STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235665	A. Building B. Wing	04/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehab of Sterling Heights	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 This citation pertains to Intake MI00151526 Based on interview and record review, the facility failed ensure timely assess a pressure ulcer for one resident (R703) out of two reviewed for pressure ulcers. Findings include: A review of the medical record revealed that R703 admitted into the facility on [DATE] with the following medical diagnoses, Severe Protein-Calorie Malnutrition and Urinary Tract Infection. A review of the Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status assessment score of 3/15 indicating an impaired cognition. The MDS also did not note any unhealed pressure ulcers/injuries at the time of assessment. R702 also required staff assistance with bed mobility and transfers. Further review of the progress notes revealed the following, 2/27/2025 at (4:20 PM) .Wound Rounds Note: WCC (Wound Care Consultant) and WCNP (Wound Care Nurse Practitioner) to room for admission skin assessment during IDT (Interdisciplinary Team) rounds .Skin intact, sacrum with darker shade of skin but intact, buttocks pink, blanchable and intact, Bilateral heels pink and intact .No open areas or area of concern. Resident with decreased mobility due to weakness. Discussed with resident and staff the need to turn side to side with assistance while in bed and sit up in chair as tolerated to decrease pressure on boney prominences. Care plan updated. Comfort care mattress on bed for pressure reduction. 3/14/2025 at (5:54 PM) .Nursing-Progress Note .CNA (Certified Nursing Assistant) made writer aware that patient has open area to coccyx and groin area. Writer cleanse area, pat dry and applied medihoney and applied foam dressing. Wound care consult/wound care orders made, and MD (Medical Doctor) made aware. A request for wound care notes were requested but not received by end of survey. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235665	A. Building B. Wing	04/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehab of Sterling Heights	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/7/2025 at 1:39 PM, an interview was conducted with the Director of Nursing (DON) and Wound Care Nurse (WCN) B. The DON reported R703 did not enter the facility with any open areas, but preventative measures were put in place by WCN B. The DON reported when the open area was observed they put an order in and was waiting for the Wound Care Nurse Practitioner (WCNP) to come and assess. WCN B was queried as to if the area was ever staged or measured. WCN B stated they were waiting for the WCNP to come in and they come in weekly, but did not make in to see R703 prior to their transfer from the hospital. A review of a facility policy titled, Skin and Wound Guidelines noted the following, .Weekly evaluation of the pressure injury in the resident's medical record by the wound team or licensed nurse per state and federal guidelines .