STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235618	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Canton	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208 This citation pertains to intake MI00147516. Based on interview and record review the facility failed to inform a cognitively impaired resident's representative of a change in condition for one resident (R902) out of three residents reviewed for resident's rights, resulting in a missed opportunity for R902's representative to participate in medical decisions. Findings include: Record review of R902's electronic medical record (EMR) revealed admission into the facility on [DATE] with diagnoses of dementia, pressure ulcers, and chronic kidney disease. According to the Minimum Data Set (MDS) dated [DATE], R902 was dependent with all Activities of Daily Living (ADLS). Further review of a Brief Interview for Mental Status (BIMS) dated 10/4/24, documented that R902 had scored 3 out of 15 (severe cognitive impairment). R902's facesheet identifieda resident representative. Review of Skin and Wound Evaluation dated 10/7/24, indicated R902's pressure ulcer on coccyx had worsened and categorized to a Stage III- Full- thickness skin and tissue loss. Further review revealed it was documented, Resident/responsible party notified: patient. Interview on 10/23/24 at 12:37 PM with Licensed Practical Nurse (LPN) B, it was reported R902 had impaired cognition and family should have been made aware of the worsening of R902's pressure ulcer on coccyx. Review of Lab (laboratory) Results Report dated 10/9/24, documented R902 had multiple results that indicated abnormal levels. Review of Physician Orders documented, Initiate IV (intravenous) access for fluids, may use sub q (subcutaneous) if needed. Sodium Chloride 0.9 %. Use 1 liter intravenously one time only for labs for 1 day to run 75 ml(milliliters)/hr. for 1 liter hydration. Review of R902's Nursing Progress Notes dated 10/9/24 documented, . Placed sub q infusion to right lower back/side. Fluids up and running. Progress notes did not indicate family was made aware of abnormal lab results, initiation of IV fluids, and the worsening of pressure ulcer on coccyx. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 10/23/2024 at 2:24 PM with Registered Nurse (RN) A, it was reported that R902 had impaired cognition, and the family should have been made aware of the abnormal lab results on 10/9/24, and the interventions implemented. Interview on 10/23/24 at 3:12 PM with Director of Nursing (DON), it was reported that resident representatives of cognitively impaired residents should be contacted and made aware when there is a change in their condition. Review of facility's policy Change in Condition Notification dated 8/9/23 documented, it is the policy of the facility to notify the resident, his or her attending physician/practitioner. and the residents designated representative of changes in the resident's -medical/mental condition and/or status.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208 This citation pertains to intake MI00147516. Based on interview and record review the facility failed to identify a resident with dentures and implement adequate oral care for one resident (R902) out of three residents reviewed for Activities of Daily Living (ADLs). Findings include: Record review of R902's electronic medical record (EMR) revealed admission into the facility on [DATE] with diagnoses of dementia, pressure ulcers, and chronic kidney disease. According to the Minimum Data Set (MDS) dated [DATE] documented that R902 was dependent with all Activities of Daily Living (ADLS). Further review of a Brief Interview for Mental Status (BIMS) dated 10/4/24, documented that R902 had scored 3 out of 15 (severe cognitive impairment). Record review of facility Admission Evaluation dated 10/4/24, it was documented under oral evaluation section that R902 did not have dentures. Review of R902's care plan revealed no interventions to remove and clean dentures. Review of R902's Kardex (Information noted to perform residents care) revealed no interventions to remove and clean resident's dentures. An interview on 10/18/24 at 2:30 PM with Licensed Master of Social Worker (LMSW) C revealed an employee of the hospital where R902 was sent for evaluation on 10/14/24, LMSW C reported they observed R902's mouth and said the top dentures were packed with dried food and had mold. Review of hospital Nursing Note dated 10/14/24 at 11:11 PM, Patients mouth found to be extremely dry/crusting and bleeding at start of shift. Found patients upper dentures and was able to remove and place at patient's bedside. Review of the hospital Physician Progress Notes dated 10/15/24, Patient has poor dentition, with mold appearing plaque buildup on tongue, hard palate and in denture. Further review revealed resident had NPO (nothing by mouth) orders in place since admission at the hospital. Interview on 10/23/2024 at 2:16 PM with Certified Nursing Assistant (CNA) D, it was reported that if a resident has dentures they should be removed and cleaned. It was further reported that I can't remember if R902 had dentures. Interview on 10/23/24 at 3:17 PM with CNA E, It was reported, This patient was a bit confused I swabbed his mouth; I was not aware that resident had dentures. Interview on 10/23/24 at 3:39 PM with Director of Nursing (DON), it was reported that the admitting nurse should verify if a resident has dentures. It was further reported, It is my expectation that dependent residents are provided with oral care on every shift and as needed. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy, Oral Care dated 9/14/23 documented, Oral Care is provided with morning and nighttime care and as needed or ordered.