

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>824519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>3/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OPTALIS HEALTH AND REHABILITATION OF CANTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7025 LILLEY ROAD CANTON, MI 48187</b>
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F0000 SS=	INITIAL COMMENTS  Optalis Health and Rehabilitation of Canton was surveyed for an Abbreviated survey on 3/21/24.  Intakes: MI00142484, MI00142513, MI00143275, MI00143315, and MI00143368.  Census= 91	F0000		
F0609 SS= D	Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c) (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F0609	Element 1: The Administrator completed a review of grievance reports for the past two weeks to determine if there were any other allegations of abuse/neglect and if reporting requirements were met in compliance. facility will continue to report alleged violations. Grievance report for resident #502 was identified and reported to required agency MIFRI 00055352. No other grievances were identified during the review related to abuse or neglect. Resident #502 No longer resides in the facility. Element 2: All residents have potential to be affected by stated deficiency, no similar findings and/or negative affects have been identified by this alleged deficient practice. The Administrator and/or Designee will review any grievance concerns during morning and stand down meeting to identify any incident that may be require reporting and report as appropriate.  Element 3: Regional Clinical Director provided 1:1 education to the Administrator, on Reporting Reasonable Suspicion of Abuse for reporting alleged violations to State Agency. The facility staff were educated by Administrator/Designee on the requirements of F609 and the Abuse Policy.	4/8/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/03/2024

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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	<p>This citation pertains to Intake MI00143275.</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse for one resident (R502) of four residents reviewed for abuse.</p> <p>Findings include:</p> <p>A review of a facility investigation report for R502 revealed the following:</p> <p>"Description of the incident: R502 alleged that someone around 8:00 AM, a heavy woman, tried to wake her up. R502 said, 'It felt like a bull laid on me.'</p> <p>Summary of the investigation: LPN (Licensed Practical Nurse) "A" was providing care. Took (R502's) blood pressure and gave her two breathing treatments. Note, LPN "A" had to reach over to put facemask and apply breathing treatment.</p> <p>Timeline of Events per review of cameras. At 8:22 AM LPN "A" was seen with the blood pressure machine and entered resident room. At 8:25 AM LPN "A" came out of room and prepared medication. At 8:29 AM LPN "A" entered the resident room with medication and breathing treatment.</p> <p>A review of R502's EMR (Electronic Medical Record) revealed R502 was admitted to the facility on 2/28/24. R502 had the following medical diagnoses: Encephalopathy (altered mental status and confusion due to changes in brain function), Aphasia (difficulty speaking), speech and language deficit.</p>		<p>Element 4: Montor Administrator or designee will resident grievances/concerns audits daily for four weeks and then twice a month for two months to ensure grievances or concerns are reported per policy and during the Resident Advocate Program audit to determine if there are any unreported concerns related to abuse, neglect, or exploitation. If an area of concern is identified, the Administrator will be notified immediately and report appropriately to the State agency. Audits findings will be presented to the QAPI committee to determine the need for further monitoring and/or education per the QA process. Compliance will be determined based on the results of audits. The Administrator is responsible for compliance with this regulation.</p>	

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F0610 SS= D	<p>A review of R502's Minimum Data Set (MDS) dated 3/5/24 revealed R502 had a BIMS (Brief Interview of Mental Status) score of 8/15 (moderate impaired cognition).</p> <p>On 3/21/24 at 11:46 AM the NHA (Nursing Home Administrator) was interviewed regarding the allegation of abuse. The NHA said R502 did not say specifically say that she was abused. The NHA said she did not report the allegation because when she investigated the incident in the 2-hour window, she did not substantiate the allegation.</p> <p>On 3/21/24 at 11:53 AM the NHA was interviewed regarding her expectations regarding reporting allegations of abuse. The NHA said it was her expectation that all allegations of abuse should be reported to the State Agency in the time frame required.</p> <p>A review of the facility policy titled, "Abuse", dated 4/13/22, revealed, "The facility will ensure that all allegations involving abuse, neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property, and crimes are reported immediately to the Administrator and:</p> <ul style="list-style-type: none"> <li>- Reported to the State Agency immediately but not later than two hours after the allegation is made if the allegation involves abuse or results in serious bodily injury and to other officials <b>OR</b></li> <li>- Reported to the State Survey Agency no later than 24 hours if the allegation does not involve abuse and does not result in serious bodily injury to the State Survey Agency and to other officials." </li></ul>	F0610	Element 1 Resident #502 no longer resides in the facility. Grievance report for resident #502 was	4/8/2024	

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	<p>the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake MI00143275.</p> <p>Based on interview and record review, the facility failed to investigate an allegation of abuse for one resident (R502) of four residents reviewed for abuse.</p> <p>Findings include:</p> <p>A review of a facility investigation report for R502 revealed the following:</p> <p>Description of the incident: R502 alleged that someone around 8:00 AM, a heavy woman, tried to wake her up. R502 said, 'It felt like a bull laid on me.'</p> <p>Summary of the investigation: LPN (Licensed Practical Nurse) "A" was providing care. Took (R502's) blood pressure and gave her two breathing treatments. Note, LPN "A" had to reach over to put facemask and apply breathing treatment.</p>		<p>identified and reported to required agency with a complete investigation MIFRI 00055352</p> <p>Element 2: How does the facility plan to ensure how thorough investigations are completed?</p> <p>All residents have potential to be affected by stated deficiency, no similar findings and/or negative affects have been identified by this alleged deficient practice. The Administrator and/or Designee will review any grievance concerns during morning and stand down meeting to identify any incident that may require reporting and report as appropriate. The facility will ensure thorough investigation is completed by utilizing the attached facility tools on Abuse Investigation guided by the MIFRI reference tool and CMS.</p> <p>Element 3: Regional Clinical Director provided 1:1 education to the Administrator, on Reporting Reasonable Suspicion of Abuse for reporting alleged violations to State Agency, including conducting through investigations into allegations of abuse. Have evidence that all alleged violations are thoroughly investigated utilizing the Abuse Investigation Checklist based on the reference tool on the MIFRI - Exhibit 358 form and CMS when conducting investigations in accordance with State law through established procedures.</p> <p>The facility staff were educated by Administrator/Designee on the requirements of F609 and the Abuse Policy in included investigation procedures. Administrator attended MIFRI meeting with LARA web base on March 28, 2024.</p>	

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