STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	824519	A. BUILDING ______ B. WING ______	5/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Optalis Health and Rehabilitation of Canton was surveyed for an Abbreviated survey on 5/14/24. Intakes: MI00144271 Census= 79	F0000		
F0684 SS= D	Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: This citation pertains to intake #144271 Based on interview and record review the facility failed to obtain blood glucose levels per physician orders effecting one resident (R901) out of three residents reviewed for change in condition, resulting in unmonitored blood glucose levels. Review of an Admission Record revealed, R901 admitted to the facility on 4/13/24 and discharged on 4/30/24 with pertinent diagnosis which included Sepsis, Type 2 Diabetes, and Severe Sepsis with Septic Shock. Review of a "Minimum Data Set" (MDS) assessment dated 4/20/24 revealed R901 had no cognitive impairment with a "Brief interview for Mental Status" (BIMS) score of 14 out of 15 and	F0684	Element 1 Resident R#901 no longer resides in the Center and did not experience any changes in health status as result of the identified practice. • Blood glucose level at the ED was within normal range, at 113. • Physician order to check blood sugar twice a day with no insulin sliding scale coverage was entered on day of admit (4/13/24). • Order entry in Point Click Care was examined immediately upon identification of R#901's EHR revealing no documented blood glucose levels. It was determined that the PCC order template used by the nurse was pre-set to "no documentation required". IT personnel and Clinical VP were notified immediately and necessary adjustment to PCC order setting was updated immediately. • All residents with orders to check blood glucose levels were reviewed, to ensure appropriate orders were entered to prompt the nurses to document blood sugar levels. • Nurse education on verifying proper order entry was initiated. Element 2 All residents residing in the Center who have physician orders to check blood sugar levels have the potential to be impacted by the identified practice. The Center will identify and	6/10/2024

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

Electronically Signed — 05/29/2024

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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	required parenteral nutrition. Review of Physician orders revealed R901 had orders which included: "Blood Sugar check two times a day for DM (diabetes mellitus)" with a starte date of 4/14/24 and an end date of 5/3/24. TPN (Total Parenteral Nutrition) Electrolytes Intravenous Concentrate (Parenteral Electrolytes) use 75 ml/hr intravenously every 24 hours for supplement revised 4/22/24. Review of a care plan revealed R901 had focus "Risk adverse outcomes from potential hypoglycemic (low blood sugar) episodes dx. (diagnosis) of DM2 (Type 2 Diabetes)." Interventions included accu-check-type blood sugar testing as ordered initiated on 4/15/24. Review of an electronic health record revealed R901 had no documented blood glucose levels. Review of lab results dated 4/30/24 revealed, R901's blood glucose level was 852. Review of a progress note with a date of 5/1/24 at 12:29 p.m. revealed, "(R901) was sent to the hospital due to worsening symptoms. She was started on antibiotics, fluids, and had imaging and labs ordered. (R901) was found to have elevated sugars at greater than 800, with evidence of DKA (diabetic ketoacidosis, body not producing enough insulin) ..." Review of a hospital record for R901's 4/30/24 admission revealed, R901 was noted to be hypotensive by EMS and received fluids on the way to the ED. On arrival, patient noted to be hypotensive with fever 100.2 and blood Glucose level was 113. In an interview on 5/14/24 at 1:55 p.m. Registered Nurse (RN) "C" reported blood		review all orders for blood sugar checks to ensure they have been entered correctly to trigger documentation of blood sugar levels. The Center will update appropriate orders based on the audit findings. Element 3 Licensed nurses will receive remedial education and evaluate understanding of the correct way of entering blood sugar check orders that require documentation of blood sugar levels. The Center will review the blood sugar check orders for entry accuracy during the daily clinical meeting to identify any orders that need to be updated/corrected. Element 4 As part of the Quality Assurance process, the Center will conduct audits of at least 4 residents 2x weekly to identify blood sugar check orders are entered accurately to ensure blood sugar levels are documented as ordered. The audits will continue twice weekly x 4 weeks and the findings will be submitted to the Quality Assurance Committee for review and recommendation for ongoing monitoring if indicated. Element 5 Date of Compliance: June 10, 2024.	

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	glucose levels are checked when a resident is on TPN per physician orders and stated, "sometimes four times a day." In an interview on 5/14/24 at 2:01 p.m. Unit Manager "E" reported a resident's blood sugar are usually monitored per physician orders while a resident is on TPN. In an interview on 5/14/24 at 2:14 p.m. the Director of Nursing (DON) reported R901 went out for high blood sugar and possible sepsis. DON reported there was an order for BS two times a day which was not prompted to document. DON reported the physician called her because R901's blood sugar was not being monitored. Review of a Parental Nutrition Administration policy issued 9/7/23 documented the following: " ... Routinely monitor residents receiving TPN/PPN per facility protocol for the following signs and symptoms of complications: Hypo/hyperglycemia ... Include the following clinical monitoring at regular intervals (per physician or pharmacy order) ... glucose levels ..."			