STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235580	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Ann Arbor	4701 E. Huron River Dr Ann Arbor, MI 48105

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103 This citation pertains to Intake MI00147863 Based on interview and record review, the facility failed to develop a comprehensive care plan for 1 (R203) of 4 residents reviewed which would include intervention for communication and coordination with endocrinology for management of diabetes resulting in the potential for a lack of needed care. Findings include: Review of the Electronic Medical Record (EMR) revealed that R3 had an admitted [DATE]. R3 had the following pertinent diagnoses: Type II Diabetes (a condition due to a problem with the way the body regulates and uses glucose), Malignant Neoplasm of the left kidney (a cancerous tumor), Malignant Neoplasm of the lung, Malignant Neoplasm of the Pancreas, and Malignant Neoplasm of the bone. According to the EMR R3 was receiving cancer treatment and also was under the care of an endocrinologist (a specialist who diagnoses and treats conditions related to hormones and endocrine glands). The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/4/24 revealed R201 scored 15 out of 15 indicating intact cognition on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 8/2/24 R3 discharged from the facility. According to a Physician's Team C note entered the previous day (8/1/24) was seen on that day with a plan for transfer to another facility. Further review of the EMR revealed an order dated 3/22/24 with instructions regarding blood glucose levels to contact the endocrinology clinic in the event of the following: If pt (patient).having frequent high or low blood sugar levels (aim for glucose of 100-200mg/dl). The order included the telephone number of the endocrinology clinic. Review of the care plan for R3 dated 1/20/24 included an entry addressing diabetes care but did not include the intervention for communicating and coordinating with the endocrinologist. On 11/21/24 at 4:25 PM during interview with the Director of Nursing (DON) the care plan review was discussed and the lack of entry regarding the communication and coordination of care. The DON said that is not something that would usually be added, but it is something to look at. (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an article published by the Joint Commission in 2020 states in part, Comprehensive care plans are dynamic documents maintained by an interdisciplinary team that contain specific, actionable information for clinicians and staff across multiple care settings. And according to an article published by NurseJournal.org in 2024 states in part, Nursing care plans are individualized and ensure consistency for nursing care of the patient, document patient needs and potential risks, and help patients and nurses work collaboratively toward optimal outcomes.

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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	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103 This citation pertains to Intake MI00147863 Based on interview and record review the facility failed to follow physician's order for communication and coordination with endocrinology for management of diabetes care for 1 (R3) of 4 residents reviewed resulting in high glucose levels. Findings include: Review of the Electronic Medical Record (EMR) revealed that R3 had an admitted [DATE]. R3 had the following pertinent diagnoses: Type II Diabetes (a condition due to a problem with the way the body regulates and uses glucose), Malignant Neoplasm of the left kidney (a cancerous tumor), Malignant Neoplasm of the lung, Malignant Neoplasm of the Pancreas, and Malignant Neoplasm of the bone. EMR R3 was receiving cancer treatment and also was under the care of an endocrinologist (a specialist who diagnoses and treats conditions related to hormones and endocrine glands). The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/4/24 revealed R201 scored 15 out of 15 indicating intact cognition on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Nurse On 8/2/24 R3 discharged from the facility. According to a Physician's Team C note entered the previous day (8/1/24) was seen on that day with a plan for transfer to another facility. Further review of the EMR revealed an order dated 3/22/24 with instructions regarding blood glucose levels to contact the endocrinology clinic in the event of the following: If pt (patient).having frequent high or low blood sugar levels (aim for glucose of 100-200mg/dl). The order included the telephone number of the endocrinology clinic. Further review of the EMR revealed the following documented blood glucose levels: On 7/4/24 blood glucose levels were 329 at 9:05 AM, 419 at 12:22 PM and 312 at 5:29 PM. There were no progress notes on this date to indicate that the endocrinology clinic was notified of high glucose levels. On 7/5/24 blood glucose levels were 332 at 1:34 PM and 337 at 8:33 PM. There were no progress notes on this date to indicate that the endocrinology clinic was notified of high glucose levels. On 7/6/24 blood glucose levels were 282 at 9:52 AM, 264 at 8:33 PM and 225 at 4:53 PM. There were no progress notes on this date to indicate that the endocrinology clinic was notified of high glucose levels. On 7/7/24 blood glucose levels were 247 at 8:26 AM, 354 at 11:26 AM, 251 at 5:27 PM, and 306 at 8:02 PM. There were no progress notes entered on this date to indicate the elevated blood glucose levels were addressed with endocrinology. On 7/8/24 blood glucose levels were 257 at 8:13 AM, 238 at 12:13 PM, 260 at 5:00 PM, and 198 at 9:21 PM. There were no progress notes to indicate communication with endocrinology. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/9/24 blood glucose levels were 226 at 8:04 AM, 293 at 11:53 AM, and 277 at 5:04 PM. There were no progress notes to indicate communication with endocrinology. EMR review of the physician's orders also revealed no new physician's orders written during this 6-day period. Further review of the EMR revealed a note entered 7/19/24 by Medical Doctor (MD) O which stated the following: I spoke with the patient and her daughter for over 30 minutes to address her concerns about her blood sugar. Her endocrinologist was contacted for updated insulin regimen and her BS (blood sugar) has been appropriately trending downwards into normal limits. On 11/21/24 at 10:53 PM during interview with Nurse Practitioner (NP) K the blood glucose monitoring and care were asked about. NP K explained their current physicians group took over at the end of June or beginning of July and NP K recalled that R3 was a cancer patient also receiving steroids at the time. NP K said for those reasons endocrinology was monitoring R3 closely. We were communicating back and forth and said there had been a change in insulin dosage due to a change in steroid dosage. The adjustment was a combination of us and endocrinology, NP K said. NP K said, I don't know how often endocrinology was being contacted. On 1/21/24 at 3:43 PM during interview with the Director of Nursing (DON) B the records for the dates 7/4/24 - 7/9/24 were reviewed. During the discussion concerning communication and coordination of care services with endocrinology which appeared (based on documentation) to be lacking, DON B said It does and that It is a concern, but I want to make it clear the physician's group is here Monday through Friday. According to an article published by Oncology Nursing in 2017 titled Importance of Glycemic Control in Cancer Patients with Diabetes: Treatment through End of Life stated in part, Cancer patients with diabetes are at increased risk for developing infections, being hospitalized , and requiring chemotherapy reductions or stoppages.