

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 02/19/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40330</p> <p>This intake pertains to MI00149760.</p> <p>Based on observation, interview, and record review, the facility failed to provide safe, operational mechanical lifts for three Residents (R502, R503, R504) of four residents reviewed for safe transfers and equipment. Findings include:</p> <p>Review of a complaint received by the State Agency, dated [DATE], revealed an allegation of the mechanical lifts in the building not working on [DATE], and on [DATE]. The complainant (a resident) alleged they were told they would not be fixed for nearly a week by facility staff. The complainant reported the full body mechanical lifts were in disrepair, with the batteries frequently not holding a charge. The complainant said this kept them stuck in their room and they were unable to exercise or leave their room for activities, which upset them.</p> <p>R502:</p> <p>On [DATE] at 9:22 a.m., Certified Nurse Aide (CNA) E was asked about the use and availability of the full body mechanical lifts in the facility. CNA E stated, Yes, there was a time when the lifts were not working, I believe it was for a week .they (the lifts) just kept stuttering and did not work .(R502) was frustrated, which makes sense, as (R502) has a routine of getting up three times a week .At that time it was all the (full body name brand) mechanical lifts which were not working . When asked, CNA E indicated this occurred in the past month, for few days.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at approximately 10:30 a.m., R502 stated, Their lift machines are breaking down and they seem to always wait until it is dead (the batteries) before they do something about it. The nursing aides have a difficult time finding batteries. I have been up in the air (on the lift) six months ago when the battery died and they couldn't use the lift. That time, there was one (name of mechanical full body lift) lift and I had to stay put (in bed) until they figured it out .That incident was annoying and uncomfortable .This time (in January, 2025), it was the all the (full body mechanical) lifts (not operational), and I was told the only lift was on the COVID (isolation) unit and they couldn't use it (as R502 did not have COVID). I was very upset. The administrator finally heard and got one (a full body lift) a few days later. I try to get up two to three times a week (in their wheelchair). I was not able to get exercise wheeling my wheelchair and maintain those muscles and socially being able to leave (their room), and I felt stuck, as every hour I thought about getting out of bed. This should not have happened. It was about three to four days (there was no lift available to get them in or out of bed). I perceived there will be a victim (another resident); I feel I was the victim of a preventable incident . R502 asked Surveyor what would have happened if there was an emergency need to get them out of bed, such as a fire or other emergency. R502 said he liked to get out of bed to attend some activities and the resident council meetings in the building. R502 reported this should not have occurred, as the facility should be able to maintain charged and operational batteries for their lifts.</p> <p>On [DATE] at 2:02 p.m., CNA H reported the batteries from the current full body mechanical lifts were a current concern. CNA H stated, Just yesterday, I was here and we were sharing one battery; from what I know for two lifts. We have four lifts altogether. So, someone (a nursing aide) from 300 came up and got our battery. CNA H was asked if this impacts resident care, and stated, It impacts it a lot, as we are spending a lot of time finding a Hoyer or even a sling .Yesterday someone came up to get the battery (for the full body lift). It impacts us and the residents up here (on 200 hall) as sometimes we are pushed for time .(R502) is mainly bothered when (they) can't go to BINGO because of the lift situation. (R502) missed it (BINGO) once or twice .</p> <p>Review of R502's Minimum Data Set (MDS) assessment, dated [DATE], revealed R502 was admitted to the facility on [DATE], with diagnoses including cervical disk disease, anxiety, and depression. The assessment revealed R502 required maximal assistance for toileting, bed mobility, and transfers. The Brief Interview for Mental Status (BIMS) assessment revealed a score of ,d+[DATE], which showed they were cognitively intact. The behavioral assessment showed no behaviors.</p> <p>Review of R502's Care Plan, accessed [DATE], revealed in the ADL (activities of daily living) Care Plan R502 required a mechanical lift with two-person assistance.</p> <p>R503:</p> <p>On [DATE] at approximately 12:25 p.m., R503 was observed in their hospital bed, dressed. R503 was thin in stature, and reported they wanted to get up for lunch when staff asked them, with a yes response.</p> <p>On [DATE] at approximately 12:30 p.m., CNA H was observed transferring R503 out of bed into their wheelchair for lunch. It was observed during the transfer the full body mechanical lift staff used to transfer R503 had medical tape at the anchor where the sling attached.</p> <p>R504:</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>On [DATE] at 1:45 p.m., R504 was observed sitting up and dressed, with a bariatric bed. R504 appeared obese.</p> <p>On [DATE] at 1:47 p.m., R504 stated, "The batteries (full body mechanical lift) go down, and there are days they can't find the batteries. There does not seem to be enough lifts in the building, and the CNA's can't find one when they want one. Sometimes they don't seem to have enough slings too and they don't have the right sling for the right (full body mechanical lift)." R504 described once the lift got stuck with them up in the air as the battery died and the staff used an emergency lever to lower them down. R504 denied any injury from the incident. R504 reported there was one lift which had a U-shape at the top, which was narrow, and their shoulders had to round forward to fit into the lift, which caused her discomfort. R504 reported they liked the other lifts but this one did not fit them properly but the other lifts were not always available so staff used it occasionally to transfer them. R504 stated sometimes they had to wait for their aide to go upstairs and find a lift on a different floor, which took a long time for them to be put back to bed and or get up. R504 stated they preferred when two staff transferred them with the full body mechanical lift, said sometimes the transfers were done with one staff person, which made them feel unsafe sometimes, depending on who the staff was. R504 stated, "The rule is supposed to be two people; the (full body mechanical lift) is hard to do with one person (staff)." .</p> <p>Review of R504's MDS assessment, dated [DATE], revealed R504 was admitted to the facility on [DATE], with diagnosis including an infection, muscle weakness, and morbid obesity. The assessment showed R504 required maximal assistance for bed mobility and was dependent for toileting and transfers. The BIMS assessment showed a score of [DATE], which revealed R504 was cognitively intact. The assessment revealed R504 was 65 tall and weighed 274 pounds upon admission.</p> <p>Review of R504's Care Plan, accessed [DATE], revealed R504 required two-person assistance for transfers with a full body mechanical lift.</p> <p>On [DATE] at 2:21 p.m., the Maintenance Director, Staff I was asked about the full body mechanical lifts in the facility. Staff I reported on [DATE], the lift company had taken five of the long lift batteries, and said, "They are in the process of being refurbished." Staff I stated every three months they typically had the batteries looked at by the vendor, however the bill was not paid. Staff I reported this had nothing to do with the administrator or facility staff, but rather per their understanding corporate had not paid the bill. Surveyor asked if there was a backup plan for when the lift batteries were unavailable, and stated, "There is no back up plan." Staff I was asked for any logging showing routine maintenance done with the lifts and batteries. Staff I responded no routine maintenance had been done since [DATE] (until [DATE]), and they understood the concern. Staff I stated, "I am going to try to get us back onto the three-month schedule (for routine lift inspections) and shared they were newer to their position and the only maintenance staff for the building." Staff I was asked how many full mechanical lifts there were in the building, and stated, "7." Staff I reported they also discovered the concern with the lifts and batteries not charging after the occurrences had been ongoing, as floor staff had not been entering the repair needs into the Tells system (facility maintenance request electronic system), which delayed repairs. Staff I stated, "Most of the time the (nursing) staff do not use Tells and tell me in passing (walking by them)." Staff I reported a repair may be missed or delayed when staff did not enter the concern into the Tells system, and this was the facility process for reporting maintenance concerns.</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>On [DATE] at approximately 2:30 p.m., Staff I and Surveyor toured the building, to observe the full body mechanical lifts, types of lifts, and battery charging stations. Only three full body lifts were observed, and Staff I reported there were only three in the building. It was observed the charging stations on the lower and upper floor had no long batteries (for the full body lifts). Staff I explained the only three batteries in the facility were out on the floor with the three lifts, and there were no back up batteries in the building. When asked when the batteries could be charged, as they were on the floor frequently in use, Staff I explained the staff needed to remove them from the lift and it would take 30 minutes to charge a battery. Staff I described yesterday ([DATE]) staff were trying to transfer a resident and the battery kept running out so they had to assist staff to charge the battery and take one from another lift. When asked if one staff person could use the lift to transfer a resident, Staff I stated, It is always supposed to be operated by two people. Staff I reported they understood the concerns related to the batteries not charging, no back up batteries, and the limited availability of lifts.</p> <p>During the observation, three different kinds of full body mechanical lifts were observed. Staff I reported they were not numbered or identified in their records or during the observation to show the different type of lifts. One of the lifts appeared to be an older model and had a narrow U-shape at the top of the lift. It was only about 18 wide, with Staff I concurring. Staff I reported they understood the concern this lift may be too narrow for an obese resident, such as R504. Surveyor and Staff I observed a bariatric lift, which was in near new condition. The third lift observed had the white fabric medical tape wrapped around the anchor (jib) of the resident lift mechanism. The lifts each had a tag dated [DATE], which showed they had routine inspection done at that time, so it had cleared an inspection.</p> <p>On ,d+[DATE].25 at 2:46 p.m., Staff I stated they would be taking the third lift off the floor (resident care unit) and address why the tape was on the anchor, since the lift was earlier observed working. Staff I clarified they should have been notified, to ensure there were no safety concerns.</p> <p>On [DATE] at 3:15 p.m., Staff I returned with manufacturer's guidelines for only one of the three lifts, and said this was all they could find. The literature was from [DATE]. It was noted the lift part with the tape around it was called the jib.</p> <p>On [DATE] at approximately 3:55 p.m., the Nursing Home Administrator (NHA) was asked about concerns with the full body mechanical lifts not being available, resident's respective concerns, the batteries not being charged or holding a charge, and a lift on the floor with tape at the anchor (jib). The NHA reported the vendor inspected the lifts on [DATE]. The NHA reported R502 had made them aware of their concerns without a lift being available, and they believed they had addressed their concerns. The NHA acknowledged the concerns, and reported they would plan to rent a lift until they received new lifts and batteries which would be ordered, and ensure routine maintenance was scheduled regularly and completed. The NHA clarified the lift vendor who completed repairs was the only vendor in the State and reported they had not completed the paperwork correctly to receive payment approval, and they had addressed the battery concerns when they came out to the facility on [DATE]. The NHA reported an increased resident census had impacted the number of lifts, batteries, and availability.</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>Review of the facility policy, Transferring - Using a Mechanical Lift Machine, dated [DATE], revealed, The purpose of the procedure is to provide guidelines for the safe lifting using a mechanical lifting machine . General guidelines: At least two nursing assistants (or licensed and trained staff) are needed to safely move a resident with a mechanical lift .Before choosing a mechanical lifting device, assess the resident's condition, including appropriate type of lift ., appropriate sling type and size .Lift design and operation varies across manufacturers. Staff must be trained and demonstrate competency using a specific machines or devices utilized in the facility. Before choosing a mechanical lifting device, assess the resident's condition, including appropriate type of list based on the resident's physical and cognitive abilities, appropriate sling type and size .Prepare the Equipment.: Make sure the battery is charged. Test the lift controls .Make sure that all necessary equipment (slings .) are available, appropriate, and correctly sized .Perform safety check .</p> <p>Review of the (full body mechanical lift) manufacturer's guidelines, reviewed with Staff I, on Page 3, revealed, Charging Batteries .To prolong the life of the battery, charge it at regular intervals, e.g. every night. If the lift is used frequently , it is recommended to use two batteries, one in operation and one-stand-by in the charger. The lift has a low battery indicator. When the red light is on, recharge battery as soon as possible . This reflects there should always be a back-up battery available on the charger. There were no back-up batteries observed in the building during the survey.</p>		