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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235626 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                        | (X3) DATE SURVEY COMPLETED<br><br>11/04/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Optalis Health and Rehabilitation of Troy |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>925 W South Blvd<br>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.

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| (X4) ID PREFIX TAG                                                                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39592</p> <p>This citation pertains to Intake MI00147673</p> <p>Based on observation, interview and record review facility failed to follow-up and resolve grievances for one (R503) of three residents reviewed for grievances. Findings include:</p> <p>On 11/4/24 at 10:25 AM, R503 was observed lying in their bed. R503 was asked about care at the facility. R503 explained they had a hard time getting help to go to the bathroom timely. R503 was asked if they had ever told their concern to anyone at the facility. R503 explained they had, but nothing really had changed, just that morning, they had pushed their call light and the CNA (Certified Nursing Assistant) had come in and turned off the light and said he would be back, then after awhile he was bringing in their breakfast tray, when they reminded the CNA he was supposed to take them to the bathroom, he said he had forgotten.</p> <p>Review of the clinical record revealed R503 was admitted into the facility on [DATE] with diagnoses that included: compression fracture of lumbar (spine), stroke and diabetes. According to the Minimum Data Set (MDS) assessment dated [DATE], R503 was cognitively intact.</p> <p>Review of a Concern Form dated 10/24/24 for R503 read in part, .Describe concern using factual terms: When she needs to poop a CNA comes really late, so (they) holds and than can't go for a couple of days. She is already constipated and all of the medicine doesn't work. Also, it took a long time to get her water, so I gave her . Staff member designated to follow-up on this concern: (Director of Nursing - DON) . Date assigned: 10/25/24 . Action taken regarding concern: NP (Nurse Practitioner) already addressed constipation w/ (with) PRN (as needed) orders 10/24/24 . Was the concern resolved? Yes, describe resolution: orders in placed [sic] . Identify method(s) used to notify the complainant of resolution: (was left blank) . Name of complainant resolution discussed with: N/A (not applicable) . Was the complainant satisfied with the resolution? Yes . The form was signed on 10/25/24 by the Administrator, indicating the concern was resolved.</p> <p>On 11/4/24 at 12:12 PM, the DON was interviewed and asked about the response to R503's concerns on the Concern Form. The DON explained the water had been immediately resolved and there were orders for R503's constipation in place, so it had been resolved. The DON was asked why was the the CNA so late getting to R503 when they needed assistance. The DON explained she had been already educating the staff on answering call lights, so did not address that on the concern form.</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.

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| 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>On 11/4/24 at 1:10 PM, Registered Nurse (RN) A, who served as the In-Service Director, was interviewed and asked to provide recent education on call light response. RN A explained she and the DON had been talking to staff about answering call lights, but there was no formal education or sign-in sheets to show whom they had educated.</p> <p>Review of a facility policy titled, Concern (Grievance) Process revised 5/31/24 read in part, .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 . The designated staff member will investigate the concern, follow up with resident and/or person filing the concern/grievance for any additional information needed, progress with investigation of the concern/grievance, and resolution of the concern/grievance .</p> |                                                                                 |                                              |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>This citation pertains to intake #MI00147673.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse/neglect/mistreatment was reported to the State Agency (SA) for one resident (R501) of three residents reviewed for abuse/neglect/mistreatment. Findings include:</p> <p>On 11/4/24 a complaint submitted to the State Agency was reviewed which alleged R501 was pushed by a facility staff member and that a police report was filed.</p> <p>On 11/4/24 the medical record for R501 was reviewed and revealed the following: R501 was initially admitted to the facility on [DATE] and had diagnoses including Morbid Obesity and Pressure ulcer of right heel. A review of R501's MDS (minimum data set) with an ARD (assessment reference date) of 10/8/24 revealed R501 was dependent on staff assistance with most of their activities of daily living including toileting. R501's BIMS score (brief interview for mental status) was 12 indicating moderately impaired cognition.</p> <p>On 11/4/24 at approximately 9:56 a.m., a request for all grievances/concerns/investigations pertaining to R501 during their stay at the facility was requested from the facility administrator and revealed the following:</p> <p>A concern form dated 10/21/24 reported by R501's family member documented in part, the following: Describe concern using factual terms: Son states 'My mother was hit on the back by midnight CNA. (Certified Nursing Assistant).</p> <p>A review of the facility investigation pertaining to the concern form on 10/21/24 revealed the following: Date of Incident 10/20/24 .Details of Incident: The resident son stated that the resident told him that an &lt;sic&gt; CNA, was changing her during brief change the CNA pushed her back with both hands hard 10/22/24 Police was notified of the incident by family officer [Name of Police Officer] arrived to speak with the family the Administrator and DON (Director of Nursing) is present at the time. The officer looked at the residents back to check for any bruising there were none. The officer left the facility and could not find sufficient evidence of the incident. [Case Number] .</p> <p>On 11/4/24 at approximately 11:00 a.m., during a conversation with the facility Administrator (abuse coordinator), the Administrator was queried regarding the concern form indicating that R501's family member alleged a CNA hit R501 in the back and if they had reported the allegation to the State Agency for review. The Administrator indicated they had not but reported that it should have been reported and that the police had already been notified of the allegation.</p> <p>A review of the State of Michigan (FRI) system (facility reported incidents) did not reveal the allegation of R501 being hit by a midnight CNA had been reported for review.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 11/4/24 a facility document titled Abuse was reviewed and revealed the following: Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint that is not required to treat the patient/resident's medical symptoms. The facility will develop and implement written policies and procedures that include: Reporting any allegations of abuse, neglect, mistreatment, exploitation, and misappropriation or resident property including reporting a reasonable suspicion of a crime to the State Survey Agency and other officials in accordance with state law The facility will ensure that all allegations involving abuse, neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property, and crimes are reported immediately to the Administrator and: Reported to the State Survey Agency immediately but not later than two hours after the allegation is made if the allegation involves abuse or results in serious bodily injury and to other officials (including adult protective services and/or law enforcement, when applicable OR Reported to the State Survey Agency no later than 24 hours if the allegation does not involve abuse and does not result in serious bodily injury to the State Survey Agency and to other officials (including adult protective services and/or law enforcement, when applicable) .</p> |                                                                                 |                                              |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>This citation pertains to intake #MI00147673.</p> <p>Based on interview and record review, the facility failed to ensure bed mobility was completed according to the plan of care for one resident (R501) of three residents reviewed for abuse/neglect/mistreatment. Findings include:</p> <p>On 11/4/24 a complaint submitted to the State Agency was reviewed which alleged R501 was pushed by a facility staff member and that a police report was filed.</p> <p>On 11/4/24 the medical record for R501 was reviewed and revealed the following: R501 was initially admitted to the facility on [DATE] and had diagnoses including Morbid Obesity and Pressure ulcer of right heel. A review of R501's MDS (minimum data set) with an ARD (assessment reference date) of 10/8/24 revealed R501 was dependent on staff assistance with most of their activities of daily living including toileting. R501's BIMS score (brief interview for mental status) was 12 indicating moderately impaired cognition.</p> <p>A review of R501's Kardex (directions of care for direct care staff) revealed the following: Safety .Toileting and toilet transfers: X2 (two-staff person assistance) .Bed mobility: X2 .</p> <p>A review of R501's comprehensive plan of care revealed the following: Focus-ADL (activity of daily living) Self care deficit related to physical limitations. Date Initiated: 10/01/2024 .Interventions-Toileting &amp; toilet transfers : x2. Transfer: x2 with Mech (mechanical) lift. Bed mobility: x2. locomotion wheelchair x 1. Date Initiated: 10/02/2024 .</p> <p>On 11/4/24 at approximately 9:56 a.m., a request for all grievances/concerns/investigations pertaining to R501 during their stay at the facility was requested from the facility administrator and revealed the following:</p> <p>A concern form dated 10/21/24 reported by R501's family member documented in part, the following: Describe concern using factual terms: Son states 'My mother was hit on the back by midnight CNA. (Certified Nursing Assistant).</p> <p>A review of the facility investigation pertaining to the concern form on 10/21/24 revealed the following: Date of Incident 10/20/24 .Details of Incident: The resident son stated that the resident told him that an &lt;sic&gt; CNA, was changing her during brief change the CNA pushed her back with both hands hard 10/22/24 Police was notified of the incident by family officer [Name of Police Officer] arrived to speak with the family the Administrator and DON (Director of Nursing) is present at the time. The officer looked at the residents back to check for any bruising there were none. The officer left the facility and could not find sufficient evidence of the incident. [Case Number]. Describe action taken by the facility to protect the residents and prevent a reoccurrence during the</p> <p>(continued on next page)</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>investigation: During the investigation it was discovered that the resident was a two person assist and the CNA did not follow the Kardex. Education initiated for reading the Kardex and following the plan of care .</p> <p>A witness Statement from dated 10/22/24 was reviewed and revealed the following: Name and Position: [CNA B ] .Date of incident: 10/20/24 Date/Time/Place of interview: 10/22/24 2:02 pm. via phone .Statement: [CNA B ] stated she went in to change resident at approximately 330am, she</p> <p>was not rough. She rolled the resident onto her right side then rolled her towards her to complete the brief change. After the brief change she adjusted her pillows behind her back to her liking and placed a pillow under her for repositioning .</p> <p>A facility document titled Employee counseling and Corrective Action Record for CNA B dated 10/22/24 revealed the following: Corrective Action: 1:1 Educational. Work Rule Violation Number: Follow the POC (plan of care) when/during assisting w/ care. Always follow the Kardex</p> <p>On 11/4/24 at approximately 11:00 a.m., during a conversation with the facility Administrator (abuse coordinator), the Administrator was queried regarding the concern form indicating that R501's family member alleged a CNA hit R501 in the back. The Administrator indicated they did do an investigation into the allegation and it was revealed that CNA B did not use two staff members when completing bed mobility during the brief change resulting in them holding R501 with one hand while changing them with the other. The Administrator indicated that R501's plan of care called for two staff members to perform that task and that CNA B just did it themselves so the were given 1:1 education on referencing the plan of care to see what level of assistance was required before completing the task/procedure.</p> |

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| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>This citation pertains to intake #MI00147673.</p> <p>Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) was provided required training on abuse policies/procedures prior to working with residents in the facility for one resident (R501) of three residents reviewed for abuse/neglect/mistreatment. Findings include:</p> <p>On 11/4/24 a complaint submitted to the State Agency was reviewed which alleged R501 was pushed by a facility staff member and that a police report was filed.</p> <p>On 11/4/24 the medical record for R501 was reviewed and revealed the following: R501 was initially admitted to the facility on [DATE] and had diagnoses including Morbid Obesity and Pressure ulcer of right heel. A review of R501's MDS (minimum data set) with an ARD (assessment reference date) of 10/8/24 revealed R501 was dependent on staff assistance with most of their activities of daily living including toileting. R501's BIMS score (brief interview for mental status) was 12 indicating moderately impaired cognition.</p> <p>On 11/4/24 at approximately 9:56 a.m., a request for all grievances/concerns/investigations pertaining to R501 during their stay at the facility was requested from the facility administrator and revealed the following:</p> <p>A concern form dated 10/21/24 reported by R501's family member documented in part, the following:<br/>Describe concern using factual terms: Son states 'My mother was hit on the back by midnight CNA. (Certified Nursing Assistant).</p> <p>A review of the facility investigation pertaining to the concern form on 10/21/24 revealed the following: Date of Incident 10/20/24 .Details of Incident: The resident son stated that the resident told him that an &lt;sic&gt; CNA, was changing her during brief change the CNA pushed her back with both hands hard 10/22/24 Police was notified of the incident by family officer [Name of Police Officer] arrived to speak with the family the Administrator and DON (Director of Nursing) is present at the time. The officer looked at the residents back to check for any bruising there were none. The officer left the facility and could not find sufficient evidence of the incident. [Case Number] .</p> <p>On 11/4/24 at approximately 1:44 p.m., during a conversation with the facility Administrator (abuse coordinator), pertaining to the allegation that CNA B hit R501 on the back while providing care, the Administrator was queried for documentation that CNA B had the required training on abuse policies and procedures prior to taking care of residents in the facility and they indicated they did not but that they had recently hired a staff development Nurse and they were going to work on the process for staffing agency CNA's to ensure they had documentation that each is trained on abuse policies and procedures before working with residents in the facility.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>235626                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>11/04/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Optalis Health and Rehabilitation of Troy                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>925 W South Blvd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                              |
| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of the State of Michigan (FRI) system (facility reported incidents) did not reveal any reports or investigations pertaining to the allegation of R501 being hit by a midnight CNA B had been provided for review or that a five day investigation had been provided that would have revealed CNA B had been trained on abuse policies/procedures.</p> <p>On 11/4/24 a facility document titled Abuse was reviewed and revealed the following: Residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint that is not required to treat the patient/resident's medical symptoms. The facility will develop and implement written policies and procedures that include: .Training new and existing staff on prohibiting, preventing, and identifying abuse, neglect, exploitation, mistreatment, and misappropriation of resident property, reporting procedures, dementia and behavior management .The facility will educate its staff upon hire, annually, and as needed which will include, but not necessarily be limited to, the following topics: Prohibiting and preventing all forms of abuse, neglect, mistreatment, exploitation, and misappropriation of resident property. Identifying what constitutes abuse, neglect, mistreatment, exploitation, and misappropriation of resident property. Residents right to privacy and confidentiality to include the unauthorized taking of pictures or recordings of residents and sharing them in any manner, including social media or the use of technology, Recognizing signs of abuse, neglect, mistreatment, exploitation, and misappropriation of resident property. Reporting process for suspicions or allegations of abuse, injuries of unknown origin, neglect, exploitation, mistreatment, and misappropriation of resident property without fear of reprisal or retaliation. Reporting reasonable suspicion of a crime by covered individuals without fear of reprisal or retaliation. Content will include but is not limited to: what is reportable as a reasonable suspicion of a crime, each covered individual's obligation to report a reasonable suspicion of a crime against a resident to the administrator immediately as well as the State Survey Agency and Law Enforcement, and the timeframe requirements of reporting. This may include, but not limited to: placing a notification in the employee handbook, in-service education, notification letters, notification provision in a service contract. Understanding and ways to deal with behavioral symptoms of residents that may increase the risk of abuse and neglect such as: Aggressive behaviors and/or catastrophic reactions of residents. Wandering or elopement-type behaviors. Resistance to care. Outbursts or yelling out. Difficulty in adjusting to new routines or staff. How to recognize signs of burnout, frustration, and stress that may lead to abuse</p> <p>No documentation that CNA B had signed off in receiving the required abuse policy and procedure training prior to working with R501 on 10/20/24 was provided by the end of the survey.</p> |                                                                                 |                                              |