

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  04/16/2026
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake 2788112. Based on interview and record review the facility failed to notify the physician of an abnormal urinalysis result for one (R501) of five residents reviewed for quality of care. Findings include: According to R501's closed Electronic Health Record (EHR), R501 admitted to the facility on [DATE] with diagnoses that included history of stroke with weakness/paralysis to one side of the body, difficulty swallowing, and speaking. On 9/11/25 an Interact (change of condition) form indicated R501 had a change in their respiratory condition. Physician B ordered R501 to have blood work drawn and urinalysis (UA). On 9/17/2025, R501's UA report indicated R501 had elevated white blood cells and greater than 100,000 CFU/ml (colony forming units per milliliter) of a gram-negative bacteria in the urine specimen. There is no further documentation to indicate the physician or nurse practitioner were notified of the abnormal UA result. There are no orders to indicate R501 was treated for a UTI. On 10/1/25, R501 was transferred to the hospital for mental status changes. On 10/8/25 R501 returned to the facility with diagnoses of pneumonia and UTI. On 4/15/26 at 12:15 PM the Director of Nursing (DON) reviewed R501's EHR and confirmed the UA results on 9/17/25 indicated R501 was positive for a urinary tract infection (UTI) and there was no documentation to indicate the Physician had been notified. The DON said, We should have notified the doctor or the NP (nurse practitioner) of the positive results in the UA. No antibiotics were prescribed to treat the UTI. The resident did go out to the hospital shortly after this for another medical reason. On 4/15/26 at 12:30 PM Physician B reviewed R501's EHR and confirmed they were not notified of R501's abnormal UA results from 9/17/25. Physician B reviewed R501's hospital records and said, The resident was sent out to the hospital for changes in mental status condition and treated for a respiratory condition and UTI while there. There were no other signs they (R501) had a UTI except the UA result, but I should have been notified. On 4/15/2026 at approximately 2:00 PM during an interview with the Nursing Home Administrator (NHA) and the DON they said the facility did not have a policy regarding notifying a physician or physician extender of an abnormal UA result but that is was considered a standard of practice to do so.</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
---	-------	-----------