| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235249 | A. Building<br>B. Wing | 11/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Optalis Health and Rehabilitation at St. Francis | 915 North River Road<br>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) |
|---|---|
| F 0569<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.<br><br>This citation pertains to Complaint Number 2644043.Based on interview and record review, the facility failed to reimburse trust funds for one resident (Resident #1) of three residents reviewed for trust funds, resulting in trust funds not being reimbursed upon death. Findings include. On 11/21/2025, at 11:30 AM, the Interim Director of Nursing was asked to provide all grievances and/or complaints regarding trust funds reimbursement for Resident #1. On 11/21/2025, at 1:00 PM, a record review of Resident #1's electronic medical record reveled a death in the facility on 11/13/2024 at 5:35 AM. A review of the miscellaneous tab revealed no scanned documentation regarding trust fund agreement, balances or reimbursements. On 11/21/2025, at 2:00 PM, the Interim Director of Nursing (DON) was interviewed regarding Resident #1. Per the Interim DON, Resident #1 passed away in November 2024. The Interim DON was asked to provide the ending balance of Resident #1's trust fund account. On 11/25/2025, at 10:00 AM, the Administrator provided a copy of a reimbursement invoice for Resident #1's trust fund balance and offered that the check was mailed to the daughter. On 11/25/2025, at 10:11 AM, a record review of the invoice revealed Invoice Date 11/21/2025 Description (Resident #1) Gross Amount $118.39 . Pay One Hundred and Eighteen Dollars and 39 Cents to the Order of: (daughter) Closed (Resident #1) Trust . On 11/25/2025, at 12:35 PM, a phone interview with the Director of Revenue (DOR) B was conducted. The DOR was asked why Resident #1's trust fund was reimbursed on 11/21/25 and not when they passed away in 2024 and the DOR B offered, there is no reason why and it was an oversight on the part of multiple parties. |

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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