

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 1/19/2024
--	---	--	--

NAME OF PROVIDER OR SUPPLIER OPTALIS HEALTH AND REHABILITATION OF CANTON	STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	<p>INITIAL COMMENTS</p> <p>Optalis Health & Rehab. was surveyed for an Abbreviated survey on 1/19/2024</p> <p>Intakes: MI00141706, 141653, 141541, and 141509.</p> <p>Census= 132</p>	F0000		
F0658 SS= D	<p>Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00141653.</p> <p>Based on interview and record review the facility failed to administer intravenous fluids ordered by physician for one resident (R303) out of three residents reviewed for medication administration, resulting in R303 not receiving intravenous fluids as ordered by the physician.</p> <p>Findings include:</p> <p>Record review of electronic medical records (EMR) revealed R303 was admitted into the facility on 11/3/23 with a primary diagnosis of muscle wasting and atrophy and aftercare following digestive surgery. According to the Minimum Data Set (MDS) dated 11/9/23, R901 had intact cognition and was provided with partial to moderate assist with Activities of Daily Living (ADLS).</p>	F0658		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/19/2024
NAME OF PROVIDER OR SUPPLIER OPTALIS HEALTH AND REHABILITATION OF CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Review of "Progress Notes" dated 11/13/23 at 7:38 PM noted: "MD (Medical Doctor) in order IV (intravenous) access initiated for fluids. Sodium chloride to run at 100 cc (cubic centimeters) /hr. for 2 days. Orders processed waiting IV placement. Electronically signed by Register Nurse (RN) "B".</p> <p>Review of "Progress Notes" dated 11/14/23 at 6:00 AM, documented the following: "MD called at this time to notify pt (patient) is hypotensive (low blood pressure). No answer, message left on voicemail. Oncoming nurse aware for follow up. Pt is receiving sub (sub cutaneous - hydration given in fatty tissues) fluids at this time. 0.9% sodium chloride at 75cc/hour."</p> <p>During an interview on 1/18/24 at 10:30 AM Physician "D" reported that he was not informed that R303's IV was not started and that subcutaneous hydration was started. When asked if he should have been notified, Physician "D" said, "Yes."</p> <p>During interview on 1/18/24 at 1:47 PM, RN "B" stated, "It was the end of my shift, I did not start the IV." When asked if an IV access company was called to place the IV, RN "B" said, "I would have written a note if I placed the IV or called the access company." Review found no notes written. When asked if the order was passed onto the on coming nurse, RN "B" said, "I must have passed it onto the oncoming nurse."</p> <p>During an interview on 1/19/24 at 12:20 PM with Licensed Practical Nurse (LPN) "C", it was reported that R303 was her resident that night. When asked if the IV was started as ordered by the physician, LPN "C" said, "No." When asked if the physician was made aware that the IV was not started, LPN "C" responded, "I cannot recall if I called the physician." When asked who started the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/19/2024
NAME OF PROVIDER OR SUPPLIER OPTALIS HEALTH AND REHABILITATION OF CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>subcutaneous hydration on R303, LPN "C" said, I don't know if I started it or another nurse. Further review revealed LPN "C" pulled the subcutaneous hydration kit from the back up system.</p> <p>During an interview on 1/19/24 at 12:36 PM with Director of Nursing (DON), it was reported that the physician should always be made aware when an IV can not be started. Nurse should have obtained an order before starting the subcutaneous hydration.</p>				