## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		824519	B. WING _	IG		7/3/20	)25
NAME OF PROV	/IDER OR SUPPLIE	ER .			STREET ADDRESS, CITY, ST	ATE, ZIP CO	DE
OPTALIS HEA	ALTH AND REHA	BILITATION OF CANTON			7025 LILLEY ROAD CANTON, MI 48187		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULA	TEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	JIDER'S PLAN OF CORRECTIC RECTIVE ACTION SHOULD BE FERENCED TO THE APPROP DEFICIENCY)	CROSS-	(X5) COMPLETION DATE
F0000	INITIAL COMME	ENTS	F0000				
SS=		Rehabilitation of Canton was bbreviated survey on 7/3/2025.					
	MI000153657.						
	Census=98.						
F0557 SS= D	§483.10(e) Respresident has a rigand dignity, incluright to retain anincluding furnish permits, unless the rights or hear residents. This REQUIREN evidenced by:  Based on observity review, the facility dignity of one (Right reviewed for dignity of one) (Right reviewed for dignity) (Rig		F0557				

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

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.

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL ND PLAN OF CORRECTION IDENTIFICATION NUMBER:				IA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		824519	В	. WING _	WING			25	
	VIDER OR SUPPLIE	R BILITATION OF CANTON	•			STREET ADDRESS, CITY, STATE, 7025 LILLEY ROAD CANTON, MI 48187	ZIP CO	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY 'ORY OR LSC IDENTIFYING IFORMATION)	PR	ID REFIX AG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CRO FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE	
	her patient, but sher calm.  On 7/2/25 at 10:0 (RN) "G" was obsidown the 300 ha R402 was under was not visible from 7/2/25 at 10:0 with RN "G" sleep station with her redesktop. When a positioning RN "G" wasn't optimal at the nurses' station dignity. RN "G" screturned to her resleep in her bed.  Record review of Record (EHR) reverthe facility on 4/2 included Acute Lysecondary Malig Meninges, Altere Restlessness and Review of the "Mated 4/30/2025 impaired cognition for transfers and Record review of Record review of the "Mated 4/30/2025 impaired cognition for transfers and Record review of Record review of the "Mated 4/30/2025 impaired cognition for transfers and Record review of the Record review of the Record review of the Record review of Record Recor	inimum Data Set" (MDS) for R402 revealed severely on and required supervision							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIDENTIFICATION NUMBER:		A (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF PRO	VIDER OR SUPPLIE	R	I		STREET ADDRESS, CITY, S	TATE, ZIP CC	DE
OPTALIS HE	ALTH AND REHA	BILITATION OF CANTON			7025 LILLEY ROAD CANTON, MI 48187		
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	encephalopathy, anxiety, potential initiated: 4/23/20 falls. Date initiate injury r/t (related 4/23/25. Interver resident to be or awake. Date initi frequency of Clie 5/27/25. Staff to in wheelchair in its active. Date init On 7/3/25 at 10: Nursing (DON) wfacility should hake R402. The nurse the nurse's static the table that is dignity. We have that is in line of shed. When she go nurse should call another Certified Review of the facissued 9/21/25 rupolicy of this facicared for in a matenhances his or of satisfaction wi and self-esteem. with dignity and	30 AM the Director of was interviewed and said the lave more supervision for should not have left her at on to sleep with her head on not maintaining a resident's a special room on that unit site where she could lay on a gets too confused/unsafe the I me so we could assign I Nursing Aide to help.  Cility policy titled "Dignity" evealed in part: It is the ility that each resident will be anner that promotes and her sense of well-being, level ith life, feeling of self-worth, Residents will be treated respect at all times.	E0658				
	Services Provide	ed Meet Professional	F0658				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CON	ISTRUCTION		ATE SURVEY PLETED
		824519	B. WING _			_ 7/3/20	025
NAME OF PRO	VIDER OR SUPPLIE	:R	•		STREET ADDRESS, CITY, S	STATE, ZIP CC	DDE
OPTALIS HE	ALTH AND REHA	BILITATION OF CANTON			7025 LILLEY ROAD CANTON, MI 48187		
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F0658 SS= D	Care Plans The arranged by the comprehensive of professional star This REQUIRENt evidenced by:  Based on observing review, the facility medications were with professional one (R403) of form medication adminaccurate medication asked what R403 was osupervising medication, bent of the pill back in the floor, bent of the pill back in the returned to his remaining pills from R403 was observed (percutaneous en a feeding tube in abdominal wall in patients to take in the returned to his remaining pills from R403 was observed (percutaneous en a feeding tube in abdominal wall in patients to take in the returned to his remaining pills from R403 was observed (percutaneous en a feeding tube in abdominal wall in patients to take in the returned to his remaining pills from R403 was observed (percutaneous en a feeding tube in abdominal wall in patients to take in the returned to his retu	ation, interview, and record y failed to ensure that e administered in accordance I standards of practice for ar residents reviewed for inistration resulting in tation administration.  15 AM, R403 was observed s room holding a medication in with approximately four bserved alone without staff ication administration. When it was doing, R403 stated, "I'm R403 dropped one pill on over picked up the pill, placed the medication cup. R403 from the medication cup. R404 from the stomach, used for					

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	Nurse (LPN) "A" identified the fol R403 in a medical aspirin 81 mg - Cholecalciferol - Loratadine 10 II - Senna Oral Tab - Omeprazole Or When queried retake medications stated, "I should him take his pills take pills? LPN ", progressed to ta assessed him an pills."  Record review or Record (EHR) revithe facility on 3/ included Cerebra flow to brain), Dyinfarction (difficustroke), Gastrost abdominal wall file.	was interviewed and llowing pills were given to ation cup:  1000 units					
	cognition.	5 for R403 revealed intact					

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as made see see see see see see see see see s	ssessment for Redications, a cadministration of elf-administer in eview of the phollowing:  Aspirin oral table of tube.  Cholecalciferol EG Tube.  Loratadine 10 Nube.  Senna Oral Table of Tube.  Omeprazole Orapsule via PEG to 1400N) was intervot assessed for dministration and pervised durin eview of the fact and Treatment stevealed in part: urring medication.	ysician orders revealed the let 81 mg-Give 1 tablet via 1000 units- Give 6 tablet via MG-Give 1 tablet via PEG let 8.6 MG-Give 2 tablet via al Capsule 20 MG-Give 1					

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				ISTRUCTION	(X3) DATE SURVEY COMPLETED	
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F0689 SS= D	Accidents. The fa §483.25(d)(1) The remains as free of possible; and §44 receives adequate assistance device. This REQUIREM evidenced by:  Based on observative review, the facility medications were correct route vialendoscopic gastrinserted through stomach, used fonormally) for one reviewed for medications in the p (when food, liquinhaled into the arealizing it, poter health issues like even death).  Findings include:  On 7/2/25 at 10: walking out of his cup to his mouth whole pills. R403	sion/Devices §483.25(d) acility must ensure that - e resident environment of accident hazards as is 33.25(d)(2)Each resident te supervision and es to prevent accidents. IENT is not met as  ation, interview, and record y failed to ensure that e administered via the PEG Tube (percutaneous ostomy tube, a feeding tube the abdominal wall into the r patients who cannot eat e (R403) of four residents dication administration otential for silent aspiration d, or other materials are airway without the individual aspiration pneumonia and	F0689				

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/IDENTIFICATION NUMBER:	A (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	stated, "I'm takin one pill on the flopill, placed the picup. R403 returns wallowed the remedication cup. I PEG Tube.  On 7/2/25 at 10:3 Nurse (LPN) "A" videntified the foll R403 in a medication aspirin 81 mg  - Cholecalciferol  - Loratadine 10 N  - Senna Oral Tab  - Omeprazole Ora  When queried retake medications stated, "I should him take his pills take pills? LPN "Aprogressed to tal (speech therapy) progressed to tal Record review of Record (EHR) rev	1000 units  MG  let 8.6 MG  al Capsule 20 MG  garding R403's ability to sindependently LPN "A" have stayed and watched." When asked, can R403 A stated, "Yes, he has king pills now. Speech assessed him, and he					

82451	۵		A (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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OPTALIS HEALTH AND REHABILITA	TION OF CANTON			7025 LILLEY ROAD CANTON, MI 48187			
(X4) ID SUMMARY STATEMEN' PREFIX (EACH DEFICIENCY MUS TAG FULL REGULATORY OF	ST BE PRECEDED BY R LSC IDENTIFYING	ID PREFIX TAG	CORI	VIDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	OSS-	(X5) COMPLETION DATE	
included Cerebral Ischer flow to brain), Dysphagia infarction (difficulty swal stroke), Gastrostomy Sta abdominal wall for tube  Review of the "Minimum dated 6/26/2025 for R40 cognition.  Review of the EHR did n assessment for R403 self medications, a care plan administration of medications, a care plan administer medication.  Review of the physician following:  - Aspirin oral tablet 81 n PEG tube. Start date 3/1-  - Cholecalciferol 1000 ur PEG Tube. Start date 6/1  - Loratadine 10 MG-Give Tube. Start date 3/14/20  - Senna Oral Tablet 8.6 N PEG Tube. Start date 3/1-  - Omeprazole Oral Capsucapsule via PEG tube. Start Review of the admission 2/7/2025 from Facility "E	a following cerebral flowing following following fatus (hole placed in feeding).  a Data Set" (MDS)  3 revealed intact  ot reveal an f-administer for self-ations or an order to ons.  orders revealed the  ng-Give 1 tablet via 4/2025.  at 1 tablet via PEG  25.  MG-Give 2 tablet via 4/2025.  ule 20 MG-Give 1 art date 3/14/2025.						

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	pneumonia. MBS on 1/13/2025 shis sensation of thin Review of the Mc Study (MBSS) dar following, "Pt pre and moderate -s in the setting of accident), failure swallow and efficompared to pre was silent aspirat swallow with thir swallow with mojudged to be at his regardless of tex. Review of the Sp Summary dated Given high risk for recommended as feeding should be nutrition/hydratinguidelines does in On 7/2/25 at 12:: Pathologist (SLP) said R403 was at recommended to R403 takes pills.	odified Barium Swallow ted 5/14/25 revealed the esents with moderate oral evere pharyngeal dysphagia CVA (cerebral vascular to thrive affecting both ciency (appears worsened as vious MBSS-3/26/25. There cion during and after the liquids and during the derately thick liquids. Pt is high risk for aspiration ture consumed."  eech Therapy Discharge 6/7/2025 revealed in part:  or aspiration-oral intake is a pleasure feedings and tube to primary source for on. Use of safe swallow not eliminate aspiration risk.  20 PM Speech Language "C" was interviewed and risk for aspiration and the oute for medication was via the high risk for aspiration if						
	On 7/2/25 at 1:20	OPM a voicemail was left for						

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	medication adm by survey exit.  On 7/3/25 at 11: interviewed and R403's ability to (7/3/25) with LPI coughed when t R403 was at risk  On 7/3/25 at 11: Nursing (DON) v R403 was at risk that his medicat ordered-via PEG  Review of the fareeding-Formula and Unclogging revealed in part:  -Verify Physician  -Monitor the ressymptoms of as intolerance.	cility's policy titled "Tube a Administration, Flushing " issued date 8/8/2023 Tube feeding via pump					
	record.	.saa.a resident s medicar					
F0842 SS= D	§483.20(f)(5) Reinformation. (i) A information that public. (ii) The fa	ds - Identifiable Information esident-identifiable A facility may not release is resident-identifiable to the acility may release is resident-identifiable to an	F0842				

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	under which the disclose the info the facility itself i §483.70(h) Medi accordance with standards and p maintain medicathat are- (i) Comdocumented; (iii) Systematically of facility must kee contained in the regardless of the the records, exc the individual, or where permitted Required by Lav payment, or hea permitted by and 164.506; (iv) Foi reporting of abustiolence, health and administrativenforcement pur purposes, reseamedical examine avert a serious t permitted by and 164.512. §483.7 safeguard mediciloss, destruction §483.70(h)(4) M retained for- (i) Toby State law; or of discharge who State law; or of discha	cordance with a contract agent agrees not to use or rmation except to the extent is permitted to do so. ical records. §483.70(h)(1) In accepted professional ractices, the facility must il records on each resident iplete; (ii) Accurately (iii) Readily accessible; and (iv) rganized §483.70(h)(2) The p confidential all information resident's records, e form or storage method of ept when release is- (i) To their resident representative by applicable law; (ii) v; (iii) For treatment, lth care operations, as if no compliance with 45 CFR public health activities, se, neglect, or domestic oversight activities, judicial ve proceedings, law poses, organ donation rch purposes, or to coroners, ers, funeral directors, and to hreat to health or safety as in compliance with 45 CFR (0(h)(3) The facility must cal record information against, or unauthorized use. edical records must be the period of time required (ii) Five years from the date en there is no requirement in For a minor, 3 years after a segal age under State law, he medical record must cient information to identify A record of the resident's ii) The comprehensive plan of					

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					CANTON, MI 48187		
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		finimum Data Set" (MDS) for R403 revealed intact							

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	ordered. The DON said the expectation is that medical records are accurate and that clinicians document the actual treatment provided.  Review of the facility policy titled "Documentation in the Medical Record" issued 1/8/2025 revealed in part:  Principles of documentation include:  Documentation should be factual, objective, and resident centered.  False information will not be documented.  Record descriptive and objective information based on knowledge of the assessment, observation, or service provided.  Documentation should be accurate, relevant and complete.								