

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39059</p> <p>This citation pertains to intakes MI00147160 and MI00148129.</p> <p>Based on observation, interview, and record review, the facility failed to ensure dignity and a clean urinal for one resident (Resident #9) out of twelve residents reviewed for dignity, resulting in the use of an old discolored and dirty urinal.</p> <p>Findings include:</p> <p>Resident #9:</p> <p>On 12/23/24, at 2:30 PM, Resident #9 was heard asking a staff member for a new urinal. The staff member walked to the clean utility room and brought back a graduate container not a urinal and offered to Resident #9 there aren't any urinals.</p> <p>On 12/23/24, at 2:38 PM, Resident #9 was asked if the facility runs out of urinals often and Resident #9 stated, always. Resident #9 offered they had to throw theirs away because it was turning black and that it was about a month old.</p> <p>On 12/23/24, at 2:40 PM, an observation along with Unit Manager (UM) B of Resident #9's disposed urinal in the bathroom trash revealed a urinal that appeared old with dark brown residue to the handle and the bottom appeared black in color. A urinal new is clear plastic with raised numbers on the outside for visibility of the urine. UM B was asked what color the urinal was and UM B stated, Yeah, that looks dark brown and dirty.</p> <p>On 12/23/24, at 2:50 PM, UM B was asked if they found a urinal for Resident #9 and UM B stated, I was going to look for one.</p> <p>On 12/23/24, at 2:52 PM, an observation of the [NAME] unit, St Joe's unit, clean supply rooms, main central supply rooms along with UM B revealed no urinals in the building for male resident use.</p> <p>On 12/26/24, at 11:00 AM, UM B was asked if they ordered urinals for the residents and UM B stated, I believe they went to [NAME] and bought some.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/26/24, at 3:37 PM, Resident #9 was in their room and offered they were happy with their new urinal.</p> <p>On 12/30/24, at 9:30 AM, a record review of Resident #9's electronic medical record revealed a readmission on 11/07/2024 with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD), Lung Cancer and Muscle Weakness. Resident #9 had intact cognition and required assistance with Activities of Daily Living (ADL's).</p> <p>A review of the care plan Resident has an ADL self-care performance deficit related to COPD . Interventions/Tasks . TOILET USE: 1 person assist Date Initiated: 08/22/2024 .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39059</p> <p>This citation pertains to Intake Number MI00147389.</p> <p>Based on interview and record review, the facility failed to treat pain timely for one resident (Resident #4) of three residents reviewed for pain control, resulting in unwanted pain, crying and no pain medication offered for nearly 10 hours.</p> <p>Findings include:</p> <p>Resident #4:</p> <p>On 12/26/24, at 1:42 PM, during a phone conversation, Resident #4 complained they didn't get enough pain medication for their broken hip surgery the first night they were in the facility. Resident #4 offered they arrived at the facility about 5:00 O'clock on October 5th. Resident #4 was asked if they got any pain medication the day of arrival and Resident #4 offered, yes, about 10 that night. Resident #4 further complained they were crying in pain throughout the night, and it wasn't until a manager came to visit the next morning that they received their pain medication. Resident #4 complained that the Aides knew they were crying in pain and tried to get the nurse. Their pain level was at an 11 during the night and took about 4 days to get under control.</p> <p>On 12/26/24, at 3:30 PM, a record review of Resident #4's electronic medical record revealed an admission on 10/5/24 at 5:28 PM with diagnoses of Femur fracture with Open Reduction Internal Fixation surgery on 10/1/24. Resident #4 had intact cognition and required assistance with Activities of Daily Living.</p> <p>A review of the Hospital Discharge medication list revealed the following:</p> <p>HYDROcodone-acetaminophen (NORCO) 5-325 MG (milligrams) per tablet Take 1 tablet (5 mg of opioid total) by mouth every 6 hours as needed for Pain - Oral</p> <p>Cyclobenzaprine (FLEXERIL) 10 MG tablet Take 1 (10 mg total) by mouth 2 times daily as needed - Oral</p> <p>A review of the Admission Evaluation Effective Date: 10/06/2024 00:35 (12:35 AM) revealed the following:</p> <p>. Pain . Current pain level 6 . How long have you had the pain? In the last 5 days . Frequency of pain over the last 5 days . Almost constantly . Relieving Factors (check all that apply) Relaxation techniques . Prescription Medication . Does the pain negatively affect . Sleep Walking Standing were all check marked.</p> <p>A review of the MEDICATION ADMINISTRATION RECORD 12/01/2024 - 12/31/2024 revealed Resident #4 received Norco Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 6 hours as needed for pain -Start Date- 10/05/2024 1745 (5:45 PM) . Sun 6 (12/6) Pain Level 8 PRN 0752 (7:52 AM)</p> <p>.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/30/24, at 12:06 PM, a record review with the Director of Nursing (DON) of Resident #4's electronic medical record was conducted and revealed the resident was admitted on [DATE] at 05:28 PM. A record review of the Narcotic Administration Record revealed Resident #4 received a Hydrocodone 5-325 mg tablet on 10/6/24 Time 752 (7:52 am) The DON was asked if they had hip surgery from a femur fracture would they want pain medication and the DON stated, yes, I would want pain medicine. The DON was asked to provide any additional documentation ensuring Resident #4 received pain medication and had their pain assessed prior to 10/6/24 at 7:52 AM which was 15 hours from their admission time.</p> <p>On 12/30/24, at 1:21 PM, the DON entered the conference room and offered a document ensuring Resident #4 received a Hydrocodone tablet on 10/5/24 at 9:24 PM. A record review along with the DON was conducted of Omnicell Date/Time 10/05/2024 9:23 PM . Quantity 1 EA HYDROCO/APAP 5-325 1 EA Tablet . Transaction for (Resident #4). A record review of the electronic medical record revealed Resident #4 had the pain medication signed out of the Omnicell although was not documented anywhere else ensuring the administration to Resident#4. A review of the admission assessment along with the DON revealed the assessment completion time was 12:35 AM with a pain level at 6 with Resident #4 not receiving an additional pain medication until 7:52 AM that morning; nearly 8 hours later.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	

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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>39059</p> <p>This citation pertains to Intake Number MI00148129.</p> <p>Based on observation, interview and record review, the facility failed to ensure medication administration for one resident (Resident #14) out of three residents reviewed for medication administration, resulting in pills spilled onto the floor and a medication cup with pills at the bedside and not consumed.</p> <p>Findings include:</p> <p>Resident #14:</p> <p>On 12/23/24, at 12:50 PM, Resident #14 was in their bed awake. There were 3 medication cups on the floor with loose pills also on the floor. Resident #14 stated, I spilled them sometime in the night or this morning. Resident #14 was unsure what time and what the pills were for.</p> <p>On 12/23/24, at 1:00 PM, Unit Manager (UM) H entered Resident # 14's room and was asked why there was pills on the floor and UM H stated, there shouldn't be. UM H picked up 1 medium white round shiny pill, 2 tan oblong pills, 1 medium round tan pill, a large chalky white pill from the floor along with the medication cups. There was another medication cup on the over bed table that had 2 white round pills in it. The resident was unsure but thought they may have been steroids or something to coat her stomach. UM H took the pills and disposed of them.</p> <p>On 12/23/24, at 3:00 PM, a record review of Resident #14's electronic medical record revealed an admission on 6/10/2024 with Chron's Disease, Debility and Sepsis. Resident #14 had intact cognition and required assistance with Activities of Daily Living.</p> <p>A review of the MEDICATION ADMINISTRATION RECORD revealed no missed or refused medications.</p> <p>A review of the Self Administration of Medications signed by Resident #14 on 6/10/24 revealed the Resident's initials by the statement I DO NOT wish to be evaluated or administer my own medications.</p> <p>A review of facility provided Medication Administration Issue Date: 8.7.2023 revealed . Remain with resident until administration of medication is complete .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38471</p> <p>This citation pertains to Intake Number MI00148817.</p> <p>Based on observation, interview and record review the facility failed to maintain sanitary conditions in the kitchen and nourishment rooms, resulting in improper kitchen sanitization of all kitchenware utilized to prepare and plate residents' meals, and soiled floors and ice machine for all residents who consume meals from the kitchen.</p> <p>Findings Include:</p> <p>On [DATE] at 3:00 PM, the kitchen was toured in the presence of Dietary Manager N and the following was observed:</p> <ul style="list-style-type: none"> -Used gloves on the ground behind the handwashing sink and stove. -Container of oats lid was not secured. -Floor by stove had multiple brown/orange dried substances stains scattered throughout the area. -Floors by three compartment sink was visibly soiled with dirt, debris and food particles. -Vents are soiled with thick dust particles on juice machine controller. -Metal plate affixed to the wall behind the juice machine has multiple residue streaks. -Was unable to test the three-compartment sink as the quaternary sanitizer tape expired [DATE] and they had no additional strips in the kitchen. <p>Dishwashing Area:</p> <ul style="list-style-type: none"> -The floor had debris build up across the majority of the area. There was debris on the floor and underneath the dishwashing area (cups, plunger etc). The walls were speckled with dried on substances of varying colors. Dietary Manager G reported staff are supposed to scrub and mop the floor nightly but it appears they have not completed that in about a week. The last time the main kitchen floor was cleaned was on Friday as she was the one that completed the task. -Dietary Aide N was actively washing dishes and was asked to run a test strip. Two were completed and both did not reach the appropriate temperature for proper sanitization of kitchen plateware, silverware, pots, baking dishes etc. Dietary Aide N was queried if she ran a test strip prior to the start of washing and she stated she did not. When asked what time she began washing dishes she responded, 2:00 PM. Review was completed of the dishwasher sanitation temperature label log and the last time the dishwasher was tested for appropriate temperatures was on [DATE]. Dietary Aide N shared she was not aware this was a daily task that needed to be completed prior to washing all of the dishes. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dietary Manager G was unable to provide a date as to how long the dishwasher was not appropriately temping.</p> <p>The St. Joe's nourishment room were observed in the presence of Dietary Aide N. On St. Joe's the ice depositor had white residue build up on the grates, multicolored stains on the inside of the chute and other unknown substance build up. The water spigot had brown residue inside the spigot when wiped with a towel. The [NAME] unit nourishment room ice machine had multiple smear marks on the machine, the water spigot produced yellow residue from the inside of it. There were multiple blankets piled on the floor around them that were soaked with water.</p> <p>On [DATE] at 8:40 AM, an interview was conducted with the Administrator. She reported the dishwasher was serviced with the work being completed on [DATE]. The dishwasher was broken and some parts had to be replaced. While this was mitigated, they switched to paper products for two days.</p> <p>Review was conducted of the Service Report for the dishwasher dated [DATE]. It stated, Concern machine not reaching temperature found final rinse pressure low at rinse jets. Rebuild and cleaned rinse solenoid and vacuum breaker cleaned rinse jets .</p> <p>On [DATE] at 9:15 AM, Maintenance Director D reported he was not certain of the issue with ice machine on [NAME]. He explained staff will dump items other than water and ice into the drain bin and it will clog the drainpipe. Within the last week he has cleared out the pipe twice and it has returned to proper working order. He continued the water was leaking from the ice machine and the towels were placed there to catch it. The company that services the machines comes out every ,d+[DATE] months. He explained the kitchen staff are responsible for cleaning and defrosting of the ice machine in their area monthly.</p> <p>St. Joe's ice machine was observed with Maintenance Director and the ice catch had stains, built up white substances and other particles on the grates and ice chute. The inside of the water spigot was checked and it had a yellow/orange residue. On the bottom ledge of the refrigerator and inside both storage drawers were multiple spots of yellow, dried on substance. Maintenance agreed the area was not cleaned/maintained as it should have been.</p> <p>On [DATE] at 10:00 AM, Housekeeping Supervisor E and Maintenance Director D observed the ice machines on St. Joe's and [NAME] Units. Housekeeper F reported when she cleans in the nourishment room she will wipe down the outside of the refrigerator and ice machine, clean surfaces, restock sanitizer and paper towels and mop. She was asked who is responsible for cleaning the water spigot and ice chute on the ice machine and she stated housekeeping. She was then asked the last time she cleaned them, and she was not able to recall the last time she cleaned it. Director D reported kitchen staff were responsible for cleaning the inside of the refrigerator.</p> <p>On [DATE] at 10:50 AM, a review was conducted of the three-facility ice machine repair invoices. It indicated they were all last cleaned by the contracted company on ,d+[DATE].</p> <p>On [DATE] at 11:30 AM, Dietary Manager G was queried regarding kitchen cleaning logs. It was explained a new cleaning log was developed that is more comprehensive for the staff to follow. The logs prior to this one were being completed but not consistently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at approximately 1:30 PM, Maintenance Director D reported the ice machine were maintained by an outside company. [NAME]'s ice machine required a new compressor and fan motor. St. Joe's and the kitchen ice machine were deep cleaned by the company and required no repairs.</p> <p>Review was completed of the facility policy entitled, Warewashing, reviewed [DATE]. The policy stated, . Facility will sanitize with hot water or chemical depending on the application and circumstance . Hot water as a sanitizer is used in high-temperature dishwashers. The temperature should be tested before each use. An accurate, calibrated, water proof and maximum read thermometer is appropriate to test temperatures. Single use stickers or temperature probes are also acceptable. At the end of the cycle, the temperature should read 160 degrees. If the temperature does not meet 160 degrees: a. Run the dish machine cycle without dishes for 3 cycles and retest; b. Contact FSD for directives; c. If FSD is unavailable, use disposable wares until directives have been provided; d. Call the chemical hotline for service .</p> <p>Review was completed of the facility policy entitled, The Maintenance and Cleaning of Kitchen Equipment, revised [DATE]. The policy stated, .Dishwasher and Sinks. Check chemical levels during every use .Floors: floors should be cleaned in the dish room after each meal. Floors in prep area after each shift and at the end of the day or as needed. Floors under equipment and behind cooking equipment shall be deep cleaned quarterly or more often as needed, floors around fryers shall be cleaned after each use .Equipment failures that compromise the integrity of the food, should be immediately reported to the FSD, maintenance director, administrator or corporate consultants for guidance .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39059</p> <p>This citation pertains to Intake Numbers MI00148129 and MI00148412.</p> <p>Based on observation, interview and record review, the facility failed to ensure a clean environment for all residents who use the main dining room, the main activity room and eleven residents' rooms, resulting in dust-filled heater covers and ceiling vents, cobwebs and spiders, dirty floors/base boards and ceiling/roof leakage.</p> <p>Findings include:</p> <p>On 12/26/24, at 11:06 AM, an observation along with Housekeeping Supervisor (E of rooms 118, 121, 122 and 127 revealed dirty floors, dirty bathroom floors with baseboards having dirty dusty buildup. Behind the room doors revealed dusty cobweb build up. Housekeeping Supervisor E was asked why the floors appeared unkept and Housekeeper Supervisor E offered, that when the new company took over they did a walk through and found the old white floors to be the worse. The common walkways throughout the rooms appeared to have less dirty buildup than the buildup around the base boards.</p> <p>On 12/26/24, at 11:11 AM, an observation along with Unit Manager (UM) H of room [ROOM NUMBER] revealed dirty buildup of dusty and debris along the base boards. UMH offered, I see it. Thank you for showing me.</p> <p>On 12/30/24, at 9:00 AM, an observation of the [NAME] unit revealed the following:</p> <p>room [ROOM NUMBER] had dirty baseboards, flooring and door jam.</p> <p>room [ROOM NUMBER] had cobwebs with spiders underneath the heater. The flooring, base boards and bathroom had dirty brown buildup.</p> <p>room [ROOM NUMBER] had dirty baseboards.</p> <p>room [ROOM NUMBER] was noted to have spider/cobwebs in 2 of the 4 ceiling corners. The bathroom floor and baseboards had large amount of dirty residue.</p> <p>room [ROOM NUMBER] had cobwebs to the corners of the ceiling. There were numerous cobwebs with spiders under the heater. Staff Member I was asked what they saw and Staff Member I stated, I see cobwebs and spiders.</p> <p>room [ROOM NUMBER] had dusty buildup to the fan cover to the bathroom ceiling. The bathroom floor had brown residue. There were cobwebs to the ceiling corners.</p> <p>room [ROOM NUMBER] had cobwebs to the ceiling corners.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	
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)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/30/24, at 9:10 AM, an observation along with Infection Control (IC) Nurse A of room [ROOM NUMBER] was conducted. The bathroom had large amount of brown residue splashed and dried to the wall behind the toilet. The floor and baseboards had dirty buildup. The corners of the floor had large amounts of dusty, wet buildup noted. IC Nurse A offered, Yes, this is dirty.</p> <p>On 12/30/24, at 9:20 AM, an observation of St Joe's unit revealed the following:</p> <p>The resident in room [ROOM NUMBER] bed 1 was resting. Their bed was pushed against the wall with the Head of the Bed near the door. There was an approximate 5-inch dark brown line on the ceiling near the wall the resident was pushed up against. The dark brown line continued down the wall to behind the resident's bed. It appeared to have had dripped down the wall more than once. There was no baseboard to the wall near the foot of the bed and the floor had a large amount of dusty dirty debris. The ceiling above the resident in bed 2 was observed to have the same dark brown color residue to the ceiling above the resident's legs. The area appeared to have dripped more than once. The residue did not appear wet. There were dusty cobwebs along the baseboard under the closet.</p> <p>On 12/30/24, at 9:30 AM, Housekeeper (HK) P was near room [ROOM NUMBER] in the hallway. Housekeeper P was asked to explain their work duties. HK P started, they clean rooms, the bathrooms, make beds at times and clean the nursing station. HK P was asked if they had a duties list they use to keep track of their work they finished and HK P offered a hand written list of rooms. A record review along with HK P of their duty list revealed Rooms 188, 186, 181, 192, and 193 had a line through them. HK P was asked what that meant and HK P offered they had finished cleaning those rooms already.</p> <p>On 12/30/24, at 9:35 AM, an observation of the main dining room revealed the following:</p> <p>Cobwebs were noted to numerous ceiling corners. There were 2 mini-split ac units that had dusty build up to the vent covers.</p> <p>The heater fan covers were grossly built up with dusty debris which was falling off onto the floor. Maintenance Staff D entered the dining room and was asked if the heater vent covers are supposed to be covered nearly completely with dusty residue and Maintenance D stated, no. There was a third heater that was running. The front covers slid open. The tracks and the doors had brown splashed dried residue and Maintenance Staff D was asked what that was and Maintenance Staff D offered, it looks like spillage. The residue did not appear wet. There were cobwebs to the windowsill above the heater.</p> <p>On 12/30/24, at 9:45 AM, an observation of the main activity room revealed cobwebs with spiders to the ceiling corners. The fan cover had a large amount of dusty build up.</p> <p>On 12/30/24, at 9:55 AM, an observation of the shower room near room [ROOM NUMBER] revealed the fan cover to have dusty buildup.</p> <p>On 12/30/24, at 10:10 AM, an observation along with Maintenance Staff D of room [ROOM NUMBER] was conducted. Maintenance Staff D offered that the roof had leaked. The roof was repaired and that they had to come back out again for repairs. Maintenance Staff D was asked when that occurred and Maintenance Staff D offered, at least 2 months ago. Maintenance Staff D was asked how recent the leakage on the ceiling in room [ROOM NUMBER] was and Maintenance Staff D offered, its appears old to me.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Optalis Health and Rehabilitation St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 915 N River Rd Saginaw, MI 48609	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of the facility provided policy Routine Cleaning and Disinfection Revision Dates: 11/20 revealed It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible . Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms .</p>