

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents who consume food from the kitchen. Findings include: On 06/22/2026 at 9:15AM during the initial kitchen tour, the drain line to ice machine was observed sitting directly inside the drain. On 06/22/2026 at 9:18AM the cap to the atmospheric vacuum breaker was observed partially unscrewed and loose on the water line to the garbage disposal. On 06/22/2026 at 9:26AM an attached hose with a chemical feeder downstream of an atmospheric vacuum breaker was observed at the utility sink in the kitchen. During this observation, Dietary Manager BB stated she was familiar with wasting [NAME] and knew that the utility sink needed one. On 06/22/2026 at 11:42AM during lunch observation, diced tomatoes stored behind the steam table in the kitchen were temped using a thermometer probe at 51 F. During this observation, Dietary Manager BB was interviewed on the proper temperature requirement for cold holding, and she stated cold holding should be at 40 degrees or lower. On 06/22/2026 at 11:45AM the diced tomatoes were temped using a thermometer probe at 52 F stored in the refrigerated seasoning table in the dining room serving area. On 06/22/2026 at 11:48AM the shredded cheese was temped using a thermometer probe at 47 F stored in the refrigerated seasoning table in the dining room serving area. On 06/22/2026 at 11:51AM the sour cream was temped using a thermometer probe at 44 F stored inside the refrigerated seasoning table in the dining room serving area. On 06/22/2026 at 11:53AM Dietary Manager BB removed the shredded cheese, diced tomato, and other cold items from the refrigerated seasoning unit and placed them in the freezer to cool down. According to the 2022 FDA Food Code, 5-402.11 Backflow Prevention, (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed. According to the FDA 2022 Food Code, 5-205.15 System Maintained in Good Repair, A plumbing system shall be: repaired according to law and maintained in good repair. According to the State of Michigan's 2008 Cross Connection Manual on atmospheric vacuum breakers, AVBs shall not be installed where they will be under continuous pressure for more than 12 hours (i.e. no downstream shutoff valve). According to the State of Michigan's 2008 Cross Connection Manual on chemical feeder backflow prevention, Another concern with a hose being run from a faucet to the dispenser is that many times a valve is installed on the hose downstream of an AVB, which is not allowed since AVBs cannot be subject to continuous pressure. According to the FDA 2022 Food Code, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding, Except during preparation, cooking, or cooling, or when time is used as the public health control, time/temperature control for safety food shall be maintained: .at 5 C (41 F) or less. Record review of email communication from Support Dietician CC on 06/25/2026 on 1:42PM, (continued on next page)		

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.

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	noted: In regards to discarding food after service, we do not hold food for longer than 4 hours so we do not record discard time. Meals last approximately 1 hour and food is discarded after service.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to 1) Ensure that hand hygiene was practiced between residents while serving food in the dining room, 2) Ensure the sanitary handling of clean food plates during transporting from the kitchen to the dining room, 3) Ensure urinary catheters for 2 residents (Resident #2 and Resident #3) were not on the floor, 4) Ensure that the multi-use shower bed was cleaned and sanitized between residents' use, 5) Ensure that contact precautions were followed for 1 resident (Resident #94), 6) Ensure that a barrier was used and sanitation was done with use of a Glucometer for one resident (Resident #50), and 7) Ensure that appropriate Personal Protective Equipment (PPE) was worn during care for 1 resident (Resident #2) of 32 residents reviewed for infection control practices. Findings Include: Resident #3: On 6/22/26 at 11:55 AM, a Contact Precaution Isolation Sign was present on the outside of Resident #3's room door. The Resident was not present in their room. On 6/22/26 at 12:44 PM, Resident #3 was observed in the dining room. The Resident was sitting in a wheelchair in close (touching) proximity to two other residents. On 6/22/26 at 1:36 PM, Resident #3 was observed in their room, lying in bed. An indwelling urinary catheter drainage bag was on the side of the bed. An interview was completed at this time. When queried regarding the reason they were admitted to the facility, Resident #3 replied, UTI (Urinary Tract Infection) and kidneys. Resident #3 was asked how long the indwelling urinary catheter had been in place and replied, Over two months. When queried if they still had a UTI and if they were receiving treatment, Resident #3 replied, Getting pills for UTI but I told them it don't work. Record review revealed Resident #3 was most recently admitted on [DATE] with diagnoses which included diabetes mellites, chronic respiratory failure, bipolar disorder, anxiety, chronic kidney disease (CKD), Bardet-Biedl syndrome (BBS- rare genetic disorder characterized by obesity, kidney abnormalities, and vision loss), and urinary retention. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required moderate assistance with toileting and bathing. The MDS further detailed the Resident had an indwelling urinary catheter and was receiving an antibiotic. Review of Resident #3's Electronic Medical Record (EMR) revealed a urine culture and sensitivity (C & S) report dated as collected on 6/17/26 with the final culture results dated 6/20/26. The (C&S) was dated as printed on 6/22/26 with handwritten documentation indicating the results were reviewed by facility staff on 6/22/26. The urine culture C & S revealed the Resident had ESBL (Extended-Spectrum Beta-Lactamase- antibiotic resistant) Escherichia coli (bacteria normally found in the intestines) and was a Multi-Drug Resistant Organism (MDRO). Review of Resident #3's EMR revealed the care plan, I have an active infection I am receiving prophylactic ABX (antibiotic) r/t (related to) frequent UTIs. I have an active UTI. (Initiated: 5/21/26; (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Revised: 6/25/26). The care plan included the intervention, Contact Precautions (Initiated: 6/21/26). On 6/23/26 at 2:56 PM, Resident #3 was observed sitting in the hallway, near the nurses' station and close the Therapy door, in their wheelchair. Their urinary catheter drainage bag was under their wheelchair and dragging on the floor. At 2:57 PM, a female staff member approached, spoke to and hugged/touched the Resident but did not address their catheter. The female staff member did not perform hand hygiene after walking away from the Resident. At 3:04 PM on 6/23/26, Resident #3 moved their wheelchair in the hall to be closer to the wall. Their urinary catheter drainage bag was observed dragging along the floor as they self-propelled themselves in their wheelchair. An interview was completed at this time. When asked how they were doing, Resident #3 verbalized they were having pain in their left kidney and had not received their pain medication at 1:00 PM. When queried, Resident #3 revealed they propelled themselves from activities in their wheelchair back to the unit to get their pain medication. Resident #3 was asked if any facility staff had adjusted or emptied their urinary catheter drainage bag and the Resident revealed that staff had not adjusted and/or emptied the drainage bag since they had been sitting in their wheelchair. After Resident #3 received their pain medication, the Resident was observed self-propelling themselves down the hallway and back to the Activity/Dining room of the facility with their urinary catheter drainage bag dragging on the floor. An interview was completed with Licensed Practical Nurse (LPN) GG on 6/23/26 at 3:29 PM. When queried why Resident #3 was placed in contact precautions, LPN GG revealed they were not sure and would need to review the Resident's EMR. LPN GG reviewed the diagnoses in Resident #3's EMR and verbalized the Resident was diagnosed with gram negative sepsis. When queried regarding the location and specific organism was related to the need for contact precautions, LPN GG replied, I don't know. LPN GG reviewed Resident #3's EMR further and stated, The only see I am thinking is that she has a wound on the pubis and buttocks. When asked if the Resident also a wound on their heel, LPN GG confirmed they did but was unable to provide the source and location of the infection. LPN GG was informed of Resident #3's urine C & S indicating the Resident had ESBL in their urine. An interview was completed with Infection Control (IC) Registered Nurse (RN) A on 6/23/26 at 3:52 PM. When queried regarding the facility policy/procedure related to residents exiting their room who are on contact precautions, IC RN A replied, Can't force them to stay in their room. When queried how the facility was protecting other residents from potential spread of infection and MRDOs, IC RN A responded they educate residents who are on contact precautions on infection prevention topics including isolation, distancing, and hand hygiene. IC RN A was asked how they educate residents and stated, I haven't had anyone to educate recently. When queried regarding Resident #3 being on contact precautions, IC RN A indicated the Resident was recently placed on contact and verbalized they had not provided infection prevention education to them. When queried regarding the source of Resident #3's infection necessitating contact precautions, IC RN A confirmed the Resident had ESBL in their urine. IC RN A was informed of observation of Resident #3 sitting in close proximity to other residents in the dining room and staff touching/hugging without Personal Protective Equipment (PPE). When queried regarding the lack of PPE and potential spread of infection, IC RN A responded that the infectious organism was contained in the Resident's urine and in their urinary catheter drainage bag. When asked if urinary drainage bags should be directly on the floor, IC RN A responded that they (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	should not. IC RN A was then asked why Resident #3's urinary catheter drainage bag on the floor and dragging along on the floor when the Resident was propelling themselves throughout the facility and was unable to provide an explanation. When queried where and what would be considered contaminated, IC RN A replied, Wherever foley bag is touching. When asked, IC RN A confirmed understanding of the concern. Resident #50: Record review revealed Resident #50 was admitted to the facility on [DATE] with diagnoses which included right below knee amputation (RBKA), peripheral vascular disease, and diabetes mellitus. Review of the MDS assessment dated [DATE] revealed the Resident was severely cognitively impaired and required total assistance to complete all ADLs with the exception of eating. On 6/24/26 at 8:27 AM, an observation of LPN II checking Resident #50's blood glucose level was completed. LPN II removed the glucometer (device to check blood glucose level) from the medication cart along with an alcohol pad and a glucometer testing strip (strip inserted into the glucometer where blood sample is applied). LPN II entered Resident #50's room and sat the glucometer (used for multiple residents) directly on the Resident's overbed table. LPN II then donned gloves without performing hand hygiene first. LPN II wiped Resident #50's finger with an alcohol pad, allowed it to dry, and then used a lancet to poke their finger to obtain a blood sample. LPN II wiped the first drop of blood with a new alcohol pad and then immediately applied the next drop of blood to the glucometer strip in the glucometer. After the glucometer test result was obtained, LPN II exited the room and placed the glucometer directly on top of the medication cart without a barrier. An interview was completed with LPN II on 6/24/26 at 8:40 AM. When queried if barriers are supposed to be used under the glucometer, LPN II replied, Yes. An interview was conducted with the Director of Nursing (DON) on 6/25/26 at 1:50 PM. When queried regarding the procedure for glucometer use, the DON verbalized the procedure which included use of a barrier with the glucometer. The DON was informed of observations of LPN II checking Resident #50's blood glucose level and placing the glucometer directly on the Resident's over bed table without a barrier, the DON stated that was Not okay. Upon request for a policy/procedure pertaining to blood glucose monitoring and glucometer use, the facility provided a policy/procedure entitled, Blood Glucose Monitor Decontamination (Reviewed: 1/26). The provided policy/procedure did not include the procedure for using the glucometer. Observations done on 6/22/26, of Dining Room: On 6/22/26 at 12:01 p.m., observations made in the main dining room are as follows: -A total of 7 staff were passing resident's food trays out., 5 of 7 staff did not sanitize their hands between resident's. Staff were observed setting up the resident's meals, putting clothing protectors on several resident's then going directly to the food serving line to get another resident's food without sanitizing their hands. There was a total of 3 wall hand sanitizers available. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-A Nursing Assistant/CNA was observed carrying resident's food [NAME] and her long pink thumb nail was touching the food on the plates. The same CNA had long curly hair that was not pulled back, every time she bent over with the plate of food, her hair dropped down by the residents face and their food. -A housekeeper also had long hair that was not pulled back and she was delivering plates of food with her hair dropping down as she bent down to set the plate down. This same housekeeper was going table-to-table and putting clothing protectors on the resident's without sanitizing her hands between resident's or tables. -A CNA had bright pink nails that were no less then 1 inch above the tips of her fingers; she was serving food and did not sanitize her hands between resident's. -A kitchen food servers went into the kitchen to get more clean white plates; she carried them back to the tray line held against her right side of her clothing, contaminating the plates. -Resident #2's urinary catheter drainage bag was resting on the floor under his wheelchair as he ate his meal. Observations of Dining Room on 6/23/26: -The CNA with the long bright pink nails was serving resident's food with no gloves on, and her nails touched several food items on the plates as she carried them. -Two CNA's still had the long hair that was not pulled back, as they bent over to place the resident's plates of food their hair dropped down toward the residents face and food plate. During an interview done on 6/23/26 at approximately 9:30 a.m., the Director of Nursing/DON stated Nails can't be more then a quarter of an inch, I have looked at the policy. Review of the facility Catheter Care, Urinary policy dated 10/2025, stated Be sure the catheter tubing and drainage bag are kept off the floor. Review of the facility Hand Hygiene policy dated 9/2025, stated Use an alcohol-based hand rub before and after direct contact with residents; after contact with a residents intact skin; after removing gloves. Review of the facility Dress Code and Personal Hygiene policy dated 5/2019, stated All employees dress and groom in a manner that is appropriate to their working conditions; keeping fingernails clean and trimmed; arranging hair so that it does not interfere with work assignments or direct contact with residents. Observation of resident #2 with Enhanced Barrier Precautions/EBP: -An observation was done on 6/22/26 at 2:00 p.m., of a CNA doing peri care in resident #2's room with (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	only purple gloves on; there was EBP signage on the outside of his door. Review of the facility Transmission-based precautions policy dated 9/2025, stated [NAME] required PPE prior to resident contact. Shower Room: Observation done on 6/23/26 at 5:00 p.m., of the main shower room revealed the following: -The blue shower mat on top of the white shower bed had an excessive amount of dirt, old dried skin, and debris on the top, sides and underneath. -The floor had papers and dirt on it; the corners were very dusty. -On the inside of the shower door was an area of dried white drippings. Observation done on 6/24/26 at 9:12 a.m., accompanied by Housekeeping Supervisor AA, revealed the following: -The blue shower mat on top of the shower bed was still full of dead skin, dirt-like and debris; no one had cleaned it. -The floor was dirty with dirt and papers, and also a soiled purple medical glove was on the floor by the toilet. -The inside door still had the white dried drippings on it. During an interview done on 6/24/26 at 9:37 a.m., Housekeeping Supervisor AA stated The CNA (Nursing Assistant) is supposed to clean it (the shower room, including the blue shower mat). During an interview done on 6/24/26 at 9:43 a.m., CNA Z stated (The) CNA who gave the shower, who ever uses the bed, cleans it right after. Resident #94 (R94): A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated R94 was admitted to the facility on [DATE] with diagnoses that include: subacute osteomyelitis (infection in bone), Methicillin Susceptible Staphylococcus Aureus (MSSA/ infection), Proteus Mirabilis Morganii (multi-resistant drug organism &ndash; MDRO), Extended Spectrum Beta Lactamase (ESBL/ antibiotic resistant infection), peripherally inserted central catheter (PICC/ for long term IV antibiotic use), diabetes mellitus (DM), heart failure, acute respiratory failure and DM retinopathy (effecting blood vessels of the eyes). The MDS assessment dated [DATE] indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15/15. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06/22/2026 at 11:19 AM, Observed contact precaution sign on room door of R46, after personal protective equipment (PPE) was donned, the resident was observed resting in bed and had an IV antibiotic running, a urinary catheter with light yellow urine draining, and reported that he had an infectious wound on his bottom. R94 was agreeable to observation of care as it was to occur throughout the day. Nurse M was present and said R94 was due to have IV antibiotics administered, the PICC dressing changed, wound and catheter care done on her shift. On 06/22/2026 at 1:43 PM, Nurse M said she was ready to administer IV medication, change the PICC dressing, perform wound care and urinary catheter care. After gathering supplies from the hall, Nurse M donned (applied) gown and gloves, she decided that she did not have enough or correct supplies and removed gloves and exited the room in gown to retrieve purple top wipes and reentered the room in same gown, applied a new set of gloves &ndash; no hand hygiene in between. Nurse M had a wad of gloves (not in box) that she had brought in with her and placed them on the bedside table with supplies while she cleaned the over bed table with wipes &ndash; no barrier was used. Nurse M changed gloves &ndash; no hand hygiene then transferred the supplies to the over bed table &ndash; no barrier used. During the PICC line dressing change Nurse M removed the barrier sheet from the kit and placed it to the side and then applied the sterile gloves. Nurse M changed the PICC line dressing and decided she needed to grab extra PICC line change kit for the split gauze and occlusive cover that had gotten improperly stuck from the first kit. Nurse M removed her gloves and wore her gown into the hall to the treatment cart to retrieve a new kit, Nurse M reentered the room same gown opened the new kit removed the barrier cloth and set it to the side unused and applied sterile gloves then preceded with the split gauze and occlusive dressing application. Nurse M at no time during PICC line dressing change performed hand hygiene, used a barrier or changed her gown. Nurse M changed gloves (no hand hygiene) and administered IV antibiotics. Nurse M changed gown and gloves to perform wound care, no hand hygiene between. Nurse M reached under PPE gown and pulled a pair of bandage scissors out of her pocket (not cleaned before use) and placed them along with dressing supplies on the over bed table (no barrier). During wound care Nurse M opened each gauze, calcium alginate pad and wound coverings and sat them on top of each of the outside packaging that they came in. Nurse M cleaned the wound, applied Medi honey to calcium alginate pad and packed the wound, the Medi honey cap was top down on the over bed table and the tube open and laid on the tabletop. Nurse M had the wrong size external covering and removed her gloves, left in the gown to go to the treatment cart in the hall and get a bigger sacrum sized covering (she did not remove/change gowns nor perform hand hygiene upon her return). Nurse M opened the covering and placed it on top of outside the package while she repositioned R94 to place it. Nurse M changed gown and gloves (no hand hygiene) then performed catheter care without further incident. Nurse M was interviewed after care and asked if it was ok to leave the room in a gown with no reply. Nurse M was asked if the outside of packaging was clean, and she said no it was not. Nurse M was asked about hand hygiene when she change her gloves, no response except ok. Nurse M was asked about cleaning of her scissors, and she said she cleaned them with purple wipes in between uses (observed that she did not clean them once removed from her pocket before use). Nurse M was unaware when asked what the barrier sheets were for that she pulled out and put to the side of the PICC kit. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	According to a record review of R94's orders revealed: Dated 06/13/2026: contact precautions. Dated 06/20/2026- 06/26/2026: Vancomycin HCl Intravenous Solution Reconstituted 1.5 GM. (glycopeptide antibiotic) Dated 06/16/2026-06/26/2026: Zerbaxa Intravenous Solution Reconstituted 1.5 (1-0.5) GM. (Cephalosporin/B-lactamase antibiotic) Dated 06/16/2026: Wound: right buttocks: Wash wound and pat dry. Apply Medi honey to wound bed, place calcium alginate to fill wound. Cover with bordered foam dressing; one time a day. According to a record review of R94's care plan revealed: Focus: I have an active infection r/t Wound infection, Sepsis Date Initiated: 06/13/2026 with Interventions: Contact Precautions. and; Focus: I have a PICC line to my right upper arm. Date Initiated: 06/13/2026 with Interventions: Change IV dressing per order AND as needed for soiling or break in integrity. and; Focus: I am at risk for MDRO infection r/t: Hx. (history of) MDRO, Skin, Foley, PICC. Date Initiated: 06/13/2026. With Intervention: Educate on Hand hygiene; Enhanced Barrier Precautions: SKIN, FOLEY, PICC Staff will wear PPE (gown and gloves) while engaged in high contact activities. On 06/24/2026 at 9:47 AM, Observed CNA J enter the doorway of R94 room, she put on a gown then took it back off, rolled it up and stuffed it in the door (PPE holder), she walked down the hall and got the tray cart and pulled it toward R94's room. CNA J put that rolled up gown on with gloves and went in R94 room. Observed CNA J remove R94's breakfast tray and she exited the room with gloves and gown on placed the tray in the cart that was in the hallway. CNA J then re-entered the room wearing the same gloves and gown and closed the door. On 06/25/2026 at 11:52 AM, during an interview with CNA N she was asked about resident precautions. CNA N said they are trained on each type and when asked about contact she said that gown and gloves were to be donned at the resident's door before entering and removed and discarded in the room before exiting, and hand hygiene was performed. CNA N confirmed that it was not appropriate to leave the room in any PPE and/or return to the room in the same PPE. On 06/25/2026 at 11:59 AM, during an interview with the wound care nurse (WC Nurse) E was asked about contact precautions and said hand hygiene then don gown and gloves before entry to residents in contact precautions rooms. WC Nurse E said any break in contact during care with resident hand hygiene and gloves are changed at every step. WC Nurse E said always use a barrier and a wiped surface was not adequate. WC Nurse E said it was not acceptable to walk outside of a room wearing the PPE, he said PPE was disposed of in the residents room and that the process of hand hygiene, gown, gloves etc. would need to be performed before reentry to the residents room and said it was (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	part of the infection control standards. When queried, WC Nurse E said the outside of packaging was not an appropriate or clean barrier. On 06/25/2026 at 12:17 PM, during an interview with infection control preventionist (ICP) A was advised on observations of R 94's provision of care with no hand hygiene between gloves changes, PPE that was worn in/out of room, no use of barrier with care, PPE that was donned (applied) /doffed (removed) and reused, use of bandage scissors stored in pockets / unsanitary and contamination of clothing under PPE to access them, gloves used from a wad not straight from a box. ICP A said it was not acceptable to leave and reenter a room in PPE no matter the reason. ICP A said that hand hygiene should be performed before, during care when gloves were changed and after care before the resident's room was exited. ICP A agreed it was never appropriate to don doff then redon (reapply) the same PPE. When queried, ICP A said that wound wash should be dedicated to the resident in contact precaution and not placed back in stock and bandage scissors should not be stored in staff pockets and a resident in contact precautions should have dedicated equipment. ICP A said that none of the observations mentioned followed protocols and it is not the performance she expected from the staff. ICP A said she does monthly audits and training on infection control practices. According to a record review of the facilities policy titled Hand Hygiene revealed: Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infections. And Policy interpretation and implementation: 2. All personnel shall follow the hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; 9. Use an alcohol-based hand rub containing at least 62% alcohol for the following situations: Before and after direct contact with residents; Before preparing or handling medications; Before performing any non-surgical invasive procedures; Before and after handling an invasive device (e.g., urinary catheters, IV access sites); Before donning sterile gloves; Before handling clean or soiled dressings, gauze pads, etc.; Before moving from a contaminated body site to a clean body site during resident care; After contact with a resident's intact skin; After contact with blood or bodily fluids; After handling used dressings, contaminated equipment, etc.; After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; After removing gloves; Before and after entering isolation precaution settings; 10. Hand hygiene is the final step after removing and disposing of personal protective equipment;11.The use of gloves does not replace hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. With Procedure: Applying and Removing Gloves: 1. Perform hand hygiene before applying non-sterile gloves; 1. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff. According to a record review of the facilities policy titled Isolation- categories of transmission based precautions revealed: Policy Statement: Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. and; Contact Precautions:1. Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	contact with environmental surfaces or resident-care items in the resident's environment; 2. Contact precautions are used for residents infected or colonized with MDROs in the following situations: a. When a resident has wounds, secretions, or excretions that are unable to be covered or contained .; 6. Staff and visitors wear gloves (clean, non-sterile) when entering the room; a. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage); b. Gloves are removed and hand hygiene performed before leaving the room; c. Staff avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed; 7. Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. The facility failed to ensure a safe and sanitary shower room for 1 of 2 shower rooms and that shower curtains were maintained without holes. Findings include: Observation done on 6/23/26 at 5:00 p.m., of the main shower room revealed the following: -The blue shower mat on top of the white shower bed had an excessive amount of dirt, old, dried skin, and debris on top, on sides and underneath.-There were 2 large holes in the top of the shower curtain.-The floor had papers and dirt on it; the corners were very dusty.-There was a area on the inside of the main door of a dried white substance. Observation done on 6/24/26 at 9:12 a.m., accompanied by Housekeeping Supervisor AA, revealed the following: -The blue shower mat on top of the shower bed was still full of dead skin, dirt-like and debris; no one had cleaned it.-The floor was dirty with dirt and papers, and also a soiled purple medical glove was on the floor by the toilet.-The inside door still had the white dried drippings on it. During an interview done on 6/24/26 at 9:37 a.m., Housekeeping Supervisor AA stated The CNA is supposed to clean it (the shower room, including the blue shower mat). During an interview done on 6/24/26 at 9:43 a.m., CNA Z stated (The) CNA who gave the shower, whoever uses the bed, cleans it right after. During an interview done on 6/24/26 at 12:01 p.m., Infection Control Nurse A stated My staff should let me know when they see it (the shower in poor condition and dirty). Review of the facility walkthrough (dated daily with facility rounds), revealed no documentation of a shower room; no space to write in observations of the shower room was found. Review of the Infection Control Education Attendance Record dated 3/16/26, revealed staff had been educated on cleaning the shower room.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that residents were treated in a respectful and dignified manner for 12 residents (#2, #3, #6, #7, #9, #10, #13, #17, #30, #46, #50 and #69) of 12 residents reviewed, resulting in call lights not being in reach, residents wandering and sleeping in other residents' beds, lack of timely assistance with care, uncovered urinary catheter drainage bags, and Resident #6 being told to urinate in their brief. Findings include: Resident #6: On 6/22/26 at 10:20 AM, Resident #6 was not in their room. A strong, foul urine odor was present in their room. An interview was completed with Resident #6 on 6/22/26 at 12:05 PM. The Resident was in their room in bed, and the strong urine odor remained. Resident #6 was pleasantly confused and smiled but did not respond to all questions asked. Review of Resident #6's face sheet revealed the Resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included heart failure, right hip replacement, depression, dementia, and anxiety. The face sheet further detailed Resident #6 had an activated Durable Power of Attorney (DPOA) for medical decision making. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident was cognitively intact and required maximum to total assistance to complete ADLs. Review of progress note documentation in Resident #6's Electronic Medical Record (EMR) revealed the Resident's cognitive status and level of alertness varied from being alert and orientated to self only to being alert and orientated X three (person, place, and time) with confusion. Health Care Provider documentation also detailed the Resident was alert but unable to communicate well with periods of confusion. On 6/22/26 at 1:56 PM, an interview was completed with Resident #6, Family Member Witness JJ and Family Member Witness KK. When queried regarding Resident #6's care at the facility, Witness JJ stated, (Resident #6) has depends on instead of (facility staff) getting (the Resident) up to go to the bathroom. When asked if they knew when they needed to use the restroom, Resident #6 responded that they did. Witness KK then stated, They tell (Resident #6) to go in their pants and indicated that upset that even more then the staff not assisting Resident #6 to use the bathroom. When queried, Resident #6 stated, Yes, they tell me to just go in my pants. When asked if there was a specific staff member who told them to go in their pants, Resident #6 stated, Just one or two but one more than the other. When asked the names of the staff members, Resident #6 responded that they did not know their names. Witness JJ added that the facility staff do not introduce themselves or wear name tags, so it is hard to know what their names are. When queried if the staff told them to urinate or have a bowel movement, Resident #6 indicated it was both but started with bowel movements because they had an indwelling urinary catheter. Witness JJ revealed they did not find out that staff had told (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #6 that until they took them to the urologist appointment outside of the facility. Witness JJ stated, (Resident #6) told the nurse there (at urologist office). When queried how it made them feel when the staff told them to go in their pants, Resident #6 looked down and shrugged their shoulders but did not provide a verbal response. Resident #6 was asked again how it made them feel and did not look up but responded in an apathetic monotone that they just did it because they didn't have another option. Witness JJ and Witness KK both verbalized that Resident #6 is not a person who normally complains. Witness JJ then stated, I talked to the Social Worker (Social Services Designee [SSD] B) here about it. When queried what happened when they spoke to SSD B, Witness JJ responded that SSD B told them they would look into it. Review of Resident #6's EMR revealed a care plan entitled, I use a medication for cognitive support. My cognition fluctuates from a BIMS (Brief Interview Mental Status score) of 8 (moderately cognitively impaired) to 14 (cognitively intact) (Initiated: 3/27/26; Revised: 6/24/26). A second care plan entitled, I have an ADL self-care performance deficit related to. decreased strength and endurance, Impaired balance, decreased fine motor skills, Alzheimer's, dementia. (Initiated: 3/27/26; Revised: 6/24/26). The care plan included the intervention, Toilet Use: I require assistance by (2) staff for toileting (Initiated: 3/27/26). Further review of Resident #6's care plans in the EMR revealed the Resident had a discontinued care plan for a Urinary Tract Infection (UTI) from 6/2/26 to 6/8/26 as well as an active care plan related to recurrent UTIs. Review of Resident #6's Medication Administration Record (MAR) in the EMR confirmed Resident #6 was treated with an antibiotic for a UTI for 5 days from 6/3/26 to 6/7/26. An interview was completed with SSD B on 6/25/26 at 12:14 PM. When queried if they were aware of a concern related to staff telling Resident #6 to go in their brief rather than assisting them to the bathroom, SSD B responded, The family came to me regarding if staff are taking (the Resident) to the bathroom. SSD B was asked if Family Member JJ spoke to them regarding staff telling the Resident to go in their pants, SSD B confirmed they were aware. An interview was conducted with Unit Manager K on 6/25/26 at 12:30 PM. When asked if they were aware of a concern brought forth by Resident #6's family that facility staff had told the Resident to go in their pants, Unit Manager K replied, That was brought up in one of our morning meetings. When asked, Unit Manager K stated, That is absolutely not okay. That is what causes UTIs. Unit Manager K was then asked if Resident #6 had developed a UTI while at the facility and indicated they would need to review the Resident's EMR. After reviewing Resident #6's EMR, Unit Manager K confirmed the Resident developed a UTI while at the facility. Unit Manager K stated it was negotiable as to the etiology of the UTI being related to the Resident being told to go in their pants by staff due to the Resident having a catheter. When queried how they would feel if they were told to urinate or have a bowel movement in their brief by the people they depend on for assistance, Unit Manager K indicated they would be very upset and hurt. An interview was completed with the Director of Nursing (DON) on 6/25/26 at 1:47 PM. When queried (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	if they were aware of staff telling Resident #6 to go in their pants rather than assisting them to the bathroom, the DON responded they were not but stated that was not okay. When queried regarding other staff being aware and stating the concern had been brought up in the facilities morning meeting, the DON responded that they had been on vacation. No further explanation was provided. Resident #3: On 6/22/26 at 10:11 AM, an interview was completed with Resident #3 in their room. When queried regarding the care they receive at the facility, Resident #3 stated that the staff are rude. When queried how the staff are rude, Resident #3 responded that the staff don't change them when they ask to be changed and revealed that they feel like the staff brush them off. When queried if there were any specific staff that were rude or made them feel disregarded, Resident #3 responded that there were. Resident #3 was then asked the names of the staff and revealed they did not know their names because the staff do not introduce themselves. Record review revealed Resident #3 was most recently admitted on [DATE] with diagnoses which included diabetes mellites, chronic respiratory failure, bipolar disorder, anxiety, chronic kidney disease (CKD), Bardet-Biedl syndrome (BBS- rare genetic disorder characterized by obesity, kidney abnormalities, and vision loss), and urinary retention. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required moderate assistance with toileting and bathing. The MDS further detailed the Resident had an indwelling urinary catheter and was receiving an antibiotic. Resident #17: An interview was completed with Resident #17 in their room on 6/22/26 at 10:30 AM. The Resident was in their room, in bed positioned on their back. An unknown substance was present on the Resident's pillow. When queried if the facility staff treat them with dignity and respect, Resident #17 responded that some staff are disrespectful. Resident #17 was asked how the staff are disrespectful to them and responded that they just are. Resident #17 was asked for an example and stated, An Aide threw my clothes at me and left when they needed assistance. When queried if the Aide said anything to them, Resident #17 did not provide a response but stated they don't like that. With further inquiry, Resident #17 revealed they do not feel that staff are respectful when they talk to them. Resident #17 verbalized that not all staff were disrespectful. Resident #17 was unable to provide specific staff names when asked. Record review revealed Resident #17 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included cerebral infarction (stroke) with resulting dysphagia (difficulty swallowing), convulsion disorder with seizures, and falls. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was severely cognitively intact and required moderate to total assistance to complete ADLs. Resident #50: (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/22/26 at 9:43 AM, Resident #50 was observed in their room. The Resident was laying on their back in bed. The Resident was unshaven and their hair had a greasy appearance. On 6/23/26 at 9:07 AM, Resident #50 was observed in their room. The Resident was laying on their back in bed. The Resident was unshaven and their hair had a greasy appearance. When queried how they are treated by staff at the facility, Resident #50 replied, Some of the staff are not worth the effort. When asked what that meant, Resident #50 repeated that some are not worth the effort. When asked if they meant the staff were rude or not nice to them, Resident #50 stated, It is more how they say it than what they say. Resident #50 indicated some of the staff have poor attitudes which makes them not worth the effort. Record review revealed Resident #50 was admitted to the facility on [DATE] with diagnoses which included right below knee amputation (RBKA), peripheral vascular disease, and diabetes mellitus. Review of the MDS assessment dated [DATE] revealed the Resident was severely cognitively impaired and required total assistance to complete all ADLs with the exception of eating. Call Light Placement and Response: Resident #2: Review of facility Electronic Medical Record/EMR revealed, Resident #2 was [AGE] years old, alert and was admitted to the facility o During an interview done on 6/22/26 at 1:30 p.m., Resident #2 stated It use to be 6 or 7 minutes (for staff to answer call light), but now it about a half an hour. I asked them what the problem was and they (staff) said it's my break, I said that's not my problem, It's not right. Resident #9: Review of the facility EMR revealed, Resident #9 was [AGE] years old, alert and was admitted to the facility on [DATE]. During an interview done on 6/23/26 at 8:37 a.m., Resident #9 stated They (staff) don't come right away, it takes at least 30 minutes (to answer call light), mostly on days, when I have pain it's a long time before I get my pain med. Resident #30: Review of the facility EMR revealed, Resident #30 was [AGE] years old, interviewable with confusion (Dementia) and admitted to the facility on [DATE]. During an interview done on 6/22/26 at 11am Family Member #1 stated They (staff) don't answer the call light sometimes on days and weekends; it takes 20 to 30 minutes maybe even longer. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #69: Review of the facility EMR revealed, Resident #69 was [AGE] years old, alert with confusion (history of mental health disorder) and was admitted to the facility on [DATE]. Observation was made on 6/22/26 at 10:18 a.m., Resident #69 was in bed, when asked if she could reach her call light, she was unable to locate it. The residents call light was clipped to the right upper part of her pillow, out of sight and reach. Review of the facility Resident Rights handout (in the admission packet, un-dated) revealed all resident's were to be treated with dignity and respect; which includes placing the call light within reach and answering call lights in a timely manner. Dignity Resident #7: A record review of the Face Sheet and Minimum Data Set/MDS assessment indicated that Resident #7 was admitted to the facility on [DATE] with diagnoses: History of a stroke, weakness, diabetes, heart disease, hypertension, kidney disease, and peripheral vascular disease. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status/BIMS score of 15/15 and the resident needed some assistance with care. On 6/22/2026 at 1:55 PM, Resident #7 was observed in his room sitting in a wheelchair and he was very upset, as there was another resident lying in his bed. He told the other resident to get out of his bed, and the other resident began to reach for Resident #7's cane that was leaning against the end of the bed. Resident #7 began swinging a reacher stick at the other resident and yelled Don't touch my cane!. A nurse aide was in the room during the incident and separated the two residents and assisted the other back across the hall to his room. The Nurse Aide told Resident #7, He can't help it. On 6/23/2026 10:47 AM, Resident #7 was observed sitting in a wheelchair in his room, when asked how he was doing that day, he said Ok now. Resident #7 said the resident across the hall was in his room again the prior evening and Resident #7 was upset about it. On 6/25/2026 at 12:35 PM, the Unit Manager EE was interviewed about the incident between Resident #7 and the resident across the hall. She said she had not been notified of the incident and did not know the other resident was wandering into other residents rooms and sleeping in their beds. She said she should have been notified of the incident; and a care plan should have been initiated. Confidential group of residents:During an interview with a confidential group of residents four of the (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	seven residents reported that call light responses regularly took over an hour, and one of the seven residents reported that the staff often turned off the call light and did not provide the requested care and did not return to perform care without an additional request. Resident #13 (R13): A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated R13 was admitted to the facility on [DATE] with diagnoses that include: congestive heart failure (CHF / decreased ability of heart to pump blood), atherosclerotic heart disease (ASHD / hardening of arteries), chronic obstructive pulmonary disease (COPD/ progressive lung disease), diabetes mellitus (DM), stage 2 chronic kidney disease (CKD), anxiety and history of falls. A record review of Orders revealed R13 was admitted to hospice services on 05/11/2026. The MDS assessment dated [DATE] indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15/15. On 06/22/2026 at 10:15AM, during an interview with R13 he reported that he had recently moved rooms in the facility, R13 reported that when he moved room that he went the afternoon and evening without water provided, that he did not receive assistance and that his call light was not answered. He said he felt very disrespected and like he could not get anyone to help him. R13 said that he talked to the lady about it because he was upset, he could not recall the name of who he had reported the complaint to. On 06/23/2026 at 1:18 PM, during a follow up interview R13 said he remembered the lady had spoken to about the complaint was Unit Manager (UM) K. On 06/25/2026 at 8:56AM, during an interview with UM K she was asked if she had received a complaint from R13 about his feelings of disrespect, lack of water and response to care when he changed rooms. UM K said that she had talked to R13 about his concerns a couple of days after he changed rooms, she said he told her it was just the one day that he did not get water or his call lights answered. UM K was asked if that was acceptable care even for 'one day' and she stated No, absolutely not. UM K said she had talked to the staff on his unit and made sure they were aware of R13's room change so that they checked on him and provided care. UM K said she had made additional rounds to check on R13 because of his concerns. A record review of R13'S care plan revealed: Focus: I have Peripheral Vascular Disease r/t (related to) Diabetes, Heart disease . with Interventions: Encourage good nutrition and hydration. and Focus: I have a behavior problem- I am behavioral at baseline. with Interventions: Anticipate and meet my needs. Resident #46 (R46): A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated R46 was admitted to the facility on [DATE] with diagnoses that included: Parkinson diseases (progressive neurological disorder), rhabdomyolysis (breakdown of muscle), adult failure to thrive, anxiety and dementia. The MDS assessment dated [DATE] indicated the resident had moderate cognitive (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	impairment with a Brief Interview for Mental Status (BIMS) score of 12/15 and required assistance with care. On 06/22/2026 at 10:00 AM, observed R46 breakfast tray on her over bed table, R46 said her breakfast tray has been sitting there since 8 AM and no one had been back to get it, she said that was typical. R 46 said that the staff act bothered if she asked for anything and it took up to 40 minutes for her call light to be answered. R46 said that at times staff were on their phones when they were in her room, and she thought that was rude. Observed CNA I enter R46's room and ask if resident needed something, R46 said yes that she wanted her breakfast tray removed. R46 was told by CNA I that CNA J would pick it up on her rounds. Observed CNA J approach the door of R46, CNA I told CNA J that R46 was ready for her breakfast tray to be removed, CNA J rolled her eyes, turned around and made a noise (which indicated she was not going to do it) then CNA J shook her head and walked the other way down the hall. CNA I took R46's breakfast tray and exited the room. On 06/24/2026 at 9:12 AM, observed R46's call light tucked high up under her pillow and out of reach. When R46 was asked she said she can not reach it with her condition (Parkinson's disease- has tremors). R 46's roommate/husband said he often will press his call light for her if she needs assistance because she cannot reach hers, he said that he was gone most of the day on Mondays, Wednesdays and Fridays at dialysis and that she can not get help on those days if the call light is not pinned where she can easily reach it. R46 was asked if that happened often and she stated yes, more than I care for. R46 said that one time she slid out of bed and had to holler for half an hour before someone came to help her because she was unable to reach her light. On 06/25/2026 at 9:00 AM, during an interview with UM K was asked about R46 and she said R46 was anxious but easy to redirect. When queried about the call light response time and accessibility especially on her husband dialysis days, she said she noticed R46 was more anxious when her husband was gone to dialysis. UM K said no one should be on the phone in a resident's room and that CNA could perform resident's requested care when she was asked. On 06/25/2026 at 9:07 AM, during a walk-through visit to R46's room with UM K, both the resident and husband verbalized the concern that R46 call light was often out of her reach and was unable to call for help when he was not there. UM K said she would add R46 to her rounds on the floor and re-educate her staff on responding and placement of call light. Resident #13 (R13): A record review of R13'S care plan revealed: Focus: I am at risk for falls related to: Parkinson's, Rhabdomyolysis, Dementia. with Interventions: educated to use her call button and ask for help; Reinforce the need to call for assistance. and Focus: I have an ADL self-care performance deficit related to Debility. with Interventions: AMBULATION: I do not walk at this time; LOCOMOTION: I require assistance by (1) staff.; EATING: I require set up assistance to eat; PERSONAL HYGIENE/ORAL CARE: I require assistance by (1) staff with personal hygiene and oral care; DRESSING: I require assistance by (1) staff to dress; TOILET USE: I require assistance by (2) staff for toileting; TRANSFER: I require assistance by (2) staff to move between surfaces; BED MOBILITY: I require assistance by (1) staff to turn and reposition in bed; BATHING/SHOWERING: I require (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assistance by (1) staff with bathing/showering. andFocus: I have impaired cognitive function/dementia. with Interventions: Keep My routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion. According to a review of the facilities policy titled Resident rights revealed: Policy statement: Employees shall treat all residents with kindness, respect, and dignity. With Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity. According to a review of the facilities admission packet given listed under resident's rights revealed: Residents have the right to. Dignity and respect: you have the right to be treated with respect and dignity. and Safe environment: you have a right to safe, clean, comfortable and homeless environment, including but not limited to receiving treatment and supports for daily living safely. According to a review of the facilities policy titled call lights, use of revealed: Purpose: to respond promptly to residents call for assistance. with Procedure: 1. Facility personnel must be aware of call lights; 2. Answer call lights in a prompt, calm, courteous manner; 4. When providing care to residents be sure to position the call light conveniently for the resident to use.; 7. Please call a on the bed or preferred location stated by the resident prior to leaving the room.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview, the facility failed to ensure that the results of the most recent federal or state survey were kept in an area that was readily accessible for review to residents, family members and resident representatives for a confidential group of residents reviewed. Findings include: On 06/23/2026 at 1:33 PM, during an interview with a confidential group of residents, seven of seven residents reported that they did not have access to the state survey results for the facility and were unaware of how to gain access to the information. On 06/23/2026 at 2:35 PM, during an interview with CNA O who worked at the front reception desk was queried where the survey results were kept CNA O said she was unsure and needed to ask the DON for assistance. On 06/23/2026 at 2:37 PM, during an interview with the DON she was asked to locate the last survey results that is for the residents and family to review. The DON said she was not sure and that she thought it was in the NHA's office and needed to ask. After the DON texted an unknown staff member, she said the binder was at the reception desk. The DON was made aware that CNA O who was at the reception desk that day (06/23/2026) had been asked where the survey results were located and CNA O had reported that she was unaware of the location. The DON approached the reception desk and after she reviewed several binders behind the desk (an area only accessible by staff), she pulled out one of the binders and stated, here it is. An observation of the binder revealed a binder in a bright floral pattern and labelled with a clear background with black lettering placed over the floral pattern on the spine of the binder and was difficult to see. The DON was asked why the binder was not accessible to the residents or families without the need to ask for it and she did not have an answer. The DON said she would place it on the table in the lobby, so it would be accessible. On 06/23/2026 at 3:13 PM, during an interview with the NHA she was asked about the survey results location, and she said she had spoken to the DON was aware they were not out and accessible and she was unsure why they were kept behind the desk and not out on the table in the lobby. According to a review of the admission packet given listed under residents' rights: Residents have the right to: Examine the results of the most recent survey of the facility conducted by federal or state surveyors and any plan of correction in effect with respect to the facility.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to ensure that a Registered Nurse was on duty for eight consecutive hours a day, seven days a week, resulting in the potential for inadequate coordination of routine or emergent care. Findings Include: Staffing: A record review of the daily posted nurse staffing data sheets from June 2025 to June 2026 indicated there were 15 days with documented 0 for Total Number of Staff and Total Scheduled Hours for RN/Registered Nurse hours: 9/15/2025, 10/8/2025, 12/30/2025, 3/16/2026, 4/10/2026, 4/20/2026, 4/21/2026, 4/26/2026, 5/20/2026, 6/2/2026, 6/5/2026, 6/6/2026, 6/7/2026, 6/20/2026, and 6/21/2026. Upon further review of the Nursing Hours posted document, the facility did not identify 8 hours of RN coverage in a 24 hour period for the identified days. The resident Census for the identified days ranged from 81- 90. On each days document, LPN/Licensed Practical Nurse hours were listed, but each RN hour said 0. On 5/20/2026 there were no RN's listed and 2 LPN's listed on the 7:00 PM to 7:00 AM shift for a census of 82 residents. On 3/16/2026 there were 3 LPN's listed on the 7:00 PM to 7:00 AM shift with no RN's for a Census of 82. The staffing documents identified there were usually 4 Nurses on the 7:00 PM to 7:00 AM shift. A review of the Facility Assessment dated March 2026 identified the following: . RN coverage of 8 hours is sufficient as there are very few duties that an LPN cannot complete in our home in the case that duty must be completed not within the 8 hours that an RN is scheduled a nurse manager who is an RN will be called in to complete the duty. There was no identification on the daily posted nurse staffing sheets that an RN Unit Manager was added for the day. On 6/25/2026 at 2:19 PM, the staffing sheets were reviewed with the Administrator. The 0's for RN hours in a 24 hour period were reviewed and the Administrator said she thought the documents were copies. Reviewed they were copies of the original documents and should have the same documentation as each original document for the specified day. There was no additional information as to the lack of RN hours on the posted documents.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to 1) Ensure that medications were secured, including a pill on the floor for Resident #79 and that opened medications were properly labeled and dated, and 2) Maintain medication and treatment carts in a clean and sanitary condition, identified for two of four medication carts and two of four treatment carts reviewed for medication storage. Findings include: Medication Storage and Labeling: A record review of the electronic medical record indicated Resident #79 was admitted to the facility on [DATE] with diagnoses: Hypertension, hypothyroidism, arthritis, and bipolar disorder. On [DATE] at 11:06 AM, during a tour of the facility a small round white pill was found on the floor of Resident #79's room. The pill was located on the floor near the bed wheel at the foot of the bed; a clear medication cup was also on the floor nearby. On [DATE] at 11:15 AM, Nurse DD came into the room and was asked about the white pill lying on the floor by the resident's bed. The Nurse identified the white round pill with EP 116 stamped on it as Lasix 20 mg, per an online Drug identification resource. Resident #79 was asked about the pill and pill cup on the floor, and she said she thought she lost a pill but wasn't sure. Nurse DD said she usually threw the medication cup away and she did not know the pill was on the floor. She was unsure when that happened. Nurse DD disposed of the pill. A review of the physician orders for Resident #79 indicated she received Lasix 20 mg twice a day. A review of Resident #79's Medication Administration Record/MAR for [DATE] revealed Lasix 20 mg was signed as given that morning and twice a day each day for the month. Observations of Medication Carts 1-A and 1-B: Observations made on [DATE] at 7:33 a.m., accompanied by the Director of Nursing/DON of medication 1-A are as follows: -x2 loose pills found in second and third drawers, -Lispro Insulin open [DATE] with a written expiration date of [DATE] (expired). During an interview done on [DATE] at 7:20am Nurse, LPN L stated it (Lispro Insulin) should be 30 days to expiration. -House stock of RestRe Liquid protein was found with drippings on all sides, and the top was full of (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sticky partly dried medication. Observations made on [DATE] at 8:17 a.m., accompanied by the Director of Nursing/DON of medication cart 1-B are as follows: -House stock of RestRe Liquid protein was found with drippings on all sides, and the top was full of sticky partly dried medication. During an interview done on [DATE] at 8:19 a.m., the DON stated, I see it (liquid protein bottle), it's dirty. -In the top drawer, an opened and partly used container of Ventolin 90 mcg (for treatment of asthma) with no expiration date and per manufactured guidelines on the box, it was expired. -In the second and third drawers was found a total of 7 loose pills, and an extensive amount of small pieces of paper, dust and crushed medications in the bottom corners. During an interview done on [DATE] at 9:00 a.m., the DON stated, I told them (Nursing staff) to clean them (the med carts) yesterday. During an interview done on [DATE] at 11:14 a.m., the DON stated, The nurse's clean the med (medication) carts, the ones who are responsible for the cart. Review of the facility Storage of Medications policy dated 5/26, stated The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. ON [DATE] at 1:59 PM, during an observation of Treatment Cart 1B there was a box of triamcinolone cream (topical steroid) labeled with resident's name and date, the tube of medication inside was opened and unlabeled and no open dated. Observed one packaged 20-gauge needle with the expiration date of [DATE], the date was verified by Nurse R who disposed of it. Observed 2 triple antibiotic creams and one hydrocortisone cream (topical steroid) all opened without opened dates, Nurse R said they were stock medications, so no name needed. Observed three tubes of prescribed sodium fluoride toothpaste with resident label and date on the box, no label or date on the opened tubes. Observed one tube of Santyl collagenase ointment (enzymatic debridement medication) with resident's name and open date on box, no name or label on the opened tube inside. Observed one tube of betamethasone cream (topical steroid) box labeled with resident and open date, no name or date on opened tube inside box. One stock bottle of wound wash opened and undated. Nurse R was asked if (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the tube was outside of the box how staff could identify who it belonged too, and she replied it could not be identified for certain if it were out of the box. On [DATE] at 2:45 PM, during an observation of Treatment Cart 2 there were two tubes of Santyl collagenase ointment (enzymatic debridement medication) with resident's names and open date on box, no names or labels on the opened tubes inside. Observed one tube of Diclofenac gel (topical anti-inflammatory) with no name or label on the opened tube and no box, Nurse S was asked who it belonged to and she said she threw the box away, so she was not sure. Observed one opened tub of Silvadene cream open with resident label, no open date. Observed one opened tube of triamcinolone cream with resident label and date on box, no label or date on the tube inside. Observed one opened tube of Calomoseptine cream (topical menthol/zinc oxide) not labeled or dated and no box. Observed 2 opened bottles of prescription AM lactic lotion 12 % (topical alpha hydroxy lotion) not dated or labeled. Observed One stock bottle of wound wash opened and undated. Nurse S was asked about if staff would be able to identify the medications outside of the box, or if they had no label at all and she said she understood the point of labelling the actual medications and not just the boxes. On [DATE] at 4:37 PM, Observed Treatment Cart 1B unlocked and unattended in the hallway, all the drawers with medication and supplies were easily assessable. UM K observed the access by SA and walked over and locked the cart, verified it should not be readily accessible. According to a record review of the facilities policy labelled Storage of medications reveled: Policy statement: The facility stores all drugs and biologicals in a safe, secure, and orderly manner. With Policy interpretation and implementation: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper; temperature, light, and humidity controls; 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner; 4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing; 8. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use.; 9. Unlocked medication carts are not left unattended; 12. Only persons authorized to prepare and administer medications have access to locked medications.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to 1) Provide and document education on vaccine side effects for influenza (flu) and pneumovax (pneumonia) immunizations, and 2) Provide current vaccine education sheets for 4 residents (Resident #2, Resident #9, Resident #10 and Resident #94) of 4 residents reviewed for vaccine education, resulting in misinformation and lack of full disclosure regarding influenza and pneumovax vaccines. Findings Include: Resident Vaccine Consent Review: Resident #2: Review of facility Electronic Medical Record/EMR revealed, Resident #2 was [AGE] years old, alert and was admitted to the facility on [DATE]. Review of Resident #2's facility Vaccine Consent dated 6/16/26 (after re-admitted from hospital), revealed no documentation of education regarding Influenza or Pneumococcal side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheets. Review of the facilities current Healthcare Personnel Vaccination Recommendations handout dated 7/22, revealed it was not current with Centers for Disease Control Center's/CDC vaccine recommendations. The facility was currently using outdated vaccine recommendations for all resident's; this information sheet was given to all resident's upon admission to the facility. Also, in the facility Resident's admission Packet (un-dated), revealed a CDC Influenza/Flu vaccine information sheet dated 8/6/2021. and a CDC Pneumococcal Polysaccharide/PPSV23 vaccine information sheet dated 10/30/2019, both outdated. During an interview done on 6/25/26 at approximately 3:00 p.m., the resident said he was not given information on the Flu or Pneumovax vaccines, stating I can't remember getting any. Resident #9: Review of the facility EMR revealed, Resident #9 was [AGE] years old, alert and was admitted to the facility on [DATE]. Review of Resident #9's facility Vaccine Consent dated 3/16/26, revealed no documentation of education regarding Influenza or Pneumococcal side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheets. During an interview done on 6/22/26 at 10:15 a.m., the resident denied he had received any vaccine information upon admission. Resident #10: Review of the facility EMR revealed, Resident 310 was [AGE] years old, confused, and was admitted to the facility on [DATE] with a re-admission on [DATE]; he resident was no table to be interviewed due to cognitive decline and confusion. Review of Resident #10's facility Vaccine Consent dated 6/23/26, revealed no documentation of education for Influenza or Pneumococcal side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheets. Resident # 94: Review of the facility EMR revealed, Resident #94 was [AGE] years old, alert and was admitted to the facility on [DATE]. Review of Resident #94's facility Vaccine Consent dated 6/16/26, revealed no documentation of education for Influenza or Pneumococcal side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheets. Throughout the survey (6/22/26 through 6/25/26), several attempts were made to interview the resident; during all attempts he was unable to recall if he was given any vaccine information from facility staff. During an interview done on 6/24/26 at 9:28 a.m., the Director of Nursing/DON stated I do not do all the immunization consents with all the new resident's because it's electronic now; I use the information in their admission packet. I do not up-date the vaccine information, did not know I had too. During an interview done on 6/24/26 at 8:55 a.m., Admissions Director U stated I make up the packages (admission packet including immunization (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	education sheets) for the nurses to go over with the resident or POA (Power of Attorney) or Guardian (vaccine information). Admissions Director U said she does not change or up-date vaccine information sheets, she was not aware of them being out-of-date. During several interviews done on 6/22/26, 6/23/26, 6/24/26 and 6/25/26, (from 10:00 a.m., to 4:00 p.m.) Infection Control Nurse, RN A, revealed she was unaware the vaccine information sheet's that was being handed out to all new resident's was not current with the CDC up to date recommendations, and she did not go over the information regarding side effects of Influenza or Pneumovax with resident's. IC Nurse A also said she was unaware vaccine side effects were not documented on the facility resident vaccine consent form. Review of the facility Pneumococcal Vaccine policy dated 2001, stated All resident's are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. The resident (or representative) is provided with the most current vaccine information statement (VIS) prior to vaccine administration. Administration of the pneumococcal vaccine is made in accordance with current Advisory Committee on Immunization Practices and Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. Review of the facility Influenza Vaccine Resident and Staff policy dated 9/25, stated Prior to the vaccination, the resident (or residents legal representative) or employee will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. Administration of the influenza vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to 1) Provide and document education on vaccine side effects for Coronavirus Disease (COVID-19) immunization, and 2) Provide current COVID-19 vaccine education sheet for 4 residents (Resident #2, Resident #9, Resident #10 and Resident #94) of 4 residents reviewed for vaccine education, resulting in misinformation and a lack of full disclosure regarding the COVID-19 vaccine. Findings Include: Resident COVID-19 Vaccine Consent Review: Resident #2: Review of facility Electronic Medical Record/EMR revealed, Resident #2 was [AGE] years old, alert and was admitted to the facility on [DATE]. Review of Resident #2's facility Vaccine Consent dated 6/16/26, revealed no documentation of education for Coronavirus Disease/COVID-19 side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheet. Review of the facilities current Healthcare Personnel Vaccination Recommendations handout dated 7/22, revealed it was not current with Centers for Disease Control Center's/CDC vaccine recommendations. The facility was currently using outdated vaccine recommendations for all resident's; this information sheet was given to all resident's upon admission to the facility. Also, in the facility Resident's admission Packet (un-dated), revealed a COVID-19 vaccine information sheet dated 10/19/23, also outdated. During an interview done on 6/25/26 at approximately 3:00 p.m., the resident said he was not given information on the COVID-19 vaccine, stating I can't remember getting any. Resident #9: Review of the facility EMR revealed, Resident #9 was [AGE] years old, alert and was admitted to the facility on [DATE]. Review of Resident #9's facility Vaccine Consent dated 3/16/26, revealed no documentation of education for COVID-19 side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheet. During an interview done on 6/22/26 at 10:15 a.m., the resident denied he had received any vaccine information upon admission. Resident #10: Review of the facility EMR revealed, Resident #10 was [AGE] years old, confused, and was admitted to the facility on [DATE] with a re-admission on [DATE]; he resident was no table to be interviewed due to cognitive decline and confusion. Review of Resident #10's facility Vaccine Consent dated 6/23/26, revealed no documentation of education for COVID-19 side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheet. Resident # 94: Review of the facility EMR revealed, Resident #94 was [AGE] years old, alert and was admitted to the facility on [DATE]. Review of Resident #94's facility Vaccine Consent dated 6/16/26, revealed no documentation of education for COVID-19 side effects, with documentation stating I have been offered or received the Michigan Department of Health & Human Services/Centers for Disease Control and Prevention Vaccine Information Sheet. Throughout the survey (6/22/26 through 6/25/26), several attempts were made to interview the resident; during all attempts he said he could not recall if he was given any vaccine information from facility staff. During an interview done on 6/24/26 at 9:28 a.m., the Director of Nursing/DON stated I do not do all the immunization consents with all the new residents because it's electronic now; I use the information in their admission packet. I do not up-date the vaccine information, did not know I had too. During an interview done on 6/24/26 at 8:55 a.m., Admissions Director U stated I make up the packages for the nurses to go over with the resident or (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	POA (Power of Attorney) or Guardian (vaccine information). Admissions Director U said she does not change or up-date the vaccine information sheet, she was not aware of it being out-of-date. During several interviews done on 6/22/26, 6/23/26, 6/24/26 and 6/25/26, (from 10:00 a.m., to 4:00 p.m.) Infection Control Nurse, RN A, revealed she was unaware the vaccine information sheet's that was being handed out to all new resident's was not current with CDC up-to-date recommendations, and she did not go over the information regarding side effects of COVID-19 with resident's. IC Nurse A also said she was unaware vaccine side effects were not documented on the facility resident vaccine consent form. Review of the facility Coronavirus Disease (COVID-19)-Vaccination of Residents policy (un-dated), stated Before the COVID-19 vaccine is offered, the resident is provided with education regarding the benefits, risks, and potential side effects associated with the vaccine. The resident (or representative) is provided with the most current vaccine information statement (VIS) prior to vaccine administration. COVID-19 vaccine education, documentation, and reporting are overseen by the infection preventionist and coordinated by their designee.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that accurate and comprehensive informed consent was provided prior to initiation of psychotropic medications for one resident (Resident #12) of five residents reviewed for unnecessary medications. Findings include: Resident #12: Record review revealed Resident #12 was admitted to the facility on [DATE] with diagnoses which included schizophrenia, psychosis, and dementia. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was moderately cognitively impaired and required supervision to maximum assistance to complete Activities of Daily Living (ADLs) with the exception of eating. The MDS further detailed the Resident was taking psychotropic medications. Review of Resident #12's Medication Administration Record (MAR) for June 2026 revealed the Resident was currently receiving the following psychotropic medications: - Fluphenazine Decanoate (Prolixin- long lasting antipsychotic medication with a black box warning for use in elderly) Intramuscular (IM) Injection - 25 mg milligrams (mg)/milliliter (mL) every 14 day(s) for psychosis. - Divalproex Sodium (Depakote- medication used to treat seizures and as a mood stabilizer associated with bipolar disorder with black box warning) Delayed Release (DR) 250 mg twice a day for Major neurocognitive. with behavioral disturbance. An interview was completed with Social Services Designee (SSD) B on 6/23/26 at 1:42 PM. When queried regarding facility procedure related to obtaining consents for psychotropic medications, SSD B stated, I get the consents. When asked if they monitor and track all psychotropic medication use in the facility, SSD B replied, Yes. Resident #12's psychotropic medication consents were requested from SSD B. The following consents were received and reviewed with SSD D: - A consent for Fluphenazine Decanoate dated 2/18/26- A consent for Depakote (not Depakote DR) dated 10/2/25. When queried why the consent for Depakote did not specify Depakote DR, SSD B reviewed the consent, indicated the consent was incorrect, and stated, It should say DR. SSD B was then asked if they review the side effects of the psychotropic medications with the Resident and/or their guardian, SSD B stated, No and indicated they have a nurse review the potential medication side effects. When asked why they sign the informed consent form if they are not reviewing the potential side effects of the medication, SSD B stated, I see what you're saying. I understand. With further inquiry, SSD B stated, Should probably have them (nursing staff) sign it (informed consent form). On 6/24/26 at 10:46 AM, an interview was completed with Resident #12's Legal Guardian Witness LL. When queried regarding Resident #12's psychotropic medication consents including what information is reviewed with them when obtaining consent, Witness LL responded that the facility does not go over side effects of medications when they contact them to obtain consent. With further inquiry regarding their understanding of Resident #12's psychotropic medications and potential side effects of medication use, Witness LL responded, I go with what they (facility staff) say because I am not clinical in regard to medication recommendations. An interview was completed with the Director of Nursing (DON) on 6/25/26 at 1:50 PM. When queried regarding the facility policy/procedure related to informed consent for psychotropic medication use, the DON indicated a consent form is completed and obtained for each psychotropic medication. When queried if the form should have the correct formulation of the medication, such as DR versus not, the DON responded that it should. The DON was then asked if the possible side effects and risks/benefits of the medications should be reviewed with the resident/resident representative prior to initiation of therapy and confirmed they should. When queried regarding Resident #12's having a consent for Depakote, not Depakote DR, and SSD B confirming they made an error, the DON did not provide further explanation. When queried regarding (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SSD B stating they obtained and signed the consent forms but did not review the potential side effects, the DON verbalized understanding of the concern. Review of facility policy/procedure entitled, Psychotropic Medication Use (Reviewed: 1/26) revealed, Informed Consent or Refusal: 1. Prior to initiating the use of, increasing the dose of, or switching to a different psychotropic medication, the Practitioner/physician will review the following with the resident/representative prior to obtaining documented consent or refusal: a. non-pharmacological alternatives; b. the indications and rationale for the recommendation c. the potential risks and benefits (including possible side effects, adverse consequences, and black box warnings); and d. the resident's/representative's right to accept or decline the treatment.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to 1) Ensure the resident's right to formulate an Advanced Directive for one resident (Resident #3) and 2) Ensure that a resident was competent to sign an advance directive/Code Status for one resident (Resident #43), of 3 reviewed for Advance Directives, resulting in the potential for the residents' lack of informed knowledge related to options for code status and miscommunication of code status. Findings Include: Resident #3: Record review revealed Resident #3 was most recently admitted on [DATE] with diagnoses which included diabetes mellites, chronic respiratory failure, bipolar disorder, anxiety, chronic kidney disease (CKD), Bardet-Biedl syndrome (BBS- rare genetic disorder characterized by obesity, kidney abnormalities, and vision loss), and urinary retention. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required moderate assistance with toileting and bathing. A review of Resident #3's Electronic Medical Record (EMR) revealed the Resident was a full code status indicating the wanted to be resuscitated in case of a medical emergency. Advance Directive documentation such as Durable Power of Attorney (DPOA) was not noted in the EMR. A form entitled, Advance Directive/Medical Treatment Decisions was present in Resident #3's EMR. The form specified, This is to acknowledge that I have been informed in writing. of my right. to make decisions concerning medical care. and the right to formulate and issue Advance Directives to be followed should I become incapacitated. The option checked on the form was, I have chosen to formulate and issue the following Advance Directives. There was no further information checked regarding formulation of Advance Directives, such as a DPOA, selected on the form. The form was dated and signed by the Resident on [DATE]. An interview was completed with Social [NAME] Designee (SSD) B on [DATE] at 1:15 PM. When queried regarding Resident #3's Advance Directive form indicated the Resident chose to formulate and issue an Advance Directive but not having Advance Directive documentation in the EMR, SSD B stated, They clicked the wrong one. (Resident #3) wants to be to a full code. When asked what choosing to formulate and issue and Advance Directive means, SSD B responded that it meant code status. When asked if Advance Directives also referred to advanced care planning such as setting up a DPOA, SSD B replied, Yeah, I guess. We talk to them (residents) about that. When queried if they spoke to Resident #3 about an Advance Directive, SSD B did not provide a response. An interview was completed with Resident #3 on [DATE] at 2:56 PM. When queried if facility staff had discussed formulating an Advance Directive, such as a PDOA, with them, Resident #3 responded that they would like to get something in place and that the facility staff have not offered to assist them. When asked if they would need assistance, Resident #3 revealed they would as they are unsure about the options and what would need to be completed. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was completed with the Director of Nursing (DON) on [DATE] at 1:58 PM. When queried regarding Resident #3's Advance Directive form indicating the Resident wanted to formulate an Advance Directive, not having an Advance Directive in their EMR, and interviews completed with SSD B and Resident #3, the DON stated, I don't know what to tell you. A review of the facility policy titled, Advance Directives/Advance Care Planning, dated reviewed 1/2026 provided, Policy Statement: 1. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. 3. If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative. 6. Prior to or upon admission of a resident, the Social Services Director or designee will inquire of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. 8. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives. a. The resident will be given the option to accept or decline the assistance, and care will not be contingent on either decision. 14. In accordance with current OBRA definitions and guidelines governing advance directives, our facility has defined advanced directives as preferences regarding treatment options and include, but are not limited to: a. Advance Directive &mdash; a written instruction, such as a living will or durable power of attorney for health care, recognized by State law, relating to the provisions of health care when the individual is incapacitated. Advance Directives Resident #43: A record review of the Face sheet and Minimum Data Set/MDS indicated Resident #43 was admitted to the facility on [DATE] with diagnoses: History of a stroke, history of a myocardial infarction (heart attack), weakness right lower leg, diabetes, liver disease, history of liver transplant, lung disease, dementia, depression, anxiety, chronic kidney disease, and gout. The MDS assessment dated [DATE] revealed the resident had moderate cognitive loss with a Brief Interview for Mental Status/BIMS score of 8/15 and the resident needed some assistance with care. On [DATE] at 11:12 AM, during a review of the Advance directives/Code status document for Resident #43, the document was checked that the person did not wish to formulate advance directives and appeared unsigned. A staff member signed the form on [DATE]. Further review of the progress notes for Resident #43 identified the following: [DATE] at 9:20 AM, a Social Services note Called (the resident's friend) and let her know that we need her to come up and sign documents for the guardianship. [DATE] at 4:40 PM, a Nursing/Clinical Note: Resident admitted to facility via stretcher via EMS (emergency medical services). Upon assessment, resident is alert and oriented x1 (person/himself- he is not oriented to place or time). (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of a Psychiatric Evaluation & Consultation dated [DATE] identified the following, . Social Work reports significant behavioral concerns including a recent incident in which (Resident #43) struck his son with his cane and was subsequently evicted from his apartment, which is a clinically significant disclosure reflecting behavioral dyscontrol in the context of severe cognitive impairment and dementia. Cognitive impairment is severe with orientation 1 out of 4. On [DATE] at 3:15 PM, Social Services Staff B was interviewed and asked about Resident #43's Advanced Directives. She showed the resident's Advance Directives form and she said he signed the Advance Directives for wanting CPR on [DATE] the day of admission. During the interview with Social Services B on [DATE] at 3:15 PM, she said she completed Resident #43's initial BIMS for the MDS dated [DATE] and the score was 8/15 (moderate cognitive loss) and she said on [DATE] the Psychologist completed the next BIMS, and the score was 3/15 (severe cognitive loss). Social Services B was asked if the resident was competent to legally sign documents and she provided 2 documents that indicated the resident was declared incompetent to make his own decisions on [DATE] by Physician F and [DATE] by Psychologist HH. Physician F documented . unable to understand complex medical (and financial) decision making. Psychologist HH documented, . lacks insight and judgement into medical and financial decision making. During the interview with Social Services B on [DATE] at 3:15 PM, she said she was told the resident had to sign no matter what when they were admitted . She said there was no mention of the residents 'competence and she said it was their facility policy to make sure it was signed. She said the resident's girlfriend was seeking guardianship, as the resident was not able to make his own decisions. A review of the facility policy titled, Advance Directives/Advance Care Planning, dated reviewed 1/2026 provided, Policy Statement: 1. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. 3.) If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to develop and implement a comprehensive care plan for one resident (Resident #43) of 23 residents reviewed, resulting in Resident #43 lacking Care Plan interventions related to wandering into other residents' rooms. Findings Include: Resident #43: A record review of the Face sheet and Minimum Data Set/MDS indicated Resident #43 was admitted to the facility on [DATE] with diagnoses: History of a stroke, history of a myocardial infarction (heart attack), weakness right lower leg, diabetes, liver disease, history of liver transplant, lung disease, dementia, depression, anxiety, chronic kidney disease, and gout. The MDS assessment dated [DATE] revealed the resident had moderate cognitive loss with a Brief Interview for Mental Status/BIMS score of 8/15, and the resident needed some assistance with care. On 6/22/2026 at 1:55 PM, Resident #43 was observed lying in another residents' bed (Resident #7) across the hall from Resident #43's room. Resident #7 was very upset when he found Resident #43 lying in his bed. He told Resident #43 to get out of his bed and Resident #43 began to reach for Resident #7's cane that was leaning against the end of the bed. Resident #7 began swinging a reacher stick at Resident #43 and yelled Don't touch my cane!. On 6/23/2026 at 10:47 AM, Resident #7 was interviewed and said the resident across the hall (Resident #43) was in his room again the prior evening and Resident #7 was upset about it. On 6/24/2026 at 4:45 PM, Certified Nursing Assistant/CNA H was observed in the hallway near Resident #43's room. When asked about the resident, she said that he would wander in the hallway. The MDS assessment for Resident #43 dated 6/4/2026 Section E, question 0900 Wandering- Presence & Frequency was checked for 2. Behavior of this type occurred 4 to 6 days. A review of a Psychosocial Evaluation for Resident #43 dated 6/3/2026 provided, . Hospital records indicate that he has a previous diagnosis of Dementia and struck his son with his cane and was agitated and aggressive leading to his admission to the hospital. A record review of the Care Plans for Resident #43 on 6/24/2026 indicated there was no mention of Resident #43 wandering into other resident's room and lying down in their beds. On 6/25/2026 at 12:35 PM, the Unit Manager EE was interviewed about the incident between Resident #43 and another. She said she had not been notified of the incident and did not know Resident #43 was wandering into other residents' rooms and sleeping in their beds. She said she should have been notified of the incident; and a care plan should have been initiated.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to provide adequate supervision, and develop, enact and evaluate interventions for repeated wandering into other residents' rooms for one resident (Resident #43). Findings include: Resident #43: A record review of the Face sheet and Minimum Data Set/MDS indicated Resident #43 was admitted to the facility on [DATE] with diagnoses: History of a stroke, history of a myocardial infarction (heart attack), weakness right lower leg, diabetes, liver disease, history of liver transplant, lung disease, dementia, depression, anxiety, chronic kidney disease, and gout. The MDS assessment dated [DATE] revealed the resident had moderate cognitive loss with a Brief Interview for Mental Status/BIMS score of 8/15, and the resident needed some assistance with care. On 6/22/2026 at 1:55 PM, Resident #43 was observed lying in another resident's bed (Resident #7) in the wrong room (across the hall from Resident #43's room). Resident #7 was very upset when he found Resident #43 lying in his bed. He told Resident #43 to get out of his bed and Resident #43 began to reach for Resident #7's cane that was leaning against the end of the bed. Resident #7 began swinging a reacher stick at Resident #43 and yelled Don't touch my cane!. A nurse aide was in the room during the incident and separated the two residents and assisted Resident #43 back across the hall to his room. The Nurse Aide told Resident #7, He can't help it Resident #43 didn't say anything and walked with the Nurse Aide back to his room. On 6/23/2026 10:47 AM, Resident #7 was observed sitting in a wheelchair in his room, when asked how he was doing that day, he said Ok now. Resident #7 said the resident across the hall (Resident #43) was in his room again the prior evening and Resident #7 was upset about it. On 6/24/2026 at 4:45 PM, Certified Nursing Assistant/CNA H was observed in the hallway near Resident #43's room. When asked about the resident, she said that he wandered in the hallway. CNA H said Resident #43 would usually sleep from early afternoon until about 5:30 PM every day. She said he would get up and start walking up and down the hall; sometimes he would ask to use the phone. The CNA was asked if she had seen him sleep in other resident's beds and she said she had seen him go into other residents' rooms. A record review of the electronic medical record for Resident #43 identified a Nursing Assessment Admission date 5/28/2026 and lock date 5/29/2026. Section P. Elopement Risk was marked Yes for Dementia and the other questions were marked No. The MDS assessment dated [DATE] Section E, question 0900 Wandering- Presence & Frequency was checked for 2. Behavior of this type occurred 4 to 6 days. A record review of the Care Plans for Resident #43 on 6/24/2026 indicated there was no mention of Resident #43 wandering into other resident's room and lying down in their beds. A record review of the progress notes for Resident #43 revealed there was no note related to the resident wandering, entering other residents' rooms or lying down in their beds. A review of a Psychosocial Evaluation dated 6/3/2026 provided, . Hospital records indicate that he has a previous diagnosis of Dementia and struck his son with his cane and was agitated and aggressive leading to his admission to the hospital. A record review of the Kardex for Resident #43, reviewed on 6/24/2026, did not mention the resident was wandering into other residents' rooms. The Safety section did not mention the resident wandering or that he could be aggressive. On 6/25/2026 at 12:35 PM, the Unit Manager EE was interviewed about the incident between Resident #7 and the resident across the hall Resident #43. She said she had not been notified of the incident and did not know Resident #43 was wandering into other residents rooms and sleeping in their beds. She said she should have been notified of the incident; and a care plan should have been initiated. During the interview with Unit Manager EE on 6/25/2026 at 12:40 PM, she was asked how staff would be (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notified if a Resident had a history of wandering. She said there was an Elopement book at the front desk and Resident #43 should be listed in the book. A review of the Elopement book at the front desk revealed Resident #43 was not included.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review the facility failed to ensure that nurses completed yearly competencies and training for one nurse (Nurse A) of 1 nurse reviewed for education and competencies. Findings Include: On 06/25/2026 at 9:30 AM, Regional Human Resources/HR Director T was interviewed about staff education. She said the completed education documents were stored in the staff files in the HR office. A yearly competency was requested to be reviewed for Nurse A. On 6/25/2026 at 11:29 AM, the HR Director T was interviewed, and she said she did not have a competency evaluation for Nurse A. A review of the Facility Assessment dated March 2026 identified the following: Training, Competencies- Annual and on hire, in person and Show me. On 6/25/2026 at 2:40 PM, the Administrator was interviewed about the absence of a competency for Nurse A and said the staff were looking into it.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation, interview and record review the facility failed to ensure clinical staff postings were accurately completed for several days in 2025 and 2026, resulting in several missed days and incomplete documents. Findings Include: On 6/24/2026 at 10:20 AM, the Director of Nursing was interviewed and staffing documents were requested. She said the facility Scheduler kept the documents in her office. A record review of the daily posted nurse staffing data sheets from June 2025 to June 2026 indicated there were several days that the documents were missing: 5/21/2026 and 6/16/2026. In addition, there were 2 documents for 5/29/2026 and none for 5/30/2026. There was also a staffing document dated January but did not include a day or year. There were several days with missing information on the form including 12/30/2025; the RN Total Scheduled Hours for the 7:00 AM to 7:00 PM shift was blank and the RN hours Actual Hours Worked was blank. The Total Number of Staff for RNs was listed as 0. On 6/25/2026 at 2:20 PM, the Administrator was interviewed about the daily posted nurse staffing sheets. Reviewed with her that there were some days that were missing, and some of the documents had missing information and blanks. She said she thought the documents were copies. Confirmed the documents were copies and should reflect the original documents for accuracy.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the drug/medication regimen reviews were completed, dated and in the medical record monthly, for 3 residents (Resident #8, Resident #12 and Resident #84) of five residents reviewed for medications, resulting in the potential for each resident to receive unnecessary medications and develop adverse effects. Findings Include: Medication Regimen Review Resident #8: A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #8 was admitted to the facility on [DATE] with diagnoses: Dementia, Pulmonary hypertension, diabetes, history of falls, back pain, history of a stroke, auditory hallucinations, depression, peripheral vascular disease, cataracts, and hypertension. The MDS assessment dated [DATE] had moderate cognitive loss with a Brief Interview for Mental Status/BIMS score of 9/15 and the resident needed some assistance with care. On 6/23/2026 at 2:38 PM, a review of the electronic medical record/emr identified a progress note dated 6/22/2026 at 10:51 AM, IDT Note: MRR completed- no recommendations. On 6/23/2026 at 3:30 PM, the Director of Nursing/DON was interviewed about the Medication Regimen Reviews/Pharmacy reviews that were to be completed monthly by the pharmacist for each resident. She said the pharmacy reviews were on a paper list in her office. The DON said all of the residents were listed together on one paper if the pharmacist completed the monthly review and did not have any recommendations related to the resident's medications. She said if there were recommendations by the pharmacist, they would be in the electronic medical record/emr under the Document tab in the Pharmacy section for each resident. The DON was asked if the monthly Pharmacy reviews were in the residents medical record and she said if there was a recommendation from the pharmacist, that document should be in the medical record. Upon further review of the medical record for Resident #8, the resident did not have any other reviews or recommendations for the past year in the medical record. On 6/24/2026 at 10:00 AM, paper copies of the June 2025-June 2026 pharmacy reviews for Residents #8, were received. The reviews were listed as Resident names and the date a review was completed by the pharmacist; all residents were listed on the document. There was no additional information. Resident #8 had one recommendation titled, Consultant Pharmacist Recommendation to Physician for September 2025 related to a Risperdal (antipsychotic medication) Gradual Dose Reduction/GDR. The resident had received the medication since April 2025. The recommendation was signed by the pharmacist and there was no response written on the form from the physician or other provider. The recommendation was not located in the resident's medical record. Resident #12: A record review of the electronic medical record and MDS assessment indicated Resident #12 was admitted to the facility on [DATE] with diagnoses: Dementia, schizophrenia, diabetes, kidney disease, anemia and hypertension. The MDS assessment dated [DATE] revealed the resident had mild cognitive loss with a BIMS score of 12/15 and needed some assistance with care. A review of the medical record progress notes for Resident #12 identified a note dated 6/22/2026 indicating a pharmacy review was completed. On 6/24/2026 at 11:30 AM, the DON provided a copy of a monthly pharmacy recommendation dated 12/15/2025 for Resident #12. The recommendation was related to the antidepressant medication Mirtazapine/Remeron and asked about a GDR as the resident had received the medication since June 2025. The pharmacy recommendation was signed by the pharmacist and there was no documentation from the physician or provider on the document. It was not located in the medical record. There were no additional pharmacy reviews or recommendations in Resident #12's medical record for the past (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	year. Resident #84:A record review of the Face sheet and MDS assessment indicated Resident #84 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses: Alzheimer's Dementia, diabetes, epilepsy, heart failure, urinary retention, history of falls with fracture left leg, peripheral vascular disease, anxiety, psychosis, weakness, hypothyroidism, and hypertension. The MDS assessment dated [DATE] revealed the resident had severe cognitive loss with a BIMS score of 5/15 and needed assistance with care.A review of the medical record for Resident #84 identified a progress note dated 6/22/2026 at 10:51 AM, IDT Note: MRR completed- no recommendations. There were no additional pharmacy reviews/MRR's in the resident's medical record for the past year.On 6/24/2026 at 11:12 AM, the Director of Nursing provided one pharmacy recommendation for Resident #84 for March 12, 2026, related to Fluphenazine/Prolixin dose 5 mg, (an antipsychotic medication). The pharmacist asked about a GDR for the medication, as the resident had received the medication since March 2025 without a GDR. The pharmacy recommendation was signed by the pharmacist, but the physician or provider had not documented or signed to acknowledge the recommendation. The pharmacy recommendation was not in the resident's medical record. Residents #8, #12 and #84 did not have monthly pharmacy reviews identified in their medical records or pharmacy recommendations over the past year. The documents received from the DON were obtained from the pharmacy for surveyor review.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that the communication process was implemented, and documentation was readily available reflecting coordination of a resident's care, for one resident (Resident #13) of one resident reviewed for hospice services. Findings include: Resident #13 (R13): A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated R13 was admitted to the facility on [DATE] with diagnoses that included congestive heart failure (CHF / decreased ability of heart to pump blood), atherosclerotic heart disease (ASHD / hardening of arteries), chronic obstructive pulmonary disease (COPD/ progressive lung disease), diabetes mellitus (DM), stage 2 chronic kidney disease (CKD) and history of falls. A record review of Orders revealed R13 was admitted to hospice services on 05/11/2026. The MDS assessment dated [DATE] indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15/15. On 06/22/2026 at 10:15AM, during an interview with R13 he reported that he was on hospice services but said he remained independent in most of his care, R13 said staff assisted him with showers. A record review of R13'S care plan revealed: Focus: have a terminal prognosis r/t (related to) congestive heart failure. On services with (provider name) Hospice. with Interventions: June Hospice Calendar: 06/02 LPN, CNA; 06/04 CNA, RN; 06/05 SW; 06/08 CNA; 06/09 LPN, CH; 06/11 RN, CNA; 06/15 CNA; 06/16 LPN; 06/18 CNA, RN; 06/22 CNA; 06/23 LPN; 06/25 CNA, RN, CH; 06/27 SW; 06/29 CNA; 06/30 LPN Date Initiated: 05/15/2026 Revision on: 06/22/2026. And Work cooperatively with hospice team to ensure the resident's spiritual, emotional, intellectual, physical and social needs are met. On 06/24/2026 at 9:27 AM, during an interview with CNA I she was asked where the hospice communication binder for R13 was located and she produced 2 binders located at the nurse's station desk on the unit of R13. A record review of R13's hospice binders for May and June revealed: monthly visit schedules, hospice agreement, hospice care plan and a total of four communications, three of the communications were from Chaplin visits in May and one dated 06/11/2026 was from the nurse. No other communications / coordination of care visits were present in the binder. On 06/24/2026 at ~ (approximately) 9:30 AM, Nurse L on R13's unit was asked about the communication in the hospice binders and observed and confirmed the lack of documentation. Nurse L said she was new to the unit and she was not sure why there was scant documentation compared to the calendar visits. On 06/24/2026 at 10:03 AM, during an interview with the DON she said the binders were a thing of the past and not used. The DON said that social services (SS) B handled the hospice care. The DON said she was unsure where the communication/documentation was in the chart. On 06/24/2026 at 10:25 AM, during a follow up interview with the DON she said after she spoke with SS B that there should be some information from each visit documented in the binder and that SS B had called the hospice company to advise them it was not done. The DON was asked to review the binders and agreed there was scant documentation, with only one nurse visit documented. The DON said that the interdisciplinary team (IDT) met monthly and that information was in care conference notes in the EMR. A record review of R13's electronic medical record (EMR) revealed no care conference since documented since January 16th, 2026. A further record review of the documents in EMR revealed no hospice communication outside of the consent for care. The consent for hospice care was signed on 05/11/2026. On 06/24/2026 at 12:06 PM, During an interview with SS B she produced a stack of warm copies of hospice visit/coordination for R13. When SS b was asked why they were not available in the chart (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she replied, Because, I have 80 residents. SS B was asked why there was no communication in the hospice binders on the unit she said they should be signing off on visits in there. On 06/24/2026 at 12:30 PM, during an interview with the NHA she was asked what a reasonable amount of time was to upload records for coordination of care, the NHA said she would have to look at the policy, but she thought one business day would be enough. The NHA looked at R13's EMR and said Well, I see the stack of hospice notes she (SS B) gave you are in there; I can also see that they were just uploaded today. The NHA confirmed that there was not a care conference documented for R13 since January in the EMR and could not confirm if one was completed and said SS B would be the one who completed it. The NHA agreed to call SS B to the interview. On 06/24/2026 at 12:35 PM, during an interview with the NHA and SS B the SS B confirmed R13 was enrolled in hospice on 05/11/2026. When SS B was asked why there was no care coordination accessible for R13's hospice care in the uploaded documents, SS B stated I didn't know there was a timeframe on uploading them and said it sometimes takes a few weeks to get them in the chart. When asked if 7 weeks was acceptable, she had no reply. SS B acknowledged that the hospice binder was not up to date and had not been properly utilized by the hospice staff and that she had called them about it today (06/24/2026). SS B was asked if a care conference had been completed for R13 since the last documented on in January 2026, she said yes but she had not put it in the computer yet and looked at the NHA and stated, I put it on my PIP (performance improvement plan) for May. The NHA agreed that the documents were not uploaded and available timely in the residents' records for coordination. According to a record review of the facilities policy titled Hospice program revealed: Policy interpretation and guidelines: 10. In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with Hospice representative and ensure the level of care. d. Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day. According to a record review of the facilities policy titled Coordination of medical care revealed: Policy interpretation and guidelines: 2. Coordination of medical care includes. d. Coordinating and monitoring the provision of medical care; e. Establishing a framework of expectations for healthcare practitioners; f. Monitoring practitioners, providing feedback, and interviewing when necessary.; g. Functioning as a liaison between attending physicians and facility staff to address areas of concern.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Avista Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Galaxy Drive Saginaw, MI 48601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to ensure that 4 of 5 Certified Nursing Assistants (CNA), reviewed for the mandatory 12 hours of yearly training, had the required training. Findings Include: On 06/25/2026 at 9:30 AM, Regional Human Resources/HR Director T was interviewed about staff education. She said the completed education documents were stored in the staff files in the HR office and the 12 hour Certified Nursing Assistant/CNA training was able to be downloaded from the training cite on the computer. At that time the HR Director T was asked to see the 12 hour CNA training for 4 CNA's I, V, X, and Y. The HR Director was not able to locate the proof of training. On 6/25/2026 at 11:29 AM, the HR Director T was interviewed and she provided several pages of training documents for CNA X equaling 10.91 hours. She also provided 75 minutes/1 hour 15 minutes of training for CNA I. She said there was no additional training for CNA's Y and V and that was all of the information she could locate. Only CNA X had training on Abuse Neglect and Dementia Care. On 6/25/2026 at 2:40 PM, the Administrator was interviewed about the lack of required 12 hour CNA education for CNA's I, V, X and Y and said the staff were looking into it.		