

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  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Optalis Health and Rehabilitation at St. Francis		STREET ADDRESS, CITY, STATE, ZIP CODE  915 North River Road 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to intake Numbers 2708679 &amp; 2708703. Based on observation, interview, and record review, the facility failed to implement appropriate enhanced barrier precautions (EBP) for one resident (Resident #103), identified with an indwelling percutaneous endoscopic gastrostomy (PEG) tube, of three residents reviewed for infection prevention. Findings include: Resident #103 (R103): According to a review of R103's medical record, the resident was admitted to the facility on [DATE] for skilled nursing care related to cerebral edema (fluid collection in the brain), oropharyngeal dysphagia (difficulty swallowing), severe protein-calorie malnutrition, Metastatic malignant neoplasm of right lung (cancer), secondary malignant neoplasm of bone (cancer), antineoplastic chemotherapy, weakness with difficulty walking, on 11/21/2025 PEG tube placement. R103's Minimum Data Set (MDS) record revealed Brief Interview of Mental Status (BIMS) score of 11/15 indicated the resident had moderately impaired cognition. On 01/21/2026 at 11:54 AM, An observation of R103's door was made and there was no EBP signage posted. There was no PPE immediately present at R103's door. R103 was resting in room with eyes closed and was unable to be interviewed. On 01/21/2026 at 12:33PM, Observed R103 was supine in bed watching TV, there was a walker at his bed side, no PPE receptacle was present in the room. R103 agreed to an interview. R103 said that he had been at the facility for a couple of months following a hospital stay, he had hopes of returning home. R103 said that he required some assistance with daily care. R103 said, they help me shower and such, but I can do my own oral care and grooming. R103 said that occasionally he has incontinence, but he can go to the rest room using his walker now. R103 was queried if the staff performing care for him wore protective clothing such as gowns when care was provided or when they handled his tube feeding or dressing, R103 had a furrowed expression and stated Why the hell would they need a gown, No. On 01/21/2026 at 12:41PM, During an interview with Nurse A she was asked, if residents that received nutrition through tube feeding required any special precautions. Nurse A replied Yes, enhanced barrier precautions and further explained It is a direct entrance to their body. When asked what EBP's were, she said, to use gown and gloves with resident care. A record review of R103's orders revealed: Orders dated 11/24/2025: Admit resident to Skilled Level of Care. Physician/Provider has reviewed and agrees with current Care Plans, Diagnosis list, and Physician Orders. Orders dated 11/25/2025: Check resident's tube site every shift for signs of infection, dehydration, N/V distention, diarrhea, constipation, reflux, and breath sounds Q shift. Orders dated 11/25/2025: Monitor patient for clinical signs of misplaced tube: dyspnea, tachypnea, tachycardia, pulmonary congestion, and abdominal distention/tenderness/hardness. every shift for enteral feed. Orders dated 11/25/2025: Change irrigation (flush) kit (peg tube) every 24 hours and PRN as needed for tube feeding. Orders dated 11/25/2025: Enteral Tube Site Care: Cleanse site with soap &amp; water, rinse with water &amp; allow to air dry. If indicated for drainage, apply split gauze date &amp; initial. The orders for R103 revealed: no orders placed for EBP. A record review of R103's Care plan revealed the following: Date Initiated: 11/25/2025 Created</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235249
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>by: DON / Infection Control Preventionist (ICP) Focus: The resident is at nutritional risk related to cerebral edema, dysphagia, gastrostomy, malignant neoplasm, COPD, HTN. Intervention related: Diet: NPO. Focus: Need for feeding tube/ potential for complications of feeding tube use related to dysphagia. All interventions related: Administer tube feeding formula, hydration, and flushes per order. Check tube placement and function per guideline or physician order. Elevate head 30-45 degrees While tube feeding is running. Nothing by Mouth (NPO). Obtain Labs as ordered, and report results to physician. Report signs and symptoms of infection such as redness, tenderness, heat, drainage, fever, acute mental changes, functional decline in ADLs. (and) Speech Therapy evaluation &amp; treatment as ordered. On 01/21/2026 at 1:42PM, During an interview with the DON / ICP She was asked why residents would require EBP and she said, for any type of tube, like ostomies, catheters, dialysis, wounds, IV /PICC. How about I read my check list to you? then stated, it is long I will just send it to you, when asked what the list was called, she said EBP quick reference guide she used for infection control. DON/ICP stated, Basically, it's any man-made tube or opening in your body that could potentially have bacteria.The DON/ICP was asked to demonstrate a walk-through of the hall where R103's room is located and to identify residents on the hall who were on current precautions. The DON/ICP agreed and said the facility only had EBP's in the building and that they had a transmission-based precaution (TBP) that ended on 01/17/2026. During the walk through of the hall the DON/ICP explained that residents with precautions had a sign posted on their door with the type of precaution, and the sign also indicated which resident in the room was on precautions. At the end of the walkthrough the DON/ICP had identified a total of 5 residents with EBP signage posted on the doors and had given the explanation of why each resident was on EBP's. None of the 5 residents the DON/ICP identified included R103.The DON/ICP was asked to review R103's medical chart. DON/ICP was asked what date R103 was admitted to the facility and she said on November 24th, 2025. DON/ICP was asked how long R103 has required tube feeding and she stated, since he came. DON/ICP then exclaimed, There was no (EBP) sign on(R103's) door on the walkthrough. DON/ICP was asked to review R103's care plan for EBP in the plan of care, after looking in the chart she replied no, it is not. The DON/ICP was asked to review resident 103's Kardex bedside care plan for EBP, after looking in the chart she replied no, it is not; It wouldn't be there if it wasn't on the full care plan. The DON/ICP was asked to check R103's orders for enhanced barrier precaution, after looking in the orders she replied no, there is no order. The DON/ICP DON was queried if her staff followed enhanced barrier precautions at any time for R103 since admission in November of 2025 and she stated, Probably not since there's no sign, no orders and no care plan for it.On 01/21/2026 at 2:04 PM, DON stated, I just fixed it in (R103's) chart. And indicated that she was going to place a sign on R103's door as well. DON agreed that it was a problem that R103 need for EBP had not been ordered or identified and followed. She said she was in the process of correcting it and that she could not change what had already happened. A record review of DON referenced facility EBP Quick reference revealed: Residents who have the following are REQUIRED to be placed in Enhanced Barrier Precautions, under Indwelling Medical devices:Central vascular linesHemodialysis cathetersPICC linesTunneled linesImplanted portsIndwelling urinary cathetersFeeding tubesChest tubesSurgical drainsTracheostomy tubesOther indwelling devices/lines that exit the body A record review of facilities policies labeled Enhanced Barrier Precautions revealed: Guidelines: Enhanced barrier precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs). Enhanced barrier precautions involve gown and glove use during high-contact resident activities for residents known to be colonized with a CDC targeted MDRO (where contact precautions do not apply) as well as those residents at increased risk of MDRO acquisition, such as</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>chronic wounds or indwelling medical devices.The policy further defined indwelling lines as:Central vascular lines (including hemodialysis catheters/ PICC lines, tunneled lines, implanted ports)Indwelling urinary cathetersFeeding tubesChest tubesSurgical drainsTracheostomy tubesOther indwelling devices/lines that exit the body.The policy defines High contact resident activities include (for all residents on Enhanced Barrier Precautions) as:Dressing.Bathing/Showering.Transferring.Providing hygiene.Changing linens.Changing briefs or assisting with toileting.Care and use of indwelling medical devices:Any dressing changes.Injecting or infusing medication or tube feeding into the indwelling medical device.Wound care: any skin opening requiring a dressing.Working with the resident in the therapy gym/ specifically when anticipating close physical contact while assisting with transfers and mobility.The policies procedure is defined as: Residents admitted to the facility with or during their stay at the facility acquire a wound and/or an indwelling medical device will be placed in enhanced barrier precautions.A physician order is obtained.Resident's room door does not need to be kept closed.Residents are not restricted to their rooms and do not require placement in a private room.Residents are permitted to participate in group activities, communal dining, and able to move freely around the facility.Enhanced Barrier Precautions signage will be posted on the door or wall outside of the resident's room.Gown(s) and gloves will be available outside the resident room.PPE will be discarded in the trash can in the resident's room prior to leaving the room or before providing care for another resident in the same room. (Staff should attempt to bundle care i.e. complete as many high-contact resident care activities during their visit as needed to decrease the amount of time donning &amp; doffing PPE).Enhanced barrier precautions should be used for the duration of the resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. A review of the CDC Guidance to Nursing homes on EBP revealed: Enhanced Barrier Precautions expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. Enhanced Barrier Precautions are recommended for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Standard Precautions still apply while using Enhanced Barrier Precautions. For example, if splashes and sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized.</p>		