

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation of Troy		STREET ADDRESS, CITY, STATE, ZIP CODE 925 W South Blvd Troy, MI 48085	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>This citation pertains to intake #'s MI00146745, MI00147112, MI00147118.</p> <p>Based on observation, interview and record review, the facility failed to document follow-up and resolve grievances/concerns for one resident (R901) of two residents reviewed for dignity/respect. Findings include:</p> <p>On 9/25/24 a concern submitted to the State Agency was reviewed and alleged R901 was not treated with dignity and respect and their concerns were not being followed up on.</p> <p>On 9/25/24 at approximately 10:14 a.m., R901 was observed in their room, laying in their bed. R901 indicated that they had issues with a medication not being given in a timely manner during the morning on 9/3/24 and that when they had emailed the Director of Nursing (DON), nobody had followed up with them regarding the resolution of the concern.</p> <p>The medical record for R901 was reviewed and revealed the following: R901 was initially admitted to the facility on [DATE] and had a diagnosis of Pain. A review of R901's MDS (minimum data set) with an ARD (assessment reference date) of 7/18/24 revealed R901 needed assistance from facility staff with most of their activities of daily living. R901's BIMS score (brief interview for mental status) was 15, indicating intact cognition.</p> <p>On 9/25/24 at approximately 11:33 a.m., the facility Administrator was queried for the grievances logged for R901. The grievances that were provided were reviewed and did not indicate the issue pertaining to R901's medication concern on 9/3/24 was documented on any of the facility's grievance forms for follow-up and resolution.</p> <p>A review of the facility grievance form revealed four pertinent sections that needed to be completed including: Receipt of Concern Documentation of Concern .Documentation of facility follow-up .Grievance officer review . Further review of the grievance's reported by R901 that were provided by the Administrator on grievance forms revealed the following that were not completed:</p> <p>6/27/24-Documentation of Concern: Resident asking about report of charges placed with [local] Police . Documentation of Facility follow-up: [Blank] .</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/27/24-Documentation of Concern-Resident requesting two dozen thumbtacks, some expo markers and a magnetic marker board eraser .Documentation of facility follow-up [Blank] Grievance Officer Review: [Blank] .</p> <p>6/26/24-Documentation of Concern: Per [R901] Nursing staff is announcing at 10:00 PM. at night that visitation has ended. [R901] states that this is disruptive when he is already sleeping .Documentation of facility follow-up: [Blank]</p> <p>7/25/24-Resident voiced concern about resident council not taking place as scheduled during resident council meeting and stated he felt excluded from meeting Grievance officer review: [Blank] .</p> <p>7/20/24-Documentation of Concern: Resident wanted wall clock and picture hung in his room .Grievance officer Review: [Blank] .</p> <p>On 9/25/24 At approximately 12:19 p.m., R901's medical record was reviewed with the Director of Nursing (DON) pertaining to R901's concern about not getting pain medication timely. The DON indicated that R901 had sent them an email that had the concern noted on the email. The DON indicated they had replied via email pertaining to R901's concern, but did not put the concerns on a grievance form. At that time, at copy of the concern email and facility response was requested.</p> <p>An email sent to the DON by R901 was time stamped with 9/3/24 at 9:09 a.m., revealed the following: Nurses without proper access to do their job-On Tuesday, September 3, I pressed my call button a half hour before shift change to request my 715 PRN (as needed) sublingual pain pill so that I could get it as close to shift change as possible. The day nurse, [Nurse A], came in to tell me at 745 that she still did not have access to the system because she's from another building. As of 830 they are still waiting for people downstairs to give her access. As you know, these are prescribed pain medication's via medical orders, not favors bestowed on me by [name of facility]. Yet I did not receive my medication until 835--1 hour and 20 minutes after it was due</p> <p>An email response sent to R901 by the DON with a time stamp of 9/4/24 at 8:28 a.m., revealed no documentation that addressed the medication access/delay concern.</p> <p>On 9/25/24 at approximately 3:16 p.m., during a conversation with the Administrator (grievance officer), the Administrator was queried regarding the lack of follow-up and resolution that was documented with R901 pertaining to their grievances and they indicated that they had met that day with R901 and the local ombudsman and reviewed the grievance process with them. They indicated that they would have better documentation of R901's grievances and ensure that the resolution was discussed with R901 so that they knew their grievances were reviewed and resolved.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/24 a facility document pertaining to the grievance process was reviewed and revealed the following: . It is the policy of the facility to support each resident's and family member's right to voice concerns (grievances) without discrimination, reprisal, or fear of discrimination or reprisal .Upon receiving, the Grievance Officer will review the concern form and take steps to resolve the concern and document information about the concern, actions taken, and resolution on the concern form .Any staff involved in the concern investigation or resolution will make prompt efforts to resolve the concern and return the concern form to the Grievance Officer. Prompt efforts include acknowledgement of the concern, actively working toward a resolution of the concern, and keeping the resident appropriately apprised of the progress towards resolution .The grievance officer will review the concern form to determine if additional actions need to be taken and if the concern has been resolved. The grievance officer will notify the complainant to determine if they are satisfied with the resolution and document the information on the concern form</p>		