Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER: Optalis Health & Rehabilitation of Wyoming		STREET ADDRESS, CITY, STATE, ZIP CODE: 625 36th Street SW Wyoming, MI 49509	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. This citation pertains to Intake 2975792Based on interview and record review, the facility failed to provide thorough, effective quality care to treat and prevent recurrence of a pressure sore for one facility Resident (R108) of five residents reviewed for quality of care. Findings:Review of the Electronic Medical Record (EMR) reflected R108 admitted to the facility 3/23/2024 with pertinent diagnoses that included: Chronic Respiratory failure, Dementia, and Severe Protein Calorie Malnutrition. Review of the Minimum Data Set (MDS- a tool used to assess a resident's status) reflected that R108 was moderately cognitively impaired and had a legal guardian in place for medical decisions.In an interview on 4/8/2026 at 8:41 AM, Registered Nurse (RN) C reported that nurses conducted a full body skin assessment on each resident at least once a week.Review of the EMR did not reflect that any skin assessments had been completed on R108 from 2/25/2026 to 3/10/2026.Review of the EMR for R108 reflected a Progress Note entry dated 3/10/2026 at 1:38 PM that a Stage 2 pressure sore had been identified on the coccyx of R108. The entry reflected this wound had measured 0.45 by 0.66 centimeters (cm) and a depth of 0.1 cm. The entry did not reflect the legal guardian of R108 had been notified of the new wound.Review of the EMR reflected on 3/12/2026 at 11:12 AM a Medical Provider evaluated R108 and the new wound which had increased in size to 0.83 by 0.9 cm. The documentation did not reflect that the wound was avoidable and recommendations were made for an alternating pressure mattress (APM) and Offload (position the resident to prevent pressure being applied to the affected area).Review of the Care Plan for R108 revealed that a plan of care for a Stage 2 pressure ulcer was not formulated until 3/19/2026; nine days after the wound was identified. The Care Plan reflected Interventions to include Administer treatment per physician orders, Monitor, Document, Report evidence of infection but no actionable interventions to offload or documentation of a repositioning regimen. The Care Plan reflected the APM was refused by the Resident in 2024 and that a Reattempt would occur but no documentation of when this would be done and no documentation that this had occurred as of 3/19/2026.The EMR revealed a Progress Note dated 3/19/2026 at 1:13 PM. The entry reflected Stage 2 Pressure ulcer/Injury- partial thickness skin loss with exposed dermis. Wound acquired in-house. It is unknown how long the wound has been present. The entry reflected Additional Care: Turning/ repositioning program . Pressure reducing device for bed . Pressure reducing device for chair.On 4/8/2026 at 11:49 AM, an interview was conducted with the Director of Nursing (DON). The DON indicated that the entry of 3/19/2026 at 1:13 PM was a checking document that translated the check marks into a narrative document. The DON reported that the documentation of the addition of the pressure reducing devices and repositioning program did not result in implemented action.Review of the Physician Orders for R108 reflected an order dated 3/24/2026 for an APM mattress. This was twelve days after the recommendation was documented by the Medical Provider (3/12/2026).Review of the EMR Progress Notes for R108 revealed an entry dated 3/26/2026 at 11:34 AM that Skin issue is resolved.Review of the Care Plan for R108 reflected Stage 2 Pressure Injury was not revised to indicate the issue was resolved.Review of the EMR did not reflect any Progress Note, Skin Assessment, or Care Plan changes of actions implemented or conducted to prevent recurrence of a pressure injury.Review of the EMR document dated 4/4/2026 at 12:05 PM titled Skin-total Body Eval revealed an open, (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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	235441	A. Building B. Wing	04/08/2026

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	measurable area on the coccyx of R108. Neither this entry nor the Progress Notes revealed the guardian had been notified.Review of the Care Plan did not reflect any revisions or that it had been updated as of 4/7/2026.