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

PRINTED: 6/26/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER OPTALIS HEALTH AND REHABILITATION OF CANTON OPTALIS HEALTH AND REHABILITATION OF CENTON OPTALIS HEALTH OF CORRECTION (EACH PREFIX TAG OPTALIS HEALTH OF CORRECTION (EACH PREFIX TAG PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- CORRECTIVE ACTION SHOULD BE CROSS- OPTALIS HEALTH OF CORRECTION (EACH TAG OPTALIS HEALTH OF CORRECTION (EACH TAG PROVIDER'S FLAN OF CORRECTION (EACH TAG PROVIDER'S FLAN OF CORRECTION (EACH TAG PROVIDER'S FLAN OF CORRECTION (EACH TAG PREFIX TAG PROVIDER'S FLAN OF CORRECTION (EACH TAG PROVIDER'S FLAN OF CORRECTION (EACH TAG CORRECTIVE ACTION SHOULD BE CROSS- TAG OPTOLIS AND SHOULD BE CROSS- CORRECTIVE ACTION SHOULD BE CROSS- TAG OPTOLIS AND SHOULD BE CROSS- CORRECTIVE ACTION SHOULD BE CROSS- TAG OPTOLIS AND SHOULD BE CROSS- TAG OPTOLIS AND SHOULD BE CROSS- CORRECTIVE ACTION SHOULD BE CROSS- TAG OPTOLIS AND SHOULD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI/IDENTIFICATION NUMBER:	A (X2) MULTIF A. BUILDING		NSTRUCTION		(X3) DATE SURVEY COMPLETED	
OPTALIS HEALTH AND REHABILITATION OF CANTON (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FO884 SS=F Reporting - National Health Safety Network \$483.80(g) COVID-19 reporting. The facility must—\$483.80(g) (T) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to—(i) Suspected and confirmed COVID-19 (ii) Total deaths and Staff; (iii) Personal protective equipment and hand hygiene supplies in the facility; (iv) Residents previously treated for COVID-19 setsing while the resident is in the facility; (iv) Residents and staff; including is in the facility; (iv) Residents and staff, including total numbers of residents and staff; including total numbers of residents and staff vaccinated, numbers of residents for treatment of COVID-19, §483.80(g)(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weakly to the Centers for Disease Control and Prevention's National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to report complete information about COVID-19 to the Centers for Disease Control and Prevention's National Preventio			824519	B. WING _			6/26/	2023	
(X4) ID PREFIX TAG (X5) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FO884 SS=F Reporting - National Health Safety Network \$483.80(g) COVID-19 reporting. The facility must—\$483.80(g) (T5) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to—(5) Suspected and confirmed COVID-19 (ii) Total deaths and Staff, including residents previously treated for COVID-19 (ii) Total deaths and COVID-19 (iii) Total deaths and chyglene supplies in the facility; (vi) Ventilator capacity and supplies in the facility; (vi) Residents beds and census; (vi) Access to COVID-19 staffing shortages, and (viii) The COVID-19 vaccinated, numbers of residents and staff, including total numbers of residents and staff vaccinated, numbers of residents for treatment of COVID-19. \$483.80(g)(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention's National Health Care Section 19. The Report of Provide Control and Prevention's National Health Care Section 19. The Report of Provide Control and Prevention's National Health Care Section 19. The Covide Provide Control and Prevention's National Health Care Section 19. The Report of Covide Provide Control and Prevention's National Health Care Section 19. The Report of Covide Provide Control and Prevention's National Health Care Section 19. The Report of Covide Provide Control and Prevention's National Health Care Section 19. The Report of Covide Provide Covide Cov	NAME OF PRO	VIDER OR SUPPLIE	ER .			STREET ADDRESS, CITY	, STATE, ZIP CO	ODE	
PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRIVATE GUALTORY OR LSC IDENTIFYING INFORMATION TAG	OPTALIS HE	ALTH AND REHA	ABILITATION OF CANTON						
SS= F S483.80(g) COVID-19 reporting. The facility must-\$483.80(g)(1) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to— (i) Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19 (ii) Total deaths and COVID-19 (ii) Total deaths and COVID-19 deaths among residents and staff; (iii) Personal protective equipment and hand hygiene supplies in the facility; (iv) Ventilator capacity and supplies in the facility; (iv) Ventilator capacity and supplies in the facility; (iv) Resident beds and census; (iv) Access to COVID-19 testing while the resident is in the facility; (iv) Staffing shortages; and (viii) The COVID-19 vaccine status of residents and staff, including total numbers of residents and staff, numbers of residents and staff vaccinated, numbers of residents and staff vaccinated, numbers of esidents for treatment of COVID-19 yaccine received, and COVID-19 vaccination adverse events; and (ix) Therapeutics administered to residents for treatment of COVID-19, \$483.80(g)(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention's National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to report complete information about COVID-19 to the Centers for Disease Control and Prevention's Sational Advances.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING		PREFIX	CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE		COMPLÉTION		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	SS= F	F0884 SS= F Reporting - National Health Safety Network §483.80(g) COVID-19 reporting. The facility must- §483.80(g)(1) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to— (i) Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19 (ii) Total deaths and COVID-19 deaths among residents and staff; (iii) Personal protective equipment and hand hygiene supplies in the facility; (iv) Ventilator capacity and supplies in the facility; (iv) Resident beds and census; (vi) Access to COVID-19 testing while the resident is in the facility; (vii) Staffing shortages; and (viii) The COVID-19 vaccine status of residents and staff, including total numbers of residents and staff, unmbers of residents and staff vaccinated, numbers of each dose of COVID-19 vaccine received, and COVID-19 vaccination adverse events; and (ix) Therapeutics administered to residents for treatment of COVID-19. §483.80(g)(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention's National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to report complete information about COVID-19 to the Centers for Disease Control and Prevention's							

Electronically Signed 06/26/2023

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 824519	Α			Č		(3) DATE SURVEY OMPLETED /26/2023	
NAME OF PROV	VIDER OR SUPPLIE	R				STREET ADDRESS, CITY, STATE,	ZIP COI	DE	
OPTALIS HEALTH AND REHABILITATION OF CANTON						7025 LILLEY ROAD CANTON, MI 48187			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	COR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
	The CDC submittee Centers for Medica (CMS). Based on a determined that be 06/25/2023, the far information to NH standardized forms CMS and the CDC	ad data from the NHSN to the are and Medicaid Services review of that data, CMS tween 06/19/2023 and cility did not report complete SN about COVID-19 in the at and frequency as specified by 2. This failure to report has the more than minimal harm to all							