

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 07/16/2024
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 47964</p> <p>This citation pertains to intake MI00145468.</p> <p>Based on observation, interview, and record review, the facility failed to provide a proper bed frame extender for one (R405) of five residents reviewed for falls resulting in R405 rolling out of bed during patient care.</p> <p>Findings include:</p> <p>On 7/16/24 at 12:35 PM, R405 was observed in her room, lying in a 42-inch bed watching TV. R405 was asked about her fall out of bed and replied, I fell out of bed last month. I was getting help from a CNA (certified nursing assistant) to get cleaned up and I rolled towards the door, and right out of bed. The mattress slipped right off the bed. I have chronic back pain, but the fall didn't make it worse, I didn't get injured. The bed should have had a bed frame extender on it, but it didn't. After the fall maintenance came in and put on the bed extender. R405 then pointed to the bed extenders and stated, I haven't had any problems with the bed since then.</p> <p>Record review of electronic medical records revealed R405 was admitted into the facility on [DATE] with most recent readmission on 12/27/2023 with a pertinent diagnosis of acquired absence of right leg below knee, spinal stenosis, lumbar radiculopathy. The Minimum Data Set (MDS) dated [DATE] revealed R405 had intact cognition with a Brief Interview of Mental Status (BIMS) of 15/15 and was independent with bed [NAME] and required partial to moderate assist with toileting.</p> <p>Record review of the Incident and Accident report dated 6/13/2024 revealed in part The resident was in the room with her aide being repositioned when she slipped out of the bed and onto the floor. Maintenance was notified that the bed did not have extenders on the bed, and work order was placed, and extenders were applied to the bed. Extenders weren't on the bed to hold the mattress in place, so the bed was unsteady. CNA B stated When I was rolling her over in the bed she rolled over too far to the edge of the bed because the mattress doesn't fit inside the bed frame of the bed when she rolled over the mattress flipped and she started sliding out of the bed and by the time I was trying to catch her she was already slowly sliding.</p> <p>On 7/16/2024 at 1:35 PM Maintenance Worker (MW) A said that R405's 42-inch bed did not have right side extenders when he received the work order from 6/13/2024. MW A added the extenders because frame extenders are required to properly fit a 42-inch mattress to make the bed safe.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 at 2:00 PM the Director of Nursing (DON) was interviewed and agreed that a 42-inch mattress required bed frame extenders and that the lack of bed extenders contributed to R405's fall out of bed on 6/13/2024.</p> <p>Review of the facility policy titled Fall Management Guidelines dated 12/13/2023 revealed in part .A fall is defined as unintentionally coming to rest on the ground, floor, or other level with or without injury to the resident, extrinsic factors that may increase the risk of falls include, but are not limited to: assistive devices, and physical environment.</p>		