 4/11/24 at 9:50 a.m. CNA A reported arriving to work and did not check and change R102 until now (9:33 a.m.). CNA A reported R102 puts on the call light two to three times a day to be changed, when asked how often a resident's brief should be changed.</p> <p>In an interview on 4/11/24 at 2:50 p.m. the Assistant Director of Nursing (ADON) reported staff should check residents for incontinence at the beginning of their shift. The ADON then reported residents should be checked and changed every few hours.</p> <p>Review of a Peri Care policy revised 4/16/13 documented, The RN, LPN, and/or Nursing Assistant will follow appropriate per-care for patients/residents that are incontinent of bowel or bladder. Residents who are incontinent of bowel or bladder will be provided incontinent care assistance as needed based on resident request and/or check and change approximately every 2 hours or as per resident preference or need .</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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