

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 7025 Lilley Road Canton, MI 48187	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This citation pertains to intake #144271</p> <p>Based on interview and record review the facility failed to obtain blood glucose levels per physician orders effecting one resident (R901) out of three residents reviewed for change in condition, resulting in unmonitored blood glucose levels.</p> <p>Review of an Admission Record revealed, R901 admitted to the facility on [DATE] and discharged on [DATE] with pertinent diagnosis which included Sepsis, Type 2 Diabetes, and Severe Sepsis with Septic Shock.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R901 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 14 out of 15 and required parenteral nutrition.</p> <p>Review of Physician orders revealed R901 had orders which included: Blood Sugar check two times a day for DM (diabetes mellitus) with a starte date of 4/14/24 and an end date of 5/3/24. TPN (Total Parenteral Nutrition) Electrolytes Intravenous Concentrate (Parenteral Electrolytes) use 75 ml/hr intravenously every 24 hours for supplement revised 4/22/24.</p> <p>Review of a care plan revealed R901 had focus Risk adverse outcomes from potential hypoglycemic (low blood sugar) episodes dx. (diagnosis) of DM2 (Type 2 Diabetes). Interventions included accu-check-type blood sugar testing as ordered initiated on 4/15/24.</p> <p>Review of an electronic health record revealed R901 had no documented blood glucose levels.</p> <p>Review of lab results dated 4/30/24 revealed, R901's blood glucose level was 852.</p> <p>Review of a progress note with a date of 5/1/24 at 12:29 p.m. revealed, (R901) was sent to the hospital due to worsening symptoms. She was started on antibiotics, fluids, and had imaging and labs ordered. (R901) was found to have elevated sugars at greater than 800, with evidence of DKA (diabetic ketoacidosis, body not producing enough insulin) .</p> <p>Review of a hospital record for R901's 4/30/24 admission revealed, R901 was noted to be hypotensive by EMS and received fluids on the way to the ED. On arrival, patient noted to be hypotensive with fever 100.2 and blood Glucose level was 113.</p> <p>(continued on next page)</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/14/24 at 1:55 p.m. Registered Nurse (RN) C reported blood glucose levels are checked when a resident is on TPN per physician orders and stated, sometimes four times a day.</p> <p>In an interview on 5/14/24 at 2:01 p.m. Unit Manager E reported a resident's blood sugar are usually monitored per physician orders while a resident is on TPN.</p> <p>In an interview on 5/14/24 at 2:14 p.m. the Director of Nursing (DON) reported R901 went out for high blood sugar and possible sepsis. DON reported there was an order for BS two times a day which was not prompted to document. DON reported the physician called her because R901's blood sugar was not being monitored.</p> <p>Review of a Parental Nutrition Administration policy issued 9/7/23 documented the following: . Routinely monitor residents receiving TPN/PPN per facility protocol for the following signs and symptoms of complications: Hypo/hyperglycemia . Include the following clinical monitoring at regular intervals (per physician or pharmacy order) . glucose levels .</p>