STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235439	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Allen Park	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15194 This citation pertains to intake MI00149552. Based on interview and record review the facility failed to prevent verbal abuse for one resident (R3) of three residents reviewed for abuse, resulting in staff to resident verbal abuse. Findings include: Review of the Clinical Record revealed resident (R3) was readmitted to the facility on [DATE] with pertinent diagnoses of chronic respiratory failure, malignant neoplasm of the left breast, quadriplegia, hypertensive heart disease with heart failure, type 2 diabetes mellitus with diabetic, chronic kidney disease, major depressive disorder, morbid (severe) obesity, anxiety disorder, polyneuropathy (peripheral nerve disorder). Review of the Minimum Data Set (MDS) assessment with a reference date of 2/5/2025 revealed, R3 had a BIMS (Brief interview for mental status) score of 15/15, which indicated R3 was cognitively intact. Further review of the MDS indicated R3 was incontinent of bowel and bladder and was dependent on staff for toileting, hygiene and transfers. Review of the Facility's Reported Incident received by the State Agency on 1/6/2025 revealed on January 5, 2025, at 9:30 P.M., an allegation of alleged verbal abuse was reported. Review of the Investigation Summary documented Certified Nurse Aide (CNA E) While providing care to (R3) was heard calling and using derogatory language. The incident was witnessed by (Nurse C -Floor Nurse) and reported to (Nurse H -Supervisor) after hearing (CNA E) cursing at R3. (continued on next page)

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: 235439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
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	

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the incident summary (R3) was in her room and activated the call light for care to be provided. (CNA E) entered the resident's room and communicated to (R3) she would be right back to help her out. After 45 minutes (R3) activated the call light again because (CNA E) never came back to change the resident. (CNA E) reportedly was called from her lunch break and went to assist (R3.) While changing (R3) (CNA E) wiped the resident one time, (R3) asked the aide to wipe again because (R3) did not feel clean. (CNA E) told (R3) she would not wipe her anymore. (R3) told (CNA E) to leave and get the nurse. (CNA E) then stated you can wipe your own ass and called the resident a Fucking bitch. (Nurse C) overheard (CNA E) while exiting the resident's room. The nurse intervened and reported the incident to (Nurse H) who approached (CNA E) and tried to calm the aide down but was unsuccessful. (CNA E) was walked out of the facility and was later terminated effective 1/5/2025. On 2/11/25 at 11:00 A.M. R3 was interviewed concerning the alleged verbal abuse. R3 indicated CNA E was new to her and had never provided care to her prior to the night of 1/2/25. R3 stated putting the call light on for care to be provided, CNA E responded, cut off the call light stating she would return. R3 indicated waiting 30 minutes or more before putting the call light on for a second time. I thought the aide forgot about me and went to lunch. About 10 minutes CNA E entered the room, I could tell she had an attitude when the door was slammed. The aide asked where my briefs were, I responded on the windowsill. CNA E turned me over and wiped me once, while being cleaned I asked her to wipe me one more time since I did not feel clean. CNA E stated she was not wiping anymore, stating I don't play in people asses. R3 responded is that your job? R3 indicated the aide was told to leave the room and get the nurse. R3 indicated both were talking loudly and as CNA E walked towards the door CNA E shouted You can wipe your own ass and then called R3 a Fucking bitch. On 2/11/25 at 1:06 P.M. CNA E was interviewed by telephone concerning the incident. CNA E denied cursing, displaying an attitude, or refusing to wipe R3 as requested. The aide indicated never cursing and indicated R3 cursed her first when CNA E informed R3 she could not dig bowel movement (BM) out of the resident's butt. CNA E indicated only the nurse could do that and R3 should not be talking to anyone like that. The aide indicated in part the nurse called her while on break and CNA E returned. CNA E indicated she felt she was set up since nurse C was standing outside the door as she left R3's room. On 2/11/25 at 1:44 p.m. Nurse 'C was interviewed by telephone. Nurse C stated working the floor the night of 1/5/25 reported to work at approximately 7:00 P.M. Nurse C reported responding to R3's call light when the resident stated she needed her aide because the resident had had a bowel movement. Nurse C reported checking for CNA E who was on break. R3 explained to Nurse C the call light had been put on earlier around 7:22 P.M. and CNA E had answered, cut off the light and never returned. Nurse C was later at the medication cart outside R3's room when she overheard CNA E cursing the resident calling her A bitch and I am not digging in your ass. On 2/11/25 at 3:00 P.M., Nurse H was interviewed by telephone. Nurse H indicated remembering the incident on 1/5/25. Nurse stated coming on duty about 7:00 pm observing R3's call light on and responding to the call light. Nurse H explained R3 stated she needed her aide to come and change her brief. Approximately 10 to 15 minutes later Nurse C came to the office upset and stated CNA E was cursing at R3. Nurse C reported being at the medication cart outside of R3's room and hearing the aide call the resident a Bitch. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/11/25 at 4:00 P.M., the Administrator and the Director of Nursing acknowledged the investigation confirmed the allegation of verbal abuse. On 2/11/25 at 4:20 p.m. review of the facility's Abuse policy updated 5/24/2023 stated in part: Verbal Abuse: use of oral, written, or gestured communication or sounds to residents within hearing disturbance of their age, ability to comprehend or disability. To include but not limited to harassment, mocking, insulting, ridiculing, yelling or hovering with the intent to intimidate, threatening, etc.