

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 01/23/2025
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>38471</p> <p>Based on interview, and record review, the facility failed to complete a performance review every 12 months for five Certified Nurse Aides (CNA's S, T, U, V, & X) of 5 reviewed for an annual performance review. This deficient practice resulted in the potential for inadequate and unmet resident care needs.</p> <p>Findings include:</p> <p>On 1/23/2025 at 9:40 AM, review of human resource files in the presence of Human Resources Director R was completed. It was found five of the five CNA's reviewed for annual competencies were not completed in 2024. The following staff members did have annual skills checks completed.</p> <p>CNA S - last completed 10/2023</p> <p>CNA T - last completed 10/2023</p> <p>CNA U last completed 10/2023</p> <p>CNA V - last completed 10/2023</p> <p>CNA X - last completed 10/2023</p> <p>Director R explained they hold annual competencies classes yearly for staff instead of basing it on their hire date and she shared Educator B is actively holding classes this week. It can be noted when reviewing the files the 2023 competencies were filed but the date completed for each specific competency were checked off at different month increments (some being five + months apart).</p> <p>On 1/23/2025 at 1:00 PM, an interview was conducted with Educator R regarding annual competencies. He accepted the role as Unit Manager/Educator in October 2024 and his training was initially more focused on Unit Manager tasks. Manager B was queried when he was aware facility staff did not have skills checks completed in 2024. He stated it was discovered about a month ago and that is when they enacted their plan.</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
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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review was completed of the facility policy entitled, Skill Evaluation, dated 2/9/24. The policy stated, .The skills evaluation checklist(s) is completed during job-specific orientation, re-validated annually, and completed as needed .The employee's immediate supervisor or designee is responsible for completion of the annual review at the time of the employee's annual performance evaluation .		