STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235441	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health & Rehabilitation of Wyoming	625 36th Street SW Wyoming, MI 49509

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2719938 Based on interview and record review, the facility failed to 1.) promptly identify and treat a resident in hypoglycemic crisis for 1 resident (Resident #1) and 2.) ensure medications were administered in accordance with physician orders for diabetic residents for 3 residents (Resident #1, #2, and #3) out of 3 residents reviewed for competent nursing staff.Findings:Resident #1 (R1)Review of an admission Record revealed R1 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Type 1 Diabetes.Review of R1's Order Summary dated 1/10/2026-1/21/2026 revealed, Obtain Blood Sugar before meals and at bedtime before meals and at bedtime for blood glucose monitoring If BGL (blood glucose level) is less than 60 or over 300, (provider). To be completed at 7:00 AM, 11:00 AM, 4:00 PM, and 9:00 PM.Review of R1's Order Summary dated 1/11/2026 revealed: Glucose Oral Tablet Chewable 4 GM (Dextrose (Diabetic Use)) Give 4 tablet by mouth every 24 hours as needed for hypoglycemia for 14 Days and Glucagon Nasal Powder 3 MG/DOSE (Glucagon) 1 spray Alternating nostrils as needed for Diabetes for 14 Days Use as needed for hypoglycemia.Review of R1's Nursing Progress Note dated 1/19/2026 at 06:48 AM written by Licensed Practical Nurse (LPN) B revealed, Note Text: Patient's AM BS (blood sugar) 69 nurse encouraged patient to eat her cookies. R1's Blood Sugar Summary revealed the blood glucose result of 69 was not documented.Per the facility policy for hypoglycemia, LOW BLOOD GLUCOSE (55-69 MG/DL) PROCEDURE.Repeat blood glucose check in approximately 15 minutes.Continue to repeat blood glucose check and simple sugar/carbohydrate snack until blood sugar is 70 or greater. Examples of simple sugar/carbohydrate snack were 4 ounces of juice, 4 ounces of regular soda/pop, 1/2 banana, 6 saline or Ritz crackers, 3 [NAME] crackers. Review of R1's Electronic Medical Record (EMR) revealed no documentation that licensed nurses reevaluated R1's blood sugar or ensured R1 was medically stable until a vital sign assessment was completed at 08:26 AM (approximately 1 hour 45 minutes later).Review of R1's O2 Sats (oxygen saturation) Summary dated 1/19/2026 at 08:26 AM revealed an oxygen level of 84% on room air (no supplemental oxygen). Per Fundamentals of Nursing, normal pulse oximetry values range between 92% and 100% saturation.Review of R1's Blood Sugar Summary dated 1/19/2026 at 08:32 AM revealed a blood sugar of 46.Review of R1's SBAR Summary (Situation/Background/Assessment/Recommendation) dated 1/19/2026 at 08:29 AM and completed by Unit Manager (UM) C revealed, um entered room noting bp (blood pressure) at 189/100 =asking for bs (blood sugar) which was noted at 46, call had already been made for 911 with bp and unresponsiveness. an attempt to pull gluc (glucagon) out not successful r/t (related to) user error. education is being completed. ems (Emergency Medical Services) took bs while they attempted to put in iv for a reading of 24 .Primary Care Provider responded with the following feedback: send out 911 with unresponsive and elevated bp.Review of R1's Nursing Progress Note dated 1/19/2026 at 09:14 AM and written by LPN A revealed, Resident BS was 46 and eyes were rotating back and forth ok to send to ER VS (vital signs) were unstable 02 was 84%.Review of (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

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R1's EMR revealed no documentation that facility staff applied oxygen following the identification of the low oxygen level or that the emergency glucagon was administered Review of R1's Incident Note dated 1/19/2026 revealed, blood sugar noted by noc (night) floor nurse at 69, snack was given, vs taken on day shift early with note resident was not responding and had elevated bp, um asked floor nurse to get bs while um called dr on call, dr said to sent (sic) r/t (related to) non responsive and elevated bp, bs noted to be at 48 um had a floor nurse get ready to send out, um attempted to get gluc from back up however it was done in error thus not give (sic) prior to ems/ 911 arrival, fire noted bs at 46, ems attempted to get line in for greater then (sic) 15 min, next bs taken at 24 by fire with ems doing im (intramuscular) for glucagon, line was in after many attempts and d5 was started per ems. Education for all nursing staff being completed.During an interview on 01/28/2026 at 12:30 PM, UM C reported that R1's blood sugars would have significant fluctuations, and she had required the use of glucagon to correct the low blood sugars on multiple occasions. UM C reported she was not present when LPN B assessed R1's blood sugar as it was typically assessed prior to 7AM. UM C reported that LPN B was proactive about low blood sugars and likely encouraged R1 to consume the cookies as it was known that R1's sugars could drop drastically, however, UM C was not notified of any concerns related to R1's blood sugar when she arrived to the facility. UM C reported she was notified by LPN A that R1 was unresponsive with a critically low blood sugar which was when she went to the automated medication dispenser to pull glucagon. UM C reported there was a user error but there was no glucagon available in the dispenser anyway. The DON reported that there was glucagon available in the dispenser, but UM C but her attempt to remove was done incorrectly.During an interview on 01/28/2026 at 12:49 PM, LPN B confirmed R1 had a history of low blood sugars and she was concerned with R1's blood sugar level when she obtained it the morning of 1/19/26 stating, that's why I wanted her to eat her cookies. LPN B reported R1 was alert and sitting up in her bed with snacks and cookies in front of her on her tray table and was starting to eat her cookies when LPN B exited the room to finish her rounds. LPN B reported she did not obtain a follow up blood sugar level or reassess R1 prior to giving report to LPN A. LPN B reported she informed LPN A of R1's low sugar and stated she him you're going to want to check her right away.On 01/28/2026 at 12:04 PM a message was left for LPN A to validate the timeline of events. There was no return call prior to survey exit.Review of R1's Complaint/Incident Investigation Report received 1/20/26 revealed, Per an EMS (Emergency Medical Services) report .Pt (patient) was given cookies instructed to eat them and staff left the room. At 08:10 (AM) staff found patient unresponsive and called EMS. EMS arrived at 08:20 (AM) and patient was still unconscious and when EMS evaluated her blood glucose it was 24. EMS also found patient to be hypoxic with oxygen in the low 80s. Pt was placed on a non-rebreather and was given 1mg glucagon by EMS .EMS informed me that staff at (facility) stated they didn't have glucagon or glucose to give the patient. After patient arrived in the emergency department, Pt was stable. RN (Registered Nurse) noticed Pt has 2 separate orders for glucose when experiencing low blood sugar, an oral glucose tablet and a glucose nasal spray despite the staff telling EMS they did not have any to give her. When another RN contacted (facility), she asked why they patient was left alone with a low blood glucose and they did not give an answer .Review of R1's EMS Patient Care Report revealed the emergency call was made at 8:10 AM and EMS arrived to the facility at 8:15 AM. EMS arrived on scene to find female subject laying supine in her hospital bed at skilled facility with staff and (omitted) PD (police department) on scene. Pt's skin was pale, cool and clammy and she was unresponsive. (omitted) FD (fire department) had pt on oxygen via NRB (nonrebreather) due to pt's RA (room air oxygen level) being 80%. Per staff, they noticed pt's sugar was low around 0740 (7:40 AM) and staff told pt to eat. Nurse stated I (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	came back 30 minutes later and found her unconscious, I attempted to find Glucagon and couldn't find any in the building and then called 911 .Pt received 1mg IM Glucagon with improvement. Pt's mentation continued to improve after glucagon administration .Review of R1's Hospital Records dated 1/19/26 revealed, Chief Complaint: Blood Sugar Problem .Pt was told she needs to eat cookies and staff left the room. Staff returned around 08:10 and Pt was unconscious. EMS arrived at 08:20 and Pt's BG was 24 .(R1) is a 37 y.o. (year old) female who presents to the emergency department by EMS from assisted living facility because of low blood sugar. The patient was checked and found to have a low blood sugar this morning before 8:00 of around 60. Patient was advised to eat. She did not and was found 40 minutes later with a blood glucose of 24. The facility did not have glucagon to provide .During an interview on 01/28/2026 1:50 PM, LPN E reported that glucagon and other related emergency products are kept on the medication carts. They are also available in the medication room in the automated medication dispenser. LPN E reported the facility had not run out of glucagon that she was aware of.During an interview on 01/28/2026 at 9:06 AM, the Director of Nursing (DON) reported that R1's blood sugars would range from 40's to 500's and could drop suddenly requiring the use of glucagon. The DON reported R1 did not receive glucagon prior to EMS responding due to a nurse user error with the automated medication dispenser (where additional medications are held) and the nurse reported there was no glucagon available. The DON reported by the time she was made aware of the situation and the inability for the licensed nurses to retrieve the glucagon, EMS had already arrived.During an interview on 01/28/2026 at 10:26 AM, the DON reported she immediately began education for all licensed nurses to ensure they had the knowledge of how to pull emergency medication from the automated medication dispenser. The education included the licensed nurses completing a return demonstration to verify they understood the process. The DON reported the nurses were also educated on the facility's hypoglycemia policy and procedure and an audit was completed to ensure that all residents receiving insulin had ordered parameters.Resident #2 (R2)Review of an admission Record revealed R2 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Type 2 Diabetes.Review of R2's Order Summary dated 12/20/25 revealed, Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 22 unit subcutaneously at bedtime for iddm (insulin dependent diabetes mellitus).Hold Lantus if BGL (blood glucose level) less than 100. To be administered at 9:00 PM.Review of R2's Blood Sugar Summary revealed there were no blood sugars assessed on 1/1/26, 1/3/26, 1/4/26, 1/6/26, 1/8/26, 1/13/26, 1/17/26, 1/18/26, 1/20/26, 1/22/26, 1/24/26, 1/25/26, or 1/27/26.Review of R2's January Medication Administration Record revealed all doses of Lantus from 1/1/26 through 1/27/26 were administered.Review of R2's EMR revealed no rationale for the lack of blood sugar assessments prior to the administration of the Lantus for the dates listed above.During an interview on 01/28/2026 at 4:00 PM, the DON confirmed a blood sugar assessment was not completed prior to the administration of the Lantus and reported that R2 did not want her blood sugar to be assessed every evening. It was confirmed that there was no documentation to reflect blood sugar refusals. The DON reported that her care plan was updated to reflect her preference.Resident #3 (R3)Review of an admission Record revealed R3 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Type 2 Diabetes.Review of R3's Order Summary dated 12/27/25 revealed, Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 30 unit subcutaneously at bedtime.Hold Lantus is BGL is less than 100.Review of R3's Order Summary revealed no order for routine blood glucose assessments.Review of R3's Blood Sugar Summary from 1/8/26-1/28/26 revealed only 4 blood sugars were assessed: On 1/8/26, 1/17/26, 1/25/26, and 1/26/26.Review of R3's Medication Administration Record revealed that from 1/8/26-1/27/26 all doses of (continued on next page)

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