

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  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Optalis Health and Rehabilitation of Sterling Heig		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 0689</p> <p>Level of Harm - 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> This citation pertains to intake: 2719896Based on observation, interview, and record review, the facility failed to provide two-person assistance with bed mobility for one resident (R701) out of three reviewed for falls, resulting in a right leg femur fracture requiring surgery. Findings include:1/21/2026 at 11:00 AM, R701 was observed lying in bed. R701 was noted to have a right leg immobilizer in place, as well as a perimeter mattress. R701 was noted to be sleeping.A review of the medical record revealed R701 was admitted into the facility on [DATE] with the following medical diagnoses, Cervical Fracture and Muscle Wasting and Atrophy. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental status (BIMS) score of 3/15, indicating an impaired cognition. R701 was dependent on staff for bed mobility on an MDS assessment dated [DATE].A review of an Incident and Accident (IA) report dated 12/31/2025 noted the following, Description: Writer did head to toe assessment, resident was able to move all extremities except right lower leg. Assisted back to bed x 2. Resident vital signs taken.resident complains of Right leg pain, ice pack applied, PRN (as needed), STAT (as soon as possible) X-Ray right leg ordered. Date: 1/1/2026. Statement: Patient was receiving perineal care by aid (CNA-certified nursing assistant) when re-positioned towards the aid, the resident was moving during care and rolled out of the bed.A review of the Activities of daily living (ADL) care plan dated 11//14/2025 noted the following, Bed Mobility: Two Person Assist.On 1/21/2026 at 1:07 PM, an interview was conducted with the Director of Rehabilitation (DOR). The DOR reported R701 is currently on the case load for physical therapy and occupational therapy. The DOR was asked what it means if R701 was coded on the MDS for dependent and care planned as a two person assist for bed mobility since admission. The DOR reported R701 required two people during care for safety, not only for the residents but for staff as well. The DOR reported R701 remains a two person assist for bed mobility.On 1/21/20276 at 1:44 PM, a phone interview was conducted with Licensed Practical Nurse (LPN) E. LPN E reported they were the nurse on duty when R701 had their fall, CNA F was providing care alone and the resident rolled out of bed. LPN E reported R701 is very antsy. LPN E reported R701 was sent to the hospital due to increased swelling and pain to the right leg.Two attempts to contact CNA F by phone call was made with message indicating not available.Further review of a physician readmission note dated 1/15/2026 revealed the following, .Patient sent back to hospital for possible trauma. Patient found of right femur fracture. Patient taken to the OR (Operating Room) .On 1/21/2026 at 3:14 PM, an interview was conducted with the Director of Nursing (DON). The DON reported that their expectation is that when someone is care planned as a two person assist, there are two people in the room.A review of a facility policy titled, Fall Management Guidelines noted the following, The resident's care plan and interventions will be reviewed and revised as indicated for the individual needs of the resident and effectiveness of interventions.</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
---	-------	-----------

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  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Optalis Health and Rehabilitation of Sterling Heig		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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>This citation pertains to intake: 2716778Based on interview and record review, the facility failed to initiate psychiatry services for one resident (R700) out of one reviewed for behaviors. Findings include:A review of the medical record revealed R700 was admitted into the facility on 9/7/2024 with the following medical diagnoses, Alzheimer's Disease, restlessness and agitation. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status score of 0/15 indicating a severely impaired cognition. R700 also required staff assistance with bed mobility and transfers.Further review of the current physician's orders revealed the following, Olanzapine Oral Tablet 5 MG (Milligrams).Give one tablet by mouth every 12 hours for Anti-Psychotic. Start date: 9/7/2024 Psych (Psychiatric) consult. Start Date: 9/9/2024. Psych consult r/t (related to) aggression towards staff. Throwing water at staff and refusing care. Start date:10/13/2024Further review of the medical record revealed a consent to receive psychiatric services dated 12/12/2024, 3 months after initial admission into the facility.A request for R700 psychiatric visit notes were made and not received by the end of survey.On 1/21/2026 at 2:22 PM, an interview was conducted with Social Worker (SW) A. SW A reported the usual process when someone comes into the facility on an anti-psychotic being used regularly, the consent for psychiatric services is obtained upon admission and have the referral sent over to their psychiatric provider for the resident to be seen. SW A reported they could not comment as to why it was not done because they were not employed in with the facility at that time.On 1/21/2026 at 2:25 PM, an interview was conducted with SW D. SW D reported R700 should have been seen by psychiatric services during their time in the facility and they were unsure why the consent was obtained three months after R700's admission into the facility.A review of a facility policy titled, Behavioral Health and Management noted the following. It is the policy of the facility to provide necessary behavioral health care and services to attain or maintain the highest practicable physical. Mental, and psychosocial well-being of the residents in accordance with their plan of care.</p>		