

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehab of Sterling Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 38200 Schoenherr Road Sterling Heights, MI 48312	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</p> <p>This citation pertains in part to intakes: MI00146160, MI00146194, MI00146496.</p> <p>Based on observation, interview and record review the facility failed to document and provide Activities of Daily Living for two dependent residents (R902 and R903) of five residents reviewed. Findings include:</p> <p>R902</p> <p>On 8/22/24 at 10:48 AM, R902 was observed lying in bed and asked about their stay in the facility. R902 explained that they have not been obtaining showers, and when they are provided with bathing, it is only a bed bath. A review of shower documentation for the last 30 days for R902 were reviewed and revealed that the resident received a bed bath on 8/8/24, and a shower on 8/22/24. There was one shower documented as resident refusal however, the remaining dates were marked as Not Applicable.</p> <p>A review of R902's medical record revealed that they were admitted into the facility on [DATE] with diagnoses that included Dementia, Diabetes, ad Heart Failure. Further review revealed that the resident is significantly cognitively impaired, and required 1-2-person assistance for bed mobility, transfers, and toileting.</p> <p>On 8/22/24 at 10:59 AM, Family Member A was asked if they had any concerns related to R902, and they communicated that they were concerned about R902 getting out of bed, and being provided showers.</p> <p>R903</p> <p>On 8/22/24 at 2:22 PM, R903 was observed sitting in their doorway of their bedroom and asked about their stay in the facility. R903 explained that they couldn't remember the last time they had a shower and were unaware of their shower days. R903 further stated, I'm starting to smell. R903 explained that they have multiple sclerosis making it difficult to do things for themselves. A review of R903's documented showers for the last 30 days were coded as Not Applicable. There was no documentation of resident refusals.</p> <p>A review of R903's medical record was reviewed and revealed that they were admitted into the facility on [DATE] with diagnoses that included Multiple Sclerosis, Hypotension, and Bi-Polar Disorder. Further review revealed that the resident had a significantly impaired cognition and required one person assistance for transfers, toilet use, and person hygiene.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/22/24 at 3:04 PM, the Director of Nursing (DON) and Corporate Employee B were asked about the documentation of showers, and after review of the electronic medical record acknowledged that this is an area that needs improvement.</p> <p>A review of the facility's Activities of Daily Living (ADLs) policy revealed the following, Appropriate care and services will be provided for residents who are unable to carry out ADL independently, and with consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care).</p>		