STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235626	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Troy	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement an effective infection control surveillance program, including transmission-based precautions (for R146), and to maintain an active water management program which had the ability to affect all 112 residents who resided in the facility. Findings include: Transmission Based Precautions R146 On 3/9/26 at 10:10 AM, a signage observed on R146's room door noted Enhanced Barrier Precautions (EBP- infection control intervention designed to reduce transmission of multidrug-resistant organisms. Requires the use of gown and gloves for high-contact resident care activities). An interview was conducted with the resident at that time. A review of the medical record revealed R146 was re-admitted to the facility on [DATE] with diagnoses that included: Influenza A virus, respiratory failure, heart failure and chronic kidney disease. Further review of the medical record revealed the following: A Physician's order dated 3/6/26, for EBP for MRSA (Methicillin-Resistant Staphylococcus Aureus) sputum. A review of the CDC (Centers for disease control and prevention) Infection Control Guidance: Preventing Methicillin-resistant Staphylococcus aureus (MRSA) in Healthcare Facilities (dated 6/27/25) documented in part, . CDC recommends Contact Precautions (requires the use of gown and gloves on every entry into a resident's room, regardless of the level of care being provided to the resident)for patients with MRSA. MRSA is responsible for more than 70, 000 severe infections and 9,000 deaths per year. Healthcare providers. Follow Contact Precautions when caring for patients with MRSA (colonized or carrying and infected). CDC recommends the use of Contact Precautions in inpatient acute care settings for patients colonized or infected with MDROs (Multi Drug Resistant Organisms), including MRSA. Infection Control Guidance: Preventing Methicillin-resistant Staphylococcus aureus (MRSA) in Healthcare Facilities | MRSA | CDC. On 3/10/26 at 2:22 PM, an interview was conducted with the Director of Nursing (DON) in the absence of the facility's Infection Control Preventionist (ICP) who was not present for the survey duration. The DON was asked what guidance the facility was following in regard to the precautions placed for R146. The DON stated initially the resident was on contact precautions and they had recently discontinued that and placed the resident on EBP. When asked why, the DON replied they would look into it and follow back up. (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/11/26 at 1:20 PM, the DON returned and stated they read the CDC guidance and identified the resident is supposed to be on contact precautions and would fix that immediately. On 3/9/26 at 2:44 PM, a request was made for all the infection control surveillance books to review for the Infection Control Task. On 3/9/26 at 3:03 PM, the Director of Nursing (DON) brought several surveillance books. On 3/10/26 at 4:06 PM, Licensed Practical Nurse (LPN) D, who served as the Infection Preventionist, was interviewed by phone and asked if there had been any infection control trends or outbreaks in the facility. LPN D explained there had been an Influenza outbreak in the facility in February 2026. LPN D was asked where that was documented, as there was nothing found regarding an outbreak in the surveillance books provided. LPN D explained she had a separate book devoted to the outbreak. On 3/10/26 at approximately 4:30 PM, the DON was asked to provide the surveillance book for the Influenza outbreak. Review of the February 2026 Influenza outbreak surveillance revealed line listings and mapping for the facility's first floor. However, there was no documentation for residents residing on the second floor of the facility. Review of resident medical records who resided on the second floor revealed evidence some residents had Influenza in February 2026. On 3/11/26 at approximately 10:30 AM, the DON was asked if there were residents on the second floor who had Influenza in February 2026. The DON explained there were. The DON was asked to provide surveillance documentation for the residents on the second floor. No documentation was provided prior to the end of the survey. On 3/9/26 at 2:15 PM requested Water Management Program (WMP) documentation for review. A WMP binder located at the front desk was provided for review. Maintenance Director (MD) E was not available at this time. Record review of WMP Plan binder indicated the following elements: -cover page title: Water Management Program Plan: [facility name] dated 2/19/24 -no documentation that the WMP had been reviewed or updated since 2/19/24 -Page 2- Water Management Team (WMT) information stated team member names that are no longer employed at the facility -Page 4 and all additional program pages after that were dated 2/14/2019 with no updates or revisions noted -water system description was text only with no flow diagram and not current (e.g. facility is no longer using water softeners per MD E interview on 3/10/26 at 8:20 AM) -section 5 Control Measures includes requirements for monthly monitoring of residual disinfectant and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	flushing protocols for unused fixtures -monitoring data recorded on logs from 2020-2021, with no recent monitoring records -last quarterly WMT meeting sign in sheet was dated 2/22/22 -program flushing protocol included lists of the following area/fixtures: service hall wash room sink, sorting room sink, supply closet sinks, 100 and 200 unit therapy tubs, soiled utility room toilet basins, supply room sinks, 200 unit dining room -blank monitoring logs were available and unused in the binder for multiple WMP control monitoring tasks including: disinfectant residual, water temperatures, flushing protocols, WMT meetingsOn 3/10/26 at 8:15 AM, when interviewed about his experience with WMP requirements and any related training, MD E said he's been in this role about a year and previously at another facility and he has not completed training specific to WMP requirements. MD E stated he recently reached out to the company they contract with for annual legionella testing to see if there was other sampling they should be doing. When asked about any additional WMP related documentation. MD E showed weekly logs of hot water temperatures taken at points of use in resident rooms throughout the building. When asked about any meetings of the Water Management Team (WMT), he indicated there has not been any WMT meetings in the past year and they will be looking to get this started. When asked about any flushing of low use or unused fixtures, he indicated the eye wash stations and the soiled linen room hoppers get routinely checked and flushed. On 3/10/26 at 8:20 AM Observed components of the building water system on a tour with MD E including the Riser Room, hot water heaters, storage and distribution. During this tour MD E stated that water softener system was no longer in use and is no longer connected to water supply but is too costly to have system components removed. On 3/10/26 at 8:30 AM Observed 1st floor central shower room therapy tub connected to water supply. During this observation, MD E stated it is shut off at the wall access panel, and no water is run to the unit. On 3/10/26 at 8:40 AM Observed 2nd floor central shower room therapy tub connected to water supply. During this observation, MD E stated it is shut off at the wall access panel, and no water is run to the unit. On 3/10/2026 at 9:15 AM When asked for any additional updated WMP documentation from MD E and the Administrator, they provided only the Emergency Preparedness Water Outage Policy dated 9/1/2017 and nothing additional specific to the WMP.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation relates to Intake 2718224.Based on observation, interview, and record review, the facility failed to provide a safe, home-like environment by ensuring comfortable water temperatures for residents who used the central shower rooms (including R79) for showers. Findings include:A complaint was received by the State Agency on 1/15/26, which alleged the facility did not have enough hot water for at least three months for operating the facility properly. The complainant indicated their understanding was that the facility had been unable to purchase the needed part to repair the water heater because the facility had to go through their corporate company. On 3/09/26 at approximately 1:25 p.m., R79 was asked about hot water in the facility. R79 reported the water temperature was too cold for their showers and was uncomfortable. R79 said they liked hot water for their showers, and the water was cold or barely warm. On 3/10/2026 at 11:05 AM Observed hot water temperatures on the first floor in vacant rooms and central shower room using digital thermometer, letting water run at fixture 1-3 minutes until maximum hot water temperature was reached and recorded. room [ROOM NUMBER]- sink 102Froom [ROOM NUMBER]- sink 104Fcentral shower room sink 102F, shower 94F On 3/10/2026 at 11:30 AM Observed hot water temperatures on the second floor in the dining room using digital thermometer, letting water run at fixture 1-3 minutes until maximum hot water temperature was reached and recorded. 2nd floor dining room- sink 112F. On 3/10/2026 at 11:35 AM during interview in the second-floor dining room with R79 about shower temperature concerns, R79 stated the dining room sink always gets hot enough, but not the shower area- it fluctuates but does not stay hot enough for a shower. On 3/10/2026 at 11:44 AM Observed hot water temperatures on the second floor in the central shower room using digital thermometer, letting water run at fixture 1-3 minutes until maximum hot water temperature was reached and recorded. Shower 1- at 3 minutes 103F, at 5 minutes 96FShower 2- at 3 minutes 101F, at 5 minutes 97F On 3/10/2026 at 11:55 AM during interview with Staff M at the Nurse station adjacent to the central shower room, when asked about any resident concerns with shower temps, Staff M said just 1 or 2 residents regularly complain about showers not being hot enough. Staff M said they suggest to the residents that they shower earlier or later in the day to get a hotter shower and also stated that they put the concerns in the electronic maintenance system (TELS). On 3/10/26 at 2:35 PM Observed weekly hot water temp monitoring logs with Staff E. At this time, when asked about any central shower temperature monitoring logs he said he does not record on a log but does check regularly and responds to complaints and is often making hot water temperature adjustments. A record review of the Safe Water Temperatures policy dated 11/1/2020 indicates: 5. Water (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	temperatures in resident areas will be set to a temperature of no more than 121F, not less than 105F or the state's allowable maximum water temperature.

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation relates to Intake 2718224. Based on observation, interview, and record review, the facility failed to ensure consistent activity programming with meaningful individualized activities to promote domains of wellness for five Residents (R79, R60, R29, R97, and R42) of five residents reviewed for activities. Findings include: A complaint was received by the State Agency on 1/14/26, which alleged the facility was short staffed and R79 was not always treated with dignity and respect. On 3/09/26 at 1:12 p.m., there were no activities observed in the activity room or dining room. Activities had not been observed earlier in the morning; an activity calendar was requested. The activity calendar was requested from Activity Aide, Staff J, who was seated, not providing activities. Staff J provided the activity calendar, which showed, Chair Exercise at 1:00 p.m. on this date, and BINGO at 2:00 p.m. On 3/09/26 at 1:13 p.m., the Activity Director, Staff H, was asked about the activities in the building. Staff H said to go by the activity calendar, however, said most residents had been sick the last couple of weeks, the activity calendar was subject to change. This was shown to Surveyor by Staff H. Staff H said BINGO would be happening as scheduled at 2:00 p.m. R79 On 3/09/26 at approximately 1:15 p.m., R79 was interviewed in the dining room, where there were no activities being held. R79 reported there were not enough activity staff and said they and the other residents were missing activities most mornings and on the weekends. R79 said a good activity staff member left their position a few months before and had not been replaced. R79 stated this made them feel upset and frustrated, as they wanted to participate in more activities. R79 said they used to have nice crafts, such as painting on a T-shirt, like the one they were wearing, which they showed Surveyor. R79 said they were also bored with the same repetitive activities and they wanted more variety, like they had before the unnamed activity staff member suddenly left a few months prior. R79 said the only activity they mainly participated now was BINGO, which they appreciated, and a few seasonal parties. R79 shared they ran businesses prior to having a medical condition when they needed to live in the facility, and had some good ideas to run the activities program more smoothly. R79 said running a restaurant and a successful business gave them insights into how to organize and run a department, such as activities, more smoothly. R79 said they would welcome the opportunity to lend their expertise and work collaboratively with the facility to offer suggestions for the activity programming and staffing, to not only benefit them but the other residents, as they wanted the best for everyone there. On 3/09/26, the printed March (2026) activity calendar was viewed, along with the large, posted activity calendar on the units. The posted March activity calendar on both floors appeared to match the printed activities calendar, which was provided by the Activity Director, Staff H . It was observed activities were scheduled seven days a week. The last scheduled activity each day was at 3:00 p.m., other than Self-recreate - Supplies in the Dining Room, which was scheduled at 6:00 p.m., two weeknights. There was a place in the activity room which had colored pencils and coloring pages. R79 said this was for the residents to use for the self-recreating activities in the evenings, and said they wished they had more access to other evening activities, as in the activity room. On 3/10/26 at 10:29 a.m., R79 was in the facility dining room, and said there had been no activities so far offered to them or observed. None had been observed during Surveyor thus on the unit as of yet. It was noted on the March activity calendar the activity, Coffee and Chat, was scheduled at 11:00 a.m. six days a week, with a spiritual service on Sundays. Review of R79's activity log, with a 30-day look-back, revealed R79 participated in five BINGO activities, four dining room games, and two special activities, for a total of 11 activities for the past 30 days (about 36% participation). There were no refusals or declinations marked on R79's task log. On 3/10/26 at 10:53 a.m., a copy of the daily newsletter was observed on a table in the activity room, which had been passed. Two activity aides were observed in the second-floor activity room, Staff I and Staff J , along with Staff H , who indicated they were about to start the scheduled, Coffee and Chat activity. The room had three square tables pushed together, (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with games and activities on the shelves. On 3/10/26 at approximately 10:55 a.m., Staff H was asked about the schedule and activities. Staff H reported the activities were held mainly in the second-floor dining room or in the activity room across the hall. Staff H explained they brought up residents who were interested in activities from the first floor as well as any residents interested from the second floor, where the activities were generally held. On 03/10/26 at 11:11 a.m., the second-floor activity room had two residents present for Coffee and Chat at the table. The residents had just eaten a snack and beverage. 03/10/26 at 11:17 a.m., a third resident had arrived, with R79, a fourth resident, observed across the hall in the dining room, watching TV. It was observed the Activity Director, Staff H , had transported the residents to the activities, and ran the activity also. The activity aides were not observed participating or assisting Staff H . During the coffee chat time, a few residents were observed at the nurse's station in Geri chairs or wheelchairs, not engaged in activities. The facility census was 108 residents. It was confirmed this was the only activity occurring at that time by activity and nursing staff. On 3/10/26 at approximately 1:45 p.m., Social Worker (SW) K was asked about the facility activities program, and residents' participation. SW K' indicated there were few to no activities in the mornings, which concerned them, or only a few residents participated, other than BINGO or parties. SW K said they wished the activity program was more engaging and more residents participated, especially the residents from the first floor, as the activities were held with residents mainly on the second floor. On 3/10/26 beginning at approximately 2:50 p.m., BINGO was observed ending with residents leaving the room. Staff H reported there had been about 15 residents present and said the scheduled tea party was happening next. The smaller activity room was observed decorated for the tea party, which was scheduled to begin shortly after. During observations at approximately 2:51 p.m., Staff H was observed transporting residents to the tea party, which began shortly after, and was also run by Staff H . The two activity aides were not observed participating in the activity or assisting Staff H . Six residents were observed in attendance during the tea party activity after it started. R60 On 3/10/26 at 4:30 p.m., R60 asked to speak with Surveyor about facility activities and a living room being unavailable to facility residents on the second floor, as well as the activity room being unavailable after 4:00 p.m., and on the weekends. R60 asked to email Surveyor their concerns for a meeting regarding their activity concerns. Review of an email received from R60, on 3/10/26 at 4:28 p.m., revealed a letter they had written which detailed how they and the other residents felt on the second-floor unit when one of the two living rooms they used for activities, family visits, games, reading, and personal space was taken over by staff as an office in the past month. R60 said this occurred without the residents' collective input, most of whom had used the room frequently for personal activities and leisure off-hours, in the evenings, and at night especially. The letter described when the living room the second-floor residents regularly and frequently occupied was taken over by staff, this felt disrespectful to them, and made them feel like a child or an inmate even. The letter continued to describe residents' activity programming concerns as well. During an interview on 3/10/26 beginning at 4:30 p.m., R60 said if the staff had included themselves or other residents in the decision, they could have at least requested to have kept the living room on the second floor with a scenic outside view and some sunshine, as it brought themselves and the residents' daily tranquility and encouragement because of the sunlight and view. R60 said they and the resident council members had vocalized concerns afterwards, and by vote, they were going to be getting the better of the two rooms back. R60 said they still felt sad that they and the other residents were not included in a decision which impacted their daily lives and psychosocial well-being. R60 said they and the other residents used the room for family visits, quiet time, made calls or got their work done, since they and a few of the residents were younger or who had worked especially. R60 clarified they were in a small, shared room with a roommate, which was confirmed, so they worked outside their room. R60 said they had been told they did not qualify for their own room at this facility, where they planned to stay as a long-term care resident due to a chronic medical condition. R60 understood there were other rooms available on the first floor, however said they found the second floor living (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room was most convenient for most of the second-floor residents, although they could themselves go downstairs if needed. During further interview, per their request, R60 expressed appreciation for the feedback from Administration they had received afterwards. R60 clarified since this was their home, they would welcome the opportunity to collaborate more with management in the future on ideas about their facility home, to make it feel as homelike as possible. R60 shared they had worked professionally and had consulted prior to having a disability, and had collective years of diverse work and life expertise to lend to the facility and activity programming. R60 said they hoped to work across the aisle with the health care team to promote optimal wellness not only themselves but for the other long-term care residents, their peers, who they cared about. R60 said they had some ideas which they believed would benefit the facility and activities program for continued growth. R60 felt bored and excluded with the current programming, as it did not meet their activity needs as a younger resident who had required long-term care unexpectedly. On 3/11/26 at 5:59 a.m., an email was received from R60 to further elaborate regarding their activity participation and concerns. This email summarized how the residents who were primarily served in a building were moderately functional residents, and the lower-functioning and higher-functioning residents (like themselves, R79, and R29) were left high and dry in terms of activity programming. R60 described the facility activities were extremely repetitive, including BINGO, teatime, and manicures, which did not interest them, and said they were always held in the exact same upstairs location, a few steps from Staff H's laptop, likely so could complete their documentation during the activities. R60 was concerned the activities were never downstairs for those residents or delivered in an adequate variety. R60's letter continued to explain there were absolutely no true physical activities, such as games that involved (gross motor) movement, no balloons, balls, or pool noodles. Staff H said there was just a lot of sitting around during activities. R60 shared they were artistic and conveyed they tried to bring in an art teacher from the community however this was not met with assistance by Staff H or activity staff for set-up and clean-up, so the art instructor was unable to continue, which was sad to them. R60's email also described since the activity director ran the resident council meetings, it was unlikely, uncomfortable and difficult to have any sort of discussion among residents about the activities program itself, and several residents did not have the ability to self-advocate (likely due to cognitive impairment). R60 shared a few months prior they had a compassionate, caring activity aide who had positive activity-centered relationships with each of them, who was invested in them, and was not adequately replaced. Since that time, R60 said no one was really collecting residents from their rooms for activities, and they felt like the current program was like a part-time adult daycare. R60 suggested for the high functioning folks like such as themselves, R79, and R29 could collaborate with Staff H on a different quarterly activity, such as a trip to the mall every six months or a regularly scheduled outing. Per Surveyor understanding, there were no facility outings. R60 continued, for the lower functioning residents who were still mobile, perhaps they could be more involved in activities, such as making premade crafts that they can take back to decorate their rooms. R60 emphasized they would like to see the department assist in gathering more residents for events, as had occurred in the past, for a more robust, engaging and inclusive activities program, as the facility was their home. R60's email further described the area in front of the second-floor nurses' station looked sad most days, with residents lined up in the aisleways for hours at a time. R60 described sometimes half a dozen residents were seated there, likely bored out of their minds. R60 alleged they had not seen Staff H interact with these lower functioning residents although their former activity aides had, who had left months before. R60 described since no one went to get residents anymore for the most part, attendance at activities was minimal, since even being announced overhead about 30 minutes before the activity, staff were not taking residents to activities, or a select few. R60 was also concerned there were few activities in the mornings, and said the last activity day was at 3:00 p.m., so there was a small activity window, and questioned why this was occurring. R60 said there had been concerns with the fish tank upkeep and said they would be happy to assist by directing the fish tank (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	upkeep/cleaning, since they and the other residents enjoyed spending their time watching the fish for relaxation. R60 described it had not been kept up on routinely, although they appreciated having a fish tank and wished they had more fish as prior.Review of R60's activity logs for the past 30 days (look-back period) showed R60 participated in individualized activities only (their own activities). R42 On 3/11/26 at approximately 8:35 a.m., Certified Nurse Aide (CNA) L was observed feeding R42 in the dining room. R42 was awake and eating their breakfast. R42 made eye contact and said they were doing fine when asked, and was observed talking appropriately with CNA L while they were being fed. On 3/11/26 at 9:02 a.m., Certified Nurse Aide (CNA) L was asked about the facility activities. CNA L shared, They do BINGO and a little coffee and chat. Nothing much else. They probably could do more (activity participants) than six residents (at a time). It can be (more) interactive, and (have) dementia activities. They mainly put the papers (newsletters) in the rooms (every morning). It (the activities programming) is mainly done in the afternoon. There is nothing done in the (residents) rooms (who do not attend activities). CNA L was asked if R42 participated in any activities. CNA L responded, He (R42) just sits there sleeping. (R42) could probably participate if he was engaged. You can bring residents into this dining room, with activities such as with balls as it would be bigger in there (than the smaller activity room across the hall with tables). CNA L was asked about activities programming on the weekends. CNA L said they worked some weekends and responded, I don't think they have activities on the weekend. When asked to clarify, CNA L said they had not seen any activities occurring when they worked on the weekends, including recently in the last months. On 3/11/2026 at 9:11 a.m., three residents were observed in the common area outside the nurse's station, including R42. None of the residents were engaged in activities. On 3/11/26 beginning at approximately 11:02 a.m., R42 was observed outside the nurse's circle in their recliner geriatric wheelchair. The coffee activity was going on around the corner. R42 was asked how they were doing and said they would like some coffee or tea, with the clerk notified at the desk. No one took R42 to the coffee activity. On 3/11/25 at approximately 11:10 a.m., the activity room was viewed during the coffee and chat activity. Six residents were present. An unnamed resident was heard to say, I didn't know you had activities .I am so glad I came out of my room. There were six residents in the activity room at that time during the coffee activity. Staff H was solely running the activity and had been observed transporting resident to and from the activity. No activity aides were observed. Staff H said they were the only activity staff working in the building on that date. Staff H confirmed they were doing all the transporting and running the activities on their own. On 3/11/25 at 1:02 p.m., 1:13 p.m. and at 1:26 p.m., R42 was observed at the nurse's station without any activities or things to do, such as a sensory activity or looking at a magazine. During this observation, one resident was observed in the activity room with Staff H in the chair exercise activity. Staff H was asked afterwards why there was only one resident in the activity. Staff H acknowledged they were the only staff who was transporting residents to activities, and R42 was ready to begin the activity. Observations of R42 during the three-day survey showed R42 seated in the aisleway outside the nurse's station in their specialized geriatric chair with no activity engagement, with only a few social interactions with nursing staff checking in, along with a few other residents in geriatric positioning chairs or wheelchairs. R42 never had reading materials in front of them or was placed in an area where they could have watched television or heard the news. It appeared they were being supervised by staff at the nurse's station and was not observed in the activity or dining/day room with or without staff, other than at breakfast on 3/11/226. No sensory activities were observed being completed with R42 or the other dependent residents outside the second-floor nursing circle. There was no sensory room or quiet place where residents went for relaxation or to calm them. They were subjected to the busy nursing interactions there. Review of R42's Care Plan showed they liked to participate in watching the news, reading the Indian Bible, watching news, tending flowers and vegetables, cooking, music, mass, BINGO, attending mass, and social activities. R29On 3/11/26 at 10:20 a.m., R29 was observed propelling their manual wheelchair in the facility hallway. On 3/11/26 at 10:26 a.m., R29 was asked about their activity (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Troy	925 W South Blvd Troy, MI 48085

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	participation in the facility. R29 responded, There is nothing I can do here. R29 said the activities were not enticing. I am 41 ([AGE] years old). Maybe I could try BINGO. They do BINGO twice a week and that is about it.They should put another TV in the activities room or put a video game system in with games R29 said they would do games; they have board games but they are not playing board games. R29 clarified no one came to invite them to attend activities. R29 said, Why don't they play other games; that is perfect for everybody.They do well on a few parties and put food out but I am bored all the time. I am constantly bored. R29 said they would do puzzle books, read magazines, or check out something to read it were made available to them. R29 explained the activity staff were not coming to residents and seeing what they wanted to do. R29 said there was an internet cafe but most of the computers were broken down or locked down and unavailable for use. R29 was asked about individual activities as some were logged for him. R29 said, I get no help for individual activities; I am on my own. such as when they were marked for watching tv, on their phone, or on their computer. R29 explained the only socialization they were getting was talking to their nurses in the evenings or at night but not anyone from activities. R29 continued, People are not engaging us or spending time w us. R29 said they wished Staff H would talk with them on the side while residents were eating, and ask them, What would you like to do? What would interest you guys? And he (Staff H) could come up with things that don't cost money and maybe someone would be willing to donate for the residents. Outings would make a huge difference. R29 said there was a park right up the road they would love to go to. R29 said it made him feel bad when they (the residents on the second floor) lost their day room and they gave us the sh#t##r of the rooms (of the two available). Review of the March activity calendar (2026) showed there were some games scheduled in the activity room during the month, so it was unclear if R29 may not have been aware if they were not invited or taken to the activities. Activities were heard announced by Staff H anywhere from about 10 to 30 minutes prior to the activities. Review of R29's Care Plan said they enjoyed music, games, crafts, food, spiritual, pet activities, computer activities, materials in room, outdoor, and other activities. Review of R29's activity log showed they participated in individual activities. On 3/11/26 at 11:21 a.m., Licensed Practical Nurse (LPN) O was asked about the activities programming in the facility. LPN O confirmed there was no private resident room in the facility for R60 and said they had offered R60 a transfer to another sister facility with their own private room which they declined. LPN O said the residents on the second floor would be getting back the activity room with the sunlight for their own individualized activities, per their understanding from the Administrator, who had addressed the residents' concerns, and denied any involvement in the room change. About the activity programming, LPN O said there needed to be more engagement and more training on what to do in activities and said they had educated Staff H already and said Staff H needed the activities aides to do more. LPN O said they had told all of them (in activities) to engage the residents more, as they saw residents sitting there especially by the nurse's station and not participating in activities. Staff H explained they even offered activities to the residents themselves when they could. Staff H wondered why they were not doing more exercise activities such as balloon or soft ball toss (gross motor activities) or have an exercise class every day, which they did not see occurring. Staff H stated there could be more activities going on in the dining room and found some of the staff (activity aides) were not doing activities with the residents, which concerned them. Staff H understood they needed a more robust engaging activities programs for the facility residents, and wanted the best for the residents. R97ON 3/11/26 at 2:52 p.m., R97 was observed in their bariatric hospital bed in their room. A crossword puzzle book was observed on their nightstand and a few crafts on their bulletin board in their room. On 3/11/26 at 2:54 p.m , R97 was asked about their activity participation. R97 said they were mainly in their room in their bed, and said the activities staff used to bring them more activities. R97 said, I think they could do more. R97 said yesterday (3/10/26) Staff H had brought them a newsletter and a treat and said most days the activity staff brought them a morning newsletter, but that was about it as far as activities for them. R97 said they liked to read and stated, I would like a couple books. R97 (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	said the activity staff had also stopped bringing them a newspaper months ago. R97 said they liked BINGO but they could not attend anymore as their legs were weaker but missed it since the fall. R97 said they loved to read magazines but were never brought any and would like more word puzzle books. R97 said their family member had brought the crossword puzzle book on the nightstand and the crafts posted were from last year and said they would love to do more crafts in their room, but none were offered to them. R97 said they were bored sometimes. R97 said there was a good activity staff member who used to do their nails and massage their hands in their room but said this had not been done since the fall when the activity staff member suddenly left their position. R97 was alert and oriented to themselves, their surroundings, situation, and could tell time. Review of R97's Care Plan showed they liked newspapers, crafts, cards, food activities, playing cards, 1:1 activities (since they were in bed), television, radio, reading materials, and BINGO.On 3/11/26 at 1:27 p.m., Staff H was asked about the activities programming in the facility, initially about the residents with dementia and or cognitive impairment observed frequently outside the second-floor nurses circle in the aisleways without activities, attempts, or other activity interventions. Staff H acknowledged the concern and observations and said they had planned to begin a sensory and dementia program the next week for the residents. When asked about them being the only staff observed completing and participating in the residents' activities during the survey, Staff H' explained that Staff J had returned to work since they were on work restrictions except where they could sit, and said they could do little, other than they helped participate in BINGO on 3/10/26, and had called off on 3/11/26, which left them with no assistance. Staff H said the other Activity Aide, Staff I, had not been feeling well yesterday so could not do much but came to work. This confirmed Surveyor observations of Staff H solely completing the observations of transporting and completing activities with the residents during the survey. Staff I acknowledged they had to complete the transporting of residents and the activities on their own for the most part this week, and recently. Staff H said they thought the activity aides were doing the room visits and taking the activity cart around, when asked about R97. Staff H said they would need to talk with them. When asked about R60 and R29, Staff H said they did not know both wanted higher level activities and would follow-up. When asked about weekend activities, per R79's and staffs' descriptions, Staff H confirmed there were not enough activities occurring on the weekends. Staff H said there had been no activities on Saturdays recently, as they had not had any activity staff on Saturdays to assume the work. It was noted the activity calendar this month showed Saturday activities. Staff H said Staff J was there on Sundays, but earlier acknowledged Staff J could not transport residents generally due to their work restrictions, so it was unclear what occurred on Sundays. Staff H said they could not open up the activity room on the evenings or weekends per residents' request, as items had been stolen when they had opened it up prior without them present. Staff H acknowledged concerns with more additional 1:1 activities needed, per R97's input, and said they would follow up with the Administrator, who was their direct supervisor. Staff H said they were not involved in the decision to take one of the living rooms on the second floor as a staff office and confirmed the residents were getting back the living room of their choice per their understanding. Staff H said they were certified and invested in the activity programming but had not had enough assistance transporting and completing the activities consistently by the activity staff, since the former activity aide left their position. On 3/11/26 at approximately 2:15 p.m., the activity programming concerns from observations, staff and resident interviews, email input, and residents' records were shared with the Nursing Home Administrator (NHA). The NHA said they generally understood the concerns and were invested in providing optimal care and programming related to the activity needs of the facility residents. The NHA confirmed the residents would be getting back their living room of choice on the second floor of the facility. Review of the policy, Activities, dated 4/01/22, revealed, It is the policy of this facility to provide an ongoing program of activities designed to meet the interest, choice, and preferences as well as meet the interest of and support the physical, spiritual, mental, and psychosocial well-being of each resident, encouraging both independence and (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interaction in the community.2. Activities will be designed with the intent to: a. Enhance the residents' sense of well-being. b. Promote or enhance physical activity. c. Promote or enhance cognition. d. Promote or enhance emotional health. e. Promote self-esteem, dignity, pleasure, comfort, education, creativity, success, and independence.4. Activities may be conducted in different way: a. One-to One programs - sensory stimulation. b. Person-appropriate - activities relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for. c. Program of Activities - to include a combination of large and small groups, one-to-one, and self-directed as the resident desires to attend.8. To the extent possible, activities provided will: a. Reflect residents" interest and age. b. Be enjoyable. c. Help the residents to feel useful. d. Provide a sense of belonging. e. Reflect cultural and religious interests of the residents. f. Reflect the residents' choice. 9. Activities will include individual, small and large group activities as well as: a. Indoor and Outdoor activities. b. Activities away from the facility (outings). c. Religious programs. d. Exercise programs. e. Community activities. f. Social activities. g. In-Room activities. h. Individualized activities. i. Educational programs. j. Sensory Stimulation. 10. All staff will assist residents to and from activities when necessary. This policy was referenced from the Centers for Medicare and Medicaid State Operations Manual, Appendix PP. F679 Activities to Meet Interests/Needs of Each Resident.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interview and record review the facility failed to ensure proper storage and supervision was provided for medications left at bedside for four (R93,102,146, and 147) of five residents reviewed for medication storage. Findings include.R147 On 3/9/26 at 10:23 AM, R147 was observed in their room watching tv lying in the bed. R147 was observed having two large round tablets in a medication cup located on their bedside table. R147 was asked if they knew what the medications were and reported the medications were an antacid medication that they were not ready to take yet and would take them when they were ready. A review of R147's medical record revealed a self-administration assessment was not completed for R147. R102 On 3/9/26 at 12:2 PM, R102 was observed lying in their bed reading a book. An observation of the room was made and it was noted in their opened night side table drawer were inhalers (Flonase) and antifungal powders in the drawer. R102 was asked about the medications in the drawer and they reported that the medications came from the Hospital . A review of R102's medical record revealed a self-administration assessment was not completed for R102. R146 On 3/9/26 at 10:10 AM, an observation and interview was conducted with R146. Observed at bedside was a yellow bottle of Desenex. When asked, R146 stated they were unsure of what the medication was for. At 10:31 AM, Licensed Practical Nurse (LPN) C (the nurse assigned to R146) was asked about the Desenex in R146's room. LPN C entered the room and obtained the bottle and stated the bottle should not have been left in the resident's room and should be locked in the treatment cart. A review of R146's medication record revealed a self-administration assessment was not completed for R93. R93 On 3/9/26 at 12:30 PM, R93 was observed lying on their back in bed. Observed in the bed with R93 were two tubes of diclofenac sodium 1% gel. When asked, R93 stated they try to put the gel on their body but have a hard time reaching their body parts. A review of R93's medical record revealed a self-administration assessment was not completed for R93. On 3/9/26 at 2:59 PM, the Director of Nursing (DON) was interviewed and asked about the medications observed at the bedside. The DON replied medications/treatments should be stored in the medication carts and that the nurses are responsible for each medication. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of a facility policy titled Medication and Treatment Storage dated 8/7/23, documented in part . It is the policy of this facility to ensure. safe and secure storage (including proper temperature controls, appropriate humidity and light controls, limited access, and mechanisms to minimize loss or diversion) of all medications and treatments. All medications and biological will be stored in locked compartments. Non-biologicals for treatments will be stored in medication rooms and in treatment carts.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on interview and record review the facility failed to maintain an effective antibiotic stewardship program to ensure appropriate infection criteria was met for five (R17, R38, R95, R116 and R153) residents identified which had the ability to affect multiple residents who were prescribed antibiotics while residing in the facility. Findings include: On 3/9/26 at 2:44 PM, a request was made for all the infection control surveillance books to review for the Infection Control Task.On 3/9/26 at 3:03 PM, the Director of Nursing (DON) brought several surveillance books and explained Licensed Practical Nurse (LPN) D, who served at the Infection Preventionist, was still working on February 2026 surveillance and she would provide the surveillance when it was finished.Review of the December 2025 antibiotic surveillance revealed:No line listings were documented.A McGeer Criteria Worksheet for R153 documented in the Urinary Tract Infections Without Indwelling Catheter section the following: leukocytosis was circled and the box next to .At least 2 of the following: fever or leukocytosis; acute costovertebral angle pain or tenderness; suprapubic pain; gross hematuria; new or marked increase in incontinence, urgency, or frequency. AND One of the following microbiology criteria is present: The box was marked next to, at least 10 [to the fifth power - 100,000] cfu/ml [Colony Forming Units per milliliter] of no more than 2 species of microorganisms in a voided urine. A Lab Results Report for a Urinalysis/Culture and Sensitivity [UA/C&S] for R153 with a collection date of 12/22/25 revealed in part, .Bacteria None. Urine Culture No Growth. Review of R153's December 2025 Medication Administration Record [MAR] revealed an order for, Ciprofloxacin [antibiotic]. 500 MG [milligrams]. one time a day for UTI [urinary tract infection] for 3 Days. The MAR documented the medication was administered 12/24/25-12/26/25.Review of the January 2026 antibiotic surveillance revealed:An Order Listing Report dated 3/9/26 at 9:17 PM.R95A McGeer Criteria Worksheet for R95 documented the following for a UTI without indwelling catheter: the box was marked next to, .Acute dysuria or actue pain, swelling, or tenderness of the testes, epididymis or prostate. AND At least 10 [to the fifth power- 100,000] cfu/ml.A Radiology Results Report for a chest x-ray dated 1/22/26 for R95 revealed in part, .Patchy airspace opacities and subsegmental consolidation in the right lower zone, concerning for pneumonic infiltrate.Review of R95's January 2026 MAR revealed an order for, Doxycycline [antibiotic]. 100 MG. Give 1 tablet by mouth two times a day for pneumonia for 7 Days. The MAR documented the medication was administered 1/23/26-1/29/26.R116A McGeer Criteria Worksheet for R116 documented the following for a UTI without indwelling catheter: .At least 10 [to the fifth power - 100,000] cfu/ml.A UA/C&S lab report with a collection date 1/21/26 revealed in part, .ESCHERICHIA COLI, 15,000 CFU/ML. KLEBSIELLA PNEUMONIAE, 15,000 CFU/ML.Review of R116's January 2026 MAR revealed an order for, Ciprofloxacin. 500 MG. Give 1 tablet by mouth one time a day for UTI for 7 Days. the MAR documented the start date for the antibiotic was 1/28/26.Review of the February 2026 antibiotic surveillance revealed:An Order Listing Report dated 3/9/26 at 9:38 PM.R17A McGeer Criteria Worksheet for R17 documented the following for a UTI without indwelling catheter: At least 10 [to the fifth power - 100,000} cfu/ml.A Urine Culture report dated 2/6/26 revealed, ALPHA-HEMOLYTIC STREP. SPECIES 30,000 CFU/ML.Review of R17's February 2026 MAR revealed an order for, Linezolid [antibiotic]. 600 MG . Give 1 tablet by mouth two times a day for UTI for 7 Days. The MAR documented was administered 2/10/26-2/17/26.R38A McGeer Criteria Worksheet for R38 documented the following for a UTI without indwelling catheter: At least 10 [to the fifth power - 100,000] cfu/ml.A UA/C&S report with a collection date 2/20/26 revealed, .KLEBSIELLA PNEUMONIAE, 60,000 CFU/ML.Review of R38's February 2026 MAR revealed an order for, Levofloxacin [antibiotic]. 500 MG. Give 500 mg by mouth one time a day for UTI for 7 Days. The MAR documented the medication start date was 2/25/26.On 3/10/26 at 4:06 PM, LPN D was interviewed by phone and asked how often she was at the facility to perform her duties as Infection Preventionist. LPN D explained she had not been working at the facility frequently lately due to extenuating circumstances. LPN D was asked about (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the multiple residents who were marked on the McGeer Criteria Worksheet as having at least 10 [to the fifth power] cfu/ml of a bacteria when the lab results were 15,000, 30,000 or 60,000 cfu/ml. LPN D explained she thought 10,000 was 10 [to the fifth power], and also thought if the report contained a sensitivity result it meant that the resident needed to be on an antibiotic. LPN D was asked if antibiotics were ever stopped if the lab results were negative for infection. LPN D explained she was not able to stop antibiotics.Review of a facility policy titled, Antibiotic Stewardship revised 9/25/24 read in part, .Antibiotic stewardship prescribing protocols are followed: Utilization of McGeer's criteria in determining the presence of symptoms meets the definition of an infection. Diagnostic test results received that do not meet criteria will be reported to the medical practitioner for further evaluation of need.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to ensure appropriate cross-connection prevention resulting in the potential for contamination of ice in the ice machine, affecting all residents. Findings include:On 03/10/2026 at 8:25 AM observed the unit 300 nourishment room ice machine drain line terminating below the flood rim and soiled with a black substance. During this observation, when viewed by Staff E, he said he wasn't aware of the concern, and it would be corrected. On 03/10/2026 at 8:35 AM observed the unit 100 nourishment room ice machine drain line terminating below the flood rim. During this observation, when viewed by Staff E he said he wasn't aware of the concern and it would be corrected. On 03/10/2026 at 8:50 AM observed 2nd floor nourishment room ice machine drain line terminating below the flood rim and soiled with black substance. During this observation, when viewed by Staff E he said he wasn't aware of the concern and it would be corrected.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observations, interviews and record reviews the facility failed to ensure two of two nurses reviewed for the medication administration observation followed the protocol for the administration of controlled medications for two (R's 10 & 119) of two residents observed for the medication administration task. Findings include:On 3/10/26 at 8:23 AM, an observation of Licensed Practical Nurse (LPN) A to have prepared the morning medications for R10 was conducted. Included in the morning medications prepared was a controlled medication morphine sulfate 15 mg (milligram) extended-release tablet. LPN A was observed to have unlocked the controlled medication cabinet, obtained the morphine medication and obtained one pill from the packet. LPN A returned the controlled medication packet to the locked box and continued to prepare the rest of R10's medications. At 8:32 AM, LPN A was observed to administer R10's medications and signed off on the morning medications as administered. At 8:36 AM, LPN A started to prepare the medications for the next resident. At this time, LPN A was stopped and asked when they would usually sign out the controlled medication from the controlled medication log. LPN A responded that they usually sign out the medication as they go but they were nervous.On 3/10/26 at 8:49 AM, an observation of Registered Nurse (RN) B to have prepared the morning medication for R119 was conducted. Included in the morning medications prepared was a controlled medication klonopin 0.5 mg tablet. RN B was observed to have unlocked the controlled medication cabinet, obtained the klonopin medication and obtained one pill from the packet. RN B returned the controlled medication packet to the locked box. At 8:56 AM, RN B was observed to administer R119's medications and signed off on the morning medications as administered. At 9:00 AM, RN B started to prepare the medication for the next resident. At this time, RN B was stopped and asked when they would usually sign out the controlled medication from the controlled medication log. RN B responded that they would usually do it when they take the medication from the packet.A review of the facility policy titled Controlled Medication Guidelines revised 3/20/24, documented in part . The licensed nurse will validate the physician's order on the medication administration record matches the controlled medication package and controlled. record. form. When the licensed nurse removes the controlled medication from the package, they will document the quantity removed and the quantity left on the Controlled Drug Receipt/Record/Disposition Form.On 3/10/26 at 12:02 PM, the Director of Nursing (DON) was interviewed, and the observations of LPN A and RN B was discussed. The DON stated they were made aware of the observations, and they have already started education with the nursing staff. The DON stated the nurses should document for the controlled medication after they take it from the packet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235626	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Troy	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure proper storage of smoking paraphernalia for one (R71) of two residents reviewed for smoking/accidents. Findings include:The facility policy titled, Smoking Guidelines for Non-Smoking Facility (6/18/24) was reviewed and read, in part: .Policy Overview: The facility is a Smoke-Free facility for residents.Resident Guidelines: No-Smoking signs and/or signs that identify this facility as a Smoke-Free Facility will be prominently displayed minimally at entrances of the building.Residents are prohibited from smoking in all areas of the facility and facility grounds.the facility maintains the right to confiscate smoking items and paraphernalia to ensure resident and staff safety.Family members, visitors, facility staff and volunteers are not to purchase and/or supply residents with smoking materials.On 3/9/26 at approximately 9:10 AM an entrance conference was held with the Administrator. At that time the Administrator reported the facility was non-smoking and did not provide the names of any residents who smoked.On 3/11/26 at approximately 12:03 PM, R71 was observed leaning on a pole near the front entrance of the facility smoking a cigarette. R71 was asked about smoking at the facility and reported that they like to smoke outside. R71 was asked if they were aware the facility was non-smoking. They did not respond to the questions asked and again stated they liked to smoke. Approximately 10 to 20 feet away from R71 was a staff member (herein after Certified Nursing Assistant/CNA F) who reported they were outside with R71. A review of R71's clinical record revealed the resident was initially admitted to the facility on [DATE] with diagnoses that included: Cirrhosis of the liver, dysphasia and alcohol abuse. A review of the resident Minimum Data Set (MDS) dated [DATE] noted the resident had a Brief Interview for Mental Status (BIMS) score of 11/15 (moderate cognitive impairment).Continued review of R71's clinical record documented, in part, the following:8/1/25: Physician Statement of Capacity for Medication Treatment and Decisions: .This form serves as documentation of the determination of this resident's capacity to participate in medication treatments and decisions.It is my professional opinion that the resident ?lacks the capacity to make reasonable medical decisions and/or provide informed consent to their medical affairs.8/4/25: Smoking Evaluation for Non-Smoking Facility: .able to make decisions regarding tasks of daily life.YES.This is a non-smoking Facility.YES.Resident has been educated and agrees that they will relinquish all smoking materials to the nurse to be locked up between LOAs (leave of absence).(signed by the Director of Nursing (DON).7/17/25: Care Plan: Focus: History of smoking in the community.Interventions: Allow to smoke in designated areas at designated smoking times.educate non-smoking status of the center.On 3/11/26 at approximately 12:38 PM, an interview was conducted with the Administrator. The Administrator confirmed that the facility had a non-smoking policy. The Administrator was asked if residents, including R71 were permitted to smoke on facility property. They reported they were not. They stated those who wished to smoke had been educated not to smoke on the property and must sign out LOA prior to going out. The Administrator was asked about the storage of cigarettes and accompanying paraphernalia. They reported that for R71 cigarettes were being provided by a family member and the facility is not storing them.On 3/11/26 at approximately 12:51 PM, an interview was conducted with Front Desk Staff F. Staff F was asked if they observed R71 smoking near the front entrance. Staff F stated they did see R71 go outside with CNA E. When asked if they often see R71 smoking on facility property, they stated sometimes but noted that they should be smoking on the sidewalk. When asked if they had signed out, Staff F stated they did not need to do so. Staff F was asked if there was a smoking schedule for smokers, including R71, they reported they did not have one.On 3/11/26 at approximately 1:40 PM, R71 was observed in their room. R71 was asked about smoking at the facility and where they stored their cigarettes. R71 opened their drawer and two packs of cigarettes were observed in their (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	drawer.On 3/11/26 at approximately 1:46 PM, an interview was conducted with CNA E. CNA E was asked about R71 and the facility non-smoking policy. CNA E reported that it was the first time they went outside with R71. They stated that they did not believe R71 had a schedule as to timing and how to smoke off facility property. CNA E was not sure as to storage of R71's cigarettes.