STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
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. 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 2/10/2026, at 12:56 PM, During lunch dining observation, CNA Lwas observed carrying a resident's plate with their thumbs touching the inside of the plate nearly touching their food. Once CNA L set the plate down, they picked up a lidded cup for a resident and removed the lid. While CNA L removed the lid their hand touched all over the straw. CNA L filled the cup with juice, placed the lid/straw back on the cup and handed it back to the resident. CNA L did not perform hand hygiene and began assisting other residents with meal service. On 2/10/2026, at 1:15 PM, CNA K was observed sitting at a table assisting a resident with their lunch meal. CNA K stood up, pulled their pants up with their hands touching the inside of their waistband and skin. CNA K sat down and began to assist a resident with their meal by picking up their fork and offering bites of food. CNA K did not perform hand hygiene. On 02/11/2026 at 8:25am-8:54am observed meat slicer visibly soiled, located in the dry storage room. During this observation, Dietary Manager B was asked how often the meat slicer was cleaned and he stated the meat slicer isn't really used. On 02/11/2026 at 8:25am-8:54am observed the filter to the dishwasher booster pump leaking with a steady stream of water onto the floor. During this observation, Dietary Manager B was interviewed on the leaking filter, and he stated they are already aware of the leak, and it should be fixed by the end of this week. According to the FDA 2022 Food Code, 5-205.15 System Maintained in Good Repair, Improper repair or maintenance of any portion of the plumbing system may result in potential health hazards such as cross connections, backflow, or leakage. These conditions may result in the contamination of food, equipment, utensils, linens, or single-service or single-use articles. Improper repair or maintenance may result in the creation of obnoxious odors or nuisances and may also adversely affect the operation of warewashing equipment or other equipment which depends on sufficient volume and pressure to perform its intended functions. On 02/11/2026 at 8:25am-8:54am observed ready to use dishes stacked on each other with droplets of water running down the side of dish, located on the dish rack towards the back of the kitchen. According to the FDA 2022 Food Code, 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles, Clean equipment and utensils . shall be stored: In a self-draining position that (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	allows air drying. On 02/11/2026 at 8:25am-8:54am observed mixer visibly soiled with residue. When interviewed on how often the mixer is cleaned, Dietary Manager B stated it's cleaned every other day. According to the 2022 Food Code, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, Equipment food-contact surfaces and utensils shall be clean to sight and touch, the food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations, nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. On 02/11/2026 at noon-12:45pm during lunch observation, cut onions were observed sitting on a lid that was on top of the steam table. The cut onions were temped at 49 degrees F with Thermapen. During this observation, Dietary Manager B was asked what temperature the cut onions should be during lunch service, and he stated 40 degrees or lower. The Corporate Director of Food and Nutrition P was notified of the cut onion temperature and placed the cut onions on ice. According to the facility's policy on cold holding, Cold foods shall remain under refrigeration or on ice during meal service, to ensure that cold foods are served at no greater than 41 degrees F. According to the 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 degrees C (41 degrees F) or less. On 2/10/26 at 8:50 AM, the initial kitchen tour was completed with Activities Director A, the following was observed during the tour: 6 tier rack with 100+ ready for use pots/pans stored upon it, was riddled with visible, dried on thick gray dust particles and other unknown substances. Dietary [NAME] C stated the rack needed to be cleaned. Clean Rag Only trashcan had smudges of unknown substances and dirt particles on the lid and circumference of can. The pedal had a black rim around it. The bottom of two blue rolling carts utilized to transport cups and bowls was soiled with old food chucks, dust, and debris. Multitiered rack for insulated food protector lids was visibly soiled on the top two racks. The inside of the microwaves had brown circular stains, with food particles crumbs, unknown dried substances and smudges. Pop station: sliding cover to the ice (that chills the machine) had a brown substance covering the lid. The ice machine had a yellow/brown substance and multiple black speckles on inner white plastic lid. The black ledge had a creamy white substance that continued the length of the ledge. Juice dispenser gun was not enclosed and had white residue surrounding the circumference of it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Top of dishwasher had a white/cream/yellow particles covering it. Kitchen staff reported when the dishwasher is running its shakes and breaks particles from the ceiling loose which land atop the machine. Reach in Refrigerator: Outside it was smudged with prints and other particles. Three brown lunch bags that were undated. Activities Director A stated they were lunches for dialysis residents. Stack of sliced cheese that was undated. Dietary Aide D reported the cheese was for grilled cheese sandwiches and she was unsure why it was not dated as it typically is. Bottom of refrigerator had dried food, food chucks and other unknown food remnants. On the left side of the refrigerator from the top to the bottom was a thick (2-3 centimeter) crusted on, light brown substance. Cooler #1- the fan (that was no longer in use) was covered in brown grime. Directly below the fan was a box of hot dog buns and a box of hot dogs. The two blue fans covers were riddled in brown dust/debris. Dietary Aide D stated the fans should not look like that. One is not in use and never removed when the new fans were installed. She continued the old fan is difficult to clean. Freezer: The plastic entry transparent flaps was spackled with unknown particles. Cleaning logs that were contained in a blue binder were reviewed and they were all dated 2025. Dietary staff stated that is where the logs are kept and they were unsure where the 2026 forms were. On 02/10/2026 at 3:18 PM, an interview was conducted with Dietary Manager B regarding the observations made in the kitchen. He stated there are daily cleaning and deep cleaning logs that are completed by dietary staff. A review was conducted of cleaning schedules provided by the facility. The January 2025 and February 2025 cleaning logs had the 5 tuned into 6 on the logs so it reads January 2026 and February 2026. Manager B explained he utilized the 2025 template and changed the year. He was asked if he was aware of the days of the week did not match the date. Example February 10th is indicated as a Friday in 2026 when it is a Tuesday. He reported when he changed the template year, he did not look at the actual dates. Manager B shared the fans in the cooler should not have been soiled and since have been cleaned. He was not certain what the particles on the transparent flaps entering the freezer were. The multitiered racks for the dome lids and ready to use pots/pans were last cleaned a few months ago. The blue rolling carts he rarely sees the bottom of them but will add it to the tasks list to complete. The microwave is a daily cleaning task and should not have been in that condition. Manager B reported the ice machine was last cleaned in early January 2026 but has since been emptied and cleaned. The juice gun is supposed to be in a tray, and they soak the black plastic piece which makes is ashy. The ceiling in the dishwasher room had a hairline crack that was repaired but when the machine is running some debris breaks loose and falls atop the dishwasher. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review was conducted of Kitchen Cleaning Logs from November 2025- February 2026 and the logs were not consistently completed on a daily and/or weekly basis. Review was conducted of the Ice Machine Cleaning Log 2025/2026, the Ice machine was last cleaning on 1/2/2026.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
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 observation, interview, and record review, the facility failed to have1) An active plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility. 2) Adequate staff hand hygiene during dining service,3) Nursing staff to clean glucose monitors and equipment after use, resulting in the potential for the spread of organisms and infection to all residents and staff. Findings include:Record review of the 'Dining Room Meal Service' dated 1/16/2020 to improve the dining experience, residents in the main dining room will be served their meal restaurant style. (11.) Staff will use utensils provided to help setup/cut up food. Single use gloves may be used for items that cannot be set up with utensils. No bare hand food contact is allowed. Record review of the facility 'Dining Room Meal Service' policy dated 12/31/2024 revealed servers will serve by holding the side of the glass or by the handle of the cup. The hands of the server should never come in contact with the lip of the cup. blade of the knife, tongs of the fork, food contact surface of the spoon. Plates should be handled from the base and edges only. Record review of the facility 'Hand Hygiene' policy dated 4/14/2023 revealed that situations in which using soap and water or alcohol-based hand rub can be used: between direct contact with residents. Observation on 02/10/2026 at 12:10 PM of the main dining room noted 29 residents present, with 3 certified nurse assistants (CNA's) present and activity staff applying clothing protectors around residents' necks without hand washing between residents. Nurses in and out of room passing medications to residents seated at tables with other residents. On the menu pulled pork sandwich, vegetables, potato salad, cookies. Beverages offered and hand hygiene are offered to each resident upon entry with a hand wipe. Staff noted to move from resident to resident with no hand hygiene noted. Observation on 02/11/2026 at 8:40 AM of breakfast meal tray line. The Certified Nursing Assistances (CNAs) go from the kitchen window to the resident at the tables, do plate set-up and back to the window with no hand sanitizing/washing. CNAs put their hands into their pockets and then touch other items in the environment and then grab the next residents a meal/plate. Meal trays are not used so the staff have to touch each plate of prepared food. CNA K, CNA LL, nurse O, CNA M and CNA N. CNAs are serving the plates in the dining room. CNA K in gray scrubs with hoodie sweatshirt over puts her hands into her uniform pants pockets and then gets the next residents meal plate. Blood Glucose Monitors On 2/11/26 at 12:35 PM, an observation was made of the medication cart for the men's cart of the St [NAME] wing with Nurse T. The Nurse was observed to obtain blood glucose monitoring at the Resident's bedside. Upon returning to the medication cart, the Nurse replaced the glucose monitor back into the drawer of the medication cart without cleansing the monitor prior to returning it to the drawer. When asked about cleaning the monitor after use, the Nurse reported that it should have been cleaned. On 2/11/26 at 4:15 PM, an observation was made of Nurse S returning to the med cart after obtaining (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a Resident's blood glucose with the glucometer. The Nurse returned the glucometer into the drawer of the medication cart. The Nurse was asked what she used to clean the glucometer and indicated bleach wipes. When asked to see the bleach wipes when questioned if they were to use bleach wipes or the purple top Sani wipes, the Nurse returned to the Resident's room and reported she had used the soap in the bathroom. The soap in the bathroom was labeled as shampoo. When queried regarding what facility policy was to cleanse the glucometer after use, the Nurse reported she thought it was the Sani-wipes with the purple top container. On 2/12/26 at 10:40 AM, an interview was conducted with the Director of Nursing (DON), Administrator (NHA) and Corporate Staff. A review of facility policy with the DON and NHA was conducted regarding the cleaning of the glucose monitors after obtaining blood glucose readings. The DON reported that the Nurse was to use the purple top wipes, which was a Sani-Cloth germicidal disposable wipe, let it dry and return the monitor after obtaining glucometer readings. On 02/11/2026 at 9:55am observed a shut off drinking fountain with the bubbler removed, located near room [ROOM NUMBER]. On 02/11/2026 at approximately 10:40am observed a utility sink with one of the faucet levers broken off, located in the soiled utility room in [NAME] hallway. During this observation, Housekeeping Manager Q was asked if the utility sink is used and she stated that housekeeping doesn't use it. On 02/11/2026 at 10:43am observed a tub that appeared to be unused with supplies stored inside of tub, located in the shower room in [NAME] hallway. During this observation, Housekeeping Manager Q was asked if the tub is ever used and she stated that she hasn't seen it used, but she's not really sure. On 02/11/2026 at 10:47am observed a utility sink that appeared to be unused with a chair and an oxygen rack stored in the sink basin, located in the soiled utility room in St. Joe's hallway. During this observation, Housekeeping Manager Q was asked whether the utility sink is used, and she stated that housekeeping does not use it. On 02/11/2026 at approximately 1:00pm Maintenance Director R tested the chlorine with SenSafe Free Chlorine test strips and the result was zero at the hand sink located in the physical therapy room. On 02/11/2026 at approximately 1:00pm when interviewed Maintenance Director R on whether the utility sinks located in the soiled utility rooms are flushed, he stated he isn't sure because he just started working at the facility 4 days ago. Upon record review of the facility's flushing logs given at the time of survey, the only areas flushed once a week are the janitor's closet, bathroom in first room, and priest hall P3 and P4. In addition, the hot water tanks are flushed for 30 seconds on a monthly basis. According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Eliminate dead legs, which are sections of no- or low-water flow. According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Ensure disinfectant residual is detectable throughout the potable water system. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Flush low-flow piping runs and dead legs at least weekly. Flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as needed to maintain water quality parameters within control limits.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
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. Based on observation and record review, the facility failed to ensure that appropriate backflow prevention was installed at plumbing fixtures, resulting in the potential for contamination to the water supply, affecting all residents. Findings include:On 02/11/2026 at 8:25am-8:54am observed spray nozzle downstream of a hose bib vacuum breaker, located in the dishwasher area. On 02/11/2026 at approximately 10:29am-10:40am during the housekeeping tour with Housekeeping Manager Q, observed a utility sink and an attached hose with a chemical feed downstream of an atmospheric vacuum breaker, located in the wheelchair washing station room.On 02/11/2026 at 1:07pm observed a spray nozzle downstream of an atmospheric vacuum breaker on an outside spigot, located in the courtyard.According to the 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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide nursing services for 9 residents (#19, #48, #42, #58, #93, #83, #84, #86, #89) residing on the [NAME] Nursing Unit, resulting in residents to missing medications, blood glucose monitoring, skilled charting assessments and vital signs. Findings include: Resident #48 On 2/11/2026, at 12:27 PM, a record review of Resident #48's electronic medical record revealed an admission on [DATE] with diagnoses that included Diabetes Type 2, Stroke with speaking difficulty, Alzheimer's and Hypertension. A record review of Resident #48's MEDICATION ADMINISTRATION RECORD 2/1/2026 – 2/28/2026 revealed the following missed nursing care and medications on the day of 2/9/2026: AmLODIPine Beaylate Oral Tablet 2.5 MG (Amlodipine Besylate) Give 1 tablet by mouth one time a day for HTN Aspirin 81 MG Tablet chewable Give 1 tablet by mouth one time a day for Health & Wellness Cholecalciferol Oral Tablet 50 MCG (2000 UT) (Cholecalciferol) Give 1 capsule by mouth one time a day for supplement Donepezil HCl Oral Tablet 10 MG (Donepezil Hydrochloride) Give 1 tablet by mouth in the morning for Alzheimer's Insulin Glargine Subcutaneous Solution 100 UNT/ML (Insulin Glargine) Inject 15 unit subcutaneously one time a day for DMII Lipitor Oral Tablet 40 MG (Atorvastatin Calcium) Give 1 tablet by mouth in the evening for High Cholesterol Vitamin B 12 Oral Tablet 500 MCG (Cyanocobalamin) Give 2 tablet by mouth one time a day for supplement Acetaminophen Oral Tablet 500 MG (Acetaminophen) Give 2 tablet by mouth three times a day for pain The pain medication was missed for three consecutive doses 0800 1300 1700 Gabapentin Oral Capsule 300 MG (Gabapentin) Give 1 capsule by mouth three times a day for Pain The medication was missed for three consecutive doses 0800 1200 1600 (4:00PM) Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 4 unit subcutaneously before meals for DMII. Nurse E did not check Resident #48's glucose level nor give the scheduled insulin for three consecutive doses/glucose checks 0700 1100 1600 (4:00 PM). On 2/11/2026, at 12:40 PM, a phone interview was conducted with Nurse E. Nurse E was asked to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	explain why they did not pass medications including insulin and did not perform glucose checks for Resident #48 and Nurse E explained that at the start of the shift they were busy with another resident's concerns with needing to call the physician for labs/orders. Nurse E offered, they went back to passing medications and then got a new resident to admit which put them even more behind. Nurse E was questioned if they asked for help with their late medication pass and Nurse E stated, I should have reached out for help and that management did ask if they needed help but then Nurse E stated, that they were just busy. Nurse E was asked when they talked to the physician if they alerted of the missed medications for Resident #48 and Nurse E stated, No they did not tell the physician of the missed medications. On 2/11/2026, at 1:05 PM, a record review along with Unit Manager (UM) F of Resident #48's Medication Administration Record which revealed multiple missed medications including missed glucose levels and insulin on the date of 2/9/2026. UM F offered, they were working that day and asked Nurse F if they needed help with Nurse E refusing the need for help. Resident #93 On 2/12/2026, at 10:56 AM, a record review of Resident #93's electronic medical record revealed an admission 1/30/2026 with diagnoses that included Urinary tract infection, cellulitis of left lower limb and encephalopathy. A review of the Medication Administration Record 2/1/2026 – 2/28/2026 revealed the following missed medications on 2/9/2026: Ferrous Sulfate Oral Tablet 325 (65 Fe) MG (Ferrous Sulfate) Give 1 tablet by mouth one time a day for Supplement Folic Acid 400 MCG Tablet Give 3 tablet by mouth one time a day for Supplement Magnesium Oxide Tablet 400 MG Give 1 tablet by mouth one time a day for supplement Omeprazole 40 MG Capsule delayed release Give 1 tablet by mouth one time a day for GERD (gastroesophageal reflux disease) oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour 5 MG (Oxybutynin Chloride) Give 1 tablet by mouth one time a day for Urinary Retention prednisone Oral Tablet 10 MG (Prednisone) Give 1 tablet by mouth one time a day for allergic reaction for 7 days Vitamin B-12 500 MCG Tablet Give 1 tablet by mouth one time a day for supplement Benadryl Allergy Capsule 25 MG (diphenhydramine HCl) Give 1 tablet by mouth two times a day for allergic reaction for 7 days Bumetanide Oral Tablet 2 MG (Bumetanide) Give 1 tablet by mouth two times a day for Edema Metoprolol Tartrate Oral Tablet 25 MG (Metoprolol Tartrate) Give 0.5 tablet by mouth two times a day for HTN (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Potassium Chloride ER Oral Tablet (Extended Release 10 MEQ (Potassium Chloride) Give 1 tablet by mouth two times a day for Supplement The medication was not administered by Nurse E for two consecutive doses 0900 1300 (1:00 PM). The record review revealed Nurse E did not complete the pain assessment, vital signs assessment and obtain the physician ordered weight assessment on 2/9/2026. Resident #19 On 2/12/2026, at 10:59 AM, a record review of Resident #19's electronic medical record revealed an admission on [DATE] with diagnoses that included trimalleolar fracture, cellulitis of left lower leg and pneumonia. A review of the MEDICATION ADMINISTRATION RECORD 2/1/2026 – 2/28/2026 revealed the following missed medications for the day of 2/9/2026: bupropion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG (Bupropion HCl) Give 150 mg by mouth in the afternoon for Depression Vitamin-B Complex Oral Tablet (B-Complex Vitamins) Give 1 tablet by mouth in the evening for vitamin On 2/12/2026, at 1:06 PM, Nurse E was further interviewed regarding their workday on 2/9/2026. Nurse E was asked why they documented missed med administration time due Med to late to administer due to admit, resident problems and concerns, etc and Nurse E offered, they got busy and wasn't able to administer the residents' medications. Nurse E was again asked if they alerted the Physician of the multiple residents with missed cares and medications and Nurse E stated, No. Nurse E was not unsure if they had passed on the information for the oncoming nurse. Resident #58 On 2/12/2026, at 11:15 AM, a record review of Resident #58's electronic medical record revealed an admission on [DATE] with diagnoses that included Diabetes Mellitus, Hypertension Major Depressive Disorder. A review of the MEDICATION ADMINISTRATION RECORD 2/1/2026 – 2/28/2026 revealed the following missed care/medications on 2/9/2026: Aspirin 82 MG Tablet chewable Give 1 tablet by mouth one time a day for Prevention Glimepiride Oral Tablet 2 MG (Glimepiride) Give 2 tablets by mouth in the morning for Type two diabetes with breakfast hydrochlorothiazide Oral Tablet 25 MG (Hydrochlorothiazide) Give 1 tablet by mouth with meals for HTB Take with food or milk Losartan Potassium Oral Tablet 100 MG (Losartan Potassium) Give 1 tablet by mouth one time a day for HTN Steglatro 15 MG Tablet Give 1 tablet by mouth one time a day for Type 2 diabetes Metformin HCl Oral Tablet 1000 MG (Metformin HCl) Give 1 tablet by mouth two times a day for Type two diabetes Take twice a day with meals Nurse E failed to provide this medication for two consecutive doses 0800 1700. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Metoprolol Tartrate Oral Tablet 25 MG (Metoprolol Tartrate) Give 1 tablet by mouth two times a day for HTN Multivitamin Tablet Give 1 tablet by mouth two times a day for supplement Cabidopa-Levodopa Oral Tablet 25-100 MG (Carbidop-Levodopa) Give 1 tablet by mouth three times a day for parkinsons Nurse E failed to administer two consecutive doses 0800 1200. House Med Pass Supplement three times a day 120 ml Nurse E failed to administer three consecutive doses 0900 1300 1700. Resident #42 On 2/12/2026, at 11:21 AM, a record review of Resident #42's electronic medical record revealed an admission on [DATE] with diagnoses that included stroke, dysphagia and Diabetes Mellitus with foot ulcer. A review of the MEDICATION ADMINISTRATION RECORD 2/1/2026 – 2/28/2026 revealed the following missed care/medications on 2/9/2026: amlodipine Besylate Oral Tablet 10 MG (Amiodipine Besylate) Give 1 tablet by mouth one time a day for HTN (hypertension) Aspirin Oral Tablet Chewable 81 MG (Aspirin) Give 1 tablet by mouth one time day for CVA (stroke) Clopidogrel Bisulfate Oral Tablet 75 MG (Clopidogrel Bisulfate) Give 1 tablet by mouth one time a day for CVA) House Liquid Protein one time a day for wound healing 30 cc per peg Losartan Potassium Oral Tablet 50 MG (Losartan Potassium) Give 1 tablet by mouth in the morning for HTN Omeprazole 40 MG Capsule delayed release Give 1 capsule by mouth one time a day for GERD (Gastroesophageal reflux disease) Zine Oral Tablet 50 MG (Zinc) Give 1 tablet by mouth one time a day for wound healing Carvedilol Oral Tablet 12.5 MG (Carvedilol) Give 1 tablet by mouth two times a day for htn HYDROcodone-Acetaminophen Oral Tablet 5-325 MG (Hydorcodone-Acetaminophen) Give 1 tablet by mouth two times a day for Pain Insulin Lispro Injection Solution (Insulin Lispro) Inject as per sliding scale . subcutaneously two times a day for DM give with lunch and dinner only metformin HCl Oral Tablet 500 MG (metformin HCl) Give 1 tablet by mouth two times a day for DM Type 2 Acetaminophen Oral Tablet 500 MG (Acetaminophen) Give 2 tablet by mouth three times a day for foot pain ok to give with gabapentin This medication was missed for three consecutive doses 0900 1300 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(1:00 PM) 1700 (5:00 PM) Gabapentin Oral Tablet 400 MG (Gabapentin) Give 1 tablet by mouth three times a day for nerve pain) This medication was missed for three consecutive doses 0900 1300 1700 Nurse E failed to assess Resident #42's glucose checks for that day and their skin assessment. On 2/12/2026, at 11:28 AM. The Director of Nursing (DON) was alerted of the record review of multiple residents with missed nursing care on 2/9/2026 by Nurse E. The DON offered that they had just completed Nurse E's yearly competency. Record review of the facility 'Abuse' policy dated 5/24/2023 revealed residents have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property . Definition of Neglect: Failure of the facility, it's employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Mistreatment: Inappropriate treatment or exploitation of a resident. Record review of the facility 'Medication Administration' policy dated 2/3/2026 revealed to safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs . Administer medication in accordance with frequency prescribed by physician and standards of practice. Record reviews of the facility 'Resident Rights' policy dated 2/4/2026 revealed that residents had the right to be free from abuse and neglect, have equal access to quality care and be free from discrimination, be informed of and participate in their care planning and treatment, and reasonable accommodation of needs and preferences. Right to be fully informed of their medical condition, of any changes in their condition, and treatment plan . Resident #83: Observation and interview on 02/12/2026 at 10:40 AM of Resident #83 revealed the resident was observed seated up in a wheelchair in the main dining room at table with other residents waiting for the noon meal. Observed a urinary catheter bag at chairside with privacy leaf coverage. In an interview with Resident #83 stated that he was admitted for physical therapy and strengthen. Record review of Resident #83's nursing progress notes dated 1/9/2026 at 5:41 PM documented by Licensed Practical Nurse E noted acetaminophen 500mg give 2 tablets by mouth three times a day for pain, missed med administration time due to medication too late to administer due to admission, resident problems and concerns, etc. Bethanechol chloride 25mg tablet by mouth three times a day for urinary retention, missed med administration time due to medication too late to administer due to admission, resident problems and concerns, etc. House Med Pass Supplement three times a day 120ml missed med administration time due to medication too late to administer due to admission, resident problems and concerns, etc. There were no notes that the physician, resident/resident representative were notified of missed skilled charting assessment or missed medications. Record review of Resident #83's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the month of February 2026 revealed that on 2/9/2026 day shift of Resident #83 noted no weekly weight obtained, missed medication administrations of Ferrous Sulfate (Iron) 325 mg one tablet by mouth two times day for anemia 5:00 PM dose not given. Acetaminophen 500mg, two tablets by mouth three times a day for pain, no dose given at 12:00PM (noon) and no pain (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	evaluation assessment at that time. Bethanechol chloride 25mg tablet by mouth three times a day for urinary retention, missed dose at 12:00PM (noon). House Med Pass Supplement three times a day 120ml missed doses at 1:00PM and 5:00PM. Resident #84: Observation and interview on 2/10/2026 during the initial screening process of the annual healthcare survey of Resident #84 revealed an elderly male with indwelling catheter lying in bed. Resident #84 stated that he had only been at the facility three weeks or so. Record review of Resident #84's nursing progress notes dated 1/9/2026 at 5:38PM documented by Licensed Practical Nurse E noted Skilled charting every shift 'Missed med administration time due to late to administer due to admit (admission), resident problems and concerns, etc. There were no notes that the physician, resident/resident representative were notified of missed skilled charting assessment or missed medications. Record review on 02/12/2026 at 10:20 AM of Resident #84's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the month of February 2026 revealed that on 2/9/2026 day shift of Resident #84 had no blood pressure or vital signs documented or skilled charting every shift. Resident #86: In an observation and interview on 02/10/2026 at 11:53 AM with Resident #86 was noted to by lying in bed partially covered with a brief on. Resident #86 had complainants of short staffing in the afternoons and getting the medication from the nurse should only take 45 minutes and he's having to wait 3-4 hours, or they don't come at all. Observation of a bile duct collection bag lying on the bed next to resident with a brown fluid substants being collected. Resident #86 stated that the staff do empty the bag when it gets half full. Record review of Resident #86's nursing progress notes dated 1/9/2026 at 4:45 PM documented by Licensed Practical Nurse E noted Rifaximin oral 200mg anti-infective/antimicrobial agent med too late to administer due to admit and other resident problems. On 2/9/2026 at 4:47 PM Midodrine 10 mg vasopressor blood pressure medication, med too late to administer due to admit and other resident problems. Noted on 2/9/2026 at 6:07 PM Resident #86 Skilled charting every shift missed med administration time due to med too late to administer due to admit (admission), resident problems and concerns, etc. There were no notes that the physician, resident/resident representative were notified of missed skilled charting assessment or missed medications. Record review on 02/12/2026 at 10:32 AM of Resident #86's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the month of February 2026 revealed that on 2/9/2026 day shift of Resident #86 had no skilled charting for the shift, no supplemental med pass given at 1:00 PM dose, no blood pressure documented and missed Midodrine blood pressure medication. Rifaximin anti-infective/antimicrobial agent medication, no 1:00 PM methocarbamol scheduled pain medication. Resident #89: Observation and interview on 02/10/2026 at 12:06 PM with Resident #89 revealed the resident was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	receiving oxygen 4 liters nasal canula via concentrator while lying in bed on top of the covers. Resident #89 stated that he had no concerns at that time. Record review of Resident #89's nursing progress notes dated 1/9/2026 at 6:05 PM documented by Licensed Practical Nurse E noted vital signs every shift for 3 days and then daily every shift for monitoring, missed administration time due to med too late to administer due to admission, resident problems and concerns, etc. There were no notes that the physician, resident/resident representative were notified of missed skilled charting assessment or missed medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
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 label medications appropriately, dispose of expired medications, ensure the safe storage of medication and supplies, and ensure unlicensed staff did not have access to medication storage areas, for two of four medication carts and one of two medication rooms reviewed for medication storage and labeling. Findings include:On 2/11/26 at 12:04 PM, an observation was made by the 100 Hall, at the Nurses' Station, staff came into the area with a cart of supplies and asked a Nurse for the keys to the medication storage area. An observation was made with Nurse T of the medication room prior to staff coming up to the Nurses' Station requesting the keys to the medication storage area. The medication room had been accessed to acquire medication during the medication administration task for the survey. The room was empty at the time the staff requested the keys from the Nurse. An observation was made of the keys being given to the staff, who unlocked the med room door, went into the medication room, and the door closed behind the staff. An observation was made of the Nurse not accompanying the staff into the medication room. An observation was made of the staff coming out of the medication room with the cart of items and gave the keys back to the Nurse. On 2/11/26 at 12:35 PM, an observation was made of the medication cart for the men's cart of the St [NAME] wing with Nurse T. An observation was made of a box of Tagamet, opened, with an expiration date of 6/2025. The Nurse removed the medication to dispose of the expired medication. An open Ventolin Inhaler was not labeled with an open date, the expiration date on the sticker of the bag was dated 11/12/25. The Nurse reported that there should be an open date on the inhalers when opened. An observation was made of a Combivent inhaler that was opened without an open date documented on the inhaler. On 2/11/26 at 4:11PM, an observation was made at the Madona hall Nurses Station of a Resident behind the Nurses' Station eating. The Resident was in a wheelchair and propelled herself back and forth. There were other Residents and staff in the area. The staff left the area with the Resident behind the desk with her food. The Resident was near a medication cart that was positioned against a wall at the Nurses' Station. The medication cart was unlocked, not secured and there was not a nurse in the vicinity of the medication cart. Another Resident was in a wheelchair near the wall where the medication cart was positioned. When Nurse S returned to the area, the Nurse was informed of the unsecured medication cart and proceeded to lock the cart. On 2/11/26 at 4:17 PM, an observation was made with Nurse S of the Madona Men's medication cart during the medication storage task of the survey process. An observation was made of TB (tuberculosis) skin test solution for TB screening multidose vial stored in the drawer of the medication cart. There was not an open date on the vial. The Nurse was asked and had reported there should be a date when it was opened. When asked if the vial should be stored in the refrigerator, the Nurse was unsure. The box indicated refrigeration temperatures. An observation was made of an insulin pen stored in the drawer that did not have a Resident's name or when it was opened. The Nurse reported insulin should be dated when opened. The Nurse reported the insulin looked empty and threw it in the sharps container. A nasal spray that was opened had a sticker for a date, but no date was documented on the sticker. The Nurse reported the nasal spray should have an open date recorded on the sticker. An Enulose bottle was opened and did not have an open date documented on the bottle, the Nurse was unsure if the container needed an open date. UTI Heal supplement was dirty with dried supplement in multiple streaks down the bottle. The supplement was stored with other bottles of liquid medications and supplements. On 2/11/26 at 4:25 PM, an interview was conducted with Unit Manager F regarding observation concerns regarding the Madona Men's medication cart. The Unit Manager reported that the TB skin test solution should be stored in the refrigerator and a review of facility policy of labeling multi dose vials of the TB should have an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	open date and the Enulose should have an open date on the bottle. On 2/11/26 at 4:50 PM, an observation was made with Unit Manager, Nurse F of the medication storage room of the Madona hall area. An observation was made of two culture swabs with an expiration date in 2024. The Unit Manager removed the culture swabs. An observation was made of a bag of medication cards with medications in the cards stored in an open bag on the floor next to the medication storage system. The Unit Manager indicated they should not be stored on the floor and that the bag was for pharmacy to take back and contained multiple cards of medications that were to be returned to pharmacy. The Unit Manager was asked about who was allowed in the medication room. The Unit Manager reported that the two nurses, Unit Manager and the DON (Director of Nursing) have keys to the medication room, and the room is restricted to Nurses and stated, Other staff should have a nurse with them. When asked about the staff with the cart of supplies, the Unit Manager reported that Central Supply Staff should be with a nurse to stock and stated, The nurse should not hand over the keys to get into the med room. A review of the facility policy titled, Medication Administration, reviewed 2/3/26 revealed, .General Instructions: Keep medication cart clean, organized, and stocked with adequate supplies; Cover and date fluids and food; .Lock medication cart when not in direct view of nurse administering medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor one resident's (Resident #25) wishes to discontinue a medication and obtain an informed consent for a dosage change of one resident reviewed for choices.Findings include:Resident #25: On 2/10/26 at 10:15 AM, Resident #25 reported while she has enjoyed her time at the facility, there are some medications she has iterated to the facility that she does not want to be administered but they still give them to her. She reported Sodium Bicarbonate and Escitalopram Oxalate (Lexapro). Resident #25 shared she does not have issues with heart burn, indigestion, or depression. She stated she has never been depressed, denied suicidal ideations, homicidal ideations and other signs/symptoms of depression. Resident #25 stated she has much to live for and look forward to On 2/11/2026 at 1:33 PM, a review was conducted of Resident #25's medical record and it indicated she was admitted to the facility on [DATE] with diagnoses the included, Heart Disease, Major Depression, Diabetes, Kidney Disease and Hypertension. Resident #25 is her own person and able to make her needs known to facility staff. Further review yielded the following:Physician Orders:Lexapro (Antidepressant medication):Initially ordered on 9/15/2024 at 10 MG (milligrams) once daily and gradual dose reduction was completed on 3/6/2025 to 5 MG once daily. Sodium Bicarbonate Oral Tablet 650 MG-give 2 tablets by mouth two times a dayOrdered on 9/15/2024 January 2026 MAR (Medication Administration Record):Resident #25 refused Sodium Bicarbonate 13 times February 2026 MAR:Resident #25 refused Sodium Bicarbonate 14 times Progress Notes:There was nothing located in the progress notes from March 2025 that a discussion was held when Resident #25 regarding her dosage of Lexapro dose being lowered. Resident #25 was not granted the opportunity to express that she no longer wanted to be on the medication. Behavior Charting:There were no behavior charting within the last 30 days that is indicative of any signs/symptoms of depression. Furthermore, the resident is not followed by the contacted psychiatric group. Social Services Assessments:9/16/2025: PHQ--9 score:-4 (none-minimal)12/15/2025: PHQ-9 score: 0Questionnaire conducted for depression screening. Scoring ranges from 0-27 with 0-4 being none -minimal depression severity and 20-27 being severe depression severity. On 02/11/2026 at 1:43 PM, Corporate Social Worker J reported Resident #25 admitted on Lexapro 10 MG and it was decreased in March 2025 to 5 MG. A review was conducted of her chart for a risk verse benefits or informed consent for antidepressant medication monitoring but there was nothing located. On 2/11/2026 at 4:30 PM, Unit Manger G explained the Sodium Bicarbonate was initiated in 9/2024 and she was aware the resident no longer wanted to be on the medication and she has been refusing it. She reported it was on her list to speak to the physician regarding discontinuing the medication. Review was conducted of the facility policy entitled, Psychotropic Medication Use, reviewed 2.3.2025. The policy stated, The Social Service employee, or designee will review the medication prescribed, dosage, side effects, and risk versus benefits of the medications, which are outlined on the psychotropic informed consent evaluation. Review was conducted of the facility policy entitled, Resident Rights, reviewed 2.4.2024. The policy stated, .Right to self-determination to.to request, refuse, and/or discontinue treatment.Right to be fully informed of: their medical condition, of any changes in their condition, and treatment plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to timely refill one resident's (Resident #50) Sevelamer (medication used to control high blood levels of phosphorous) of five residents reviewed for dialysis, resulting in Resident #50 being without the medication since approximately January 17, 2026.Findings IncludeResident #50: On 2/10/2026 at approximately 9:15 AM, Resident #50 was observed in his room. He stated he was waiting to be transported to dialysis. Resident #50 was his own person and able to make his needs know to facility staff. Further review of his records yielded the following: On 2/10/2026 at approximately 3:00 PM, a review was conducted of Resident #50's medical record and it indicated he was admitted to the facility on [DATE] with diagnoses the included, Malignant Neoplasm of Prostate, Congestive Heart Failure, Diabetes, End Stage Renal Disease and Atrial Fibrillation. Further review was conducted of this chart and yielded the following:January and February 2026 MAR (Medication Administration Record):Sevelamer Carbonate Oral Tale- 800 MG (milligrams)- take one table by mouth three times a date for Hypophosphatemia.The code 07 was listed 18 times in January 2026 and 19 times in 2026. The code indicated see progress notes. Progress Notes:1/17/2026 at 10:15: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia sent memo to dialysis asking re: process for refilling Sevelemer-no response yet for direction.1/18/2026 at 10:18: Sevelamer Carbonate Oral Tablet 800 MG Give 1 tablet by mouth three times a day for Hyperphosphatemia will re- send memo to dialysis tomorrow for advice re: obtaining refills on Sevelemer.1/21/2026 at 08:46: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia re-attempting to get direction from dialysis for procedure to re-order med.1/21/2026 at 17:01: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia no response received re: obtaining refills.1/22/2026 at 12:23: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia no info received yesterday from dialysis.1/25/2026 at 11:07: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia n/a (not available).1/25/2026 at 12:22: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia n/a (not available).1/25/2026 at 16:40: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia n/a (not available).1/26/2026 at 08:30: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia - na- note sent to dialysis-unit manager aware.1/26/2026 at 12:07: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia na (not available).1/26/2026 at 16:27: Sevelamer Carbonate Oral Tablet 800 MG for Hyperphosphatemia Resident did not return from dialysis with refills- manager aware.1/26/2026 at 16:43: Communication received from dialysis center stating their dietary will order sevelamer for resident.2/2/2026 at 08:07: Sevelamer Carbonate Oral Tablet 800 MG.Not available/manager aware/note to dialysis.2/2/3036 at 12:10: Sevelamer Carbonate Oral Tablet 800 MG.not available.2/2/2026 at 17:23 Sevelamer Carbonate Oral Tablet 800 MG.not available.2/4/2026 at 07:58: Sevelamer Carbonate Oral Tablet 800 MG.Once again, requesting info with dialysis paperwork re: refills procedure.2/5/2026 at 12:03: Spoke with R.D (Registered Dietitian) from [NAME] Dialysis re: Renvela refills. He will contact.pharmacy and have product shipped to this facility. [NAME] stated that it often takes about a week or slightly more to place order and receives shipment. Unit manager notified of solution.2/9/2026 at 10:05: Sevelamer Carbonate Oral Tablet 800 MG.not available-manager aware.2/9/2026 at 16:50: Sevelamer Carbonate Oral Tablet 800 MG .na.2/10/2026 at 13:01: Sevelamer Carbonate Oral Tablet 800 MG.Awaiting delivery-placed by dialysis RD. Resident #50 was without medication since mid- January with no intervention from facility management. The MAR was not consistent in the documentation of the resident being without the medication, but it was evident from the progress notes and interviews the resident did not have the medication. Its unknown why the MAR medication was not consistent. Practitioner Notes:There was nothing listed in the progress regarding Resident #50 not receiving his Sevelamer since mid-January 2026. Dialysis Communication Sheets:1/26/2026: .Dietary will call in rx Sevelamer.2/2/2026: .Still has not received (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Sevelamer in weeks.2/4/2026: Needs refill on Sevelamer, Called # on Rx bottle and they couldn't help.need clinic ID.2/9/2026: .Still has not received Sevelamer. On 2/11/2026 at 10:51 AM, an interview was conducted with Nurse H regarding Resident #50's Sevelamer. The nurse reported he does not have the medication but there are two other residents that have the same medication/dosage within the cart. The medication was observed in the presence of Nurse H and there was no Sevelamer located in the cart for Resident #50.Nurse H shared she contacted the pharmacy number on the bottle to refill the medication but was unsuccessful as they required the dialysis clinic number which she did not have. She then contacted the dialysis unit and was informed she needed to speak to their dietitian, but he was not in. When Nurse H did speak to the dietitian he stated he would reorder the medication, but it would take about a week or a little more to be delivered to the facility. On 02/11/2026 at 12:05 PM, an interview was conducted with Registered Dietitian I regarding Resident #50's Sevelamer. He reported the medication has been ordered through the dialysis pharmacy and then will be mailed to the facility. The medication is a phosphate binder and maintains the phosphorus levels for the resident. He stated he did recently order the medication, but it takes about 5-7 business days for it to be processed and arrive at the facility. He reported the facility would need to contact him prior to the medication being depleted to reorder it. On 02/11/2026 at 4:23 PM, Unit Manager G reported Resident #50's Sevelamer is ordered from his dialysis unit pharmacy and not theirs. She became aware he did not have the medication last week and that is when they were able to get it ordered. Manager G was asked if she has followed up on and she stated she had not as it slipped her mind. Manager G was informed that according to facility charting it appears he has been without the medication since about 1/17/2026. The facility policy entitled, Hemodialysis, reviewed 2/3/2026. The policy stated, .The licensed nurse will collaborate with the physician to ensure medications are given per physician's order which may include medications given at the dialysis facility, medications send with resident to take while at the dialysis facility, adjustment of medication times on dialysis days, medications held on dialysis days, etc.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake Number 2721708 and the recertification survey. Based on observation, interview and record review, the facility failed to provide adequate nursing staff to ensure that the needs of their residents were met for 7 residents (#16, #40, #41, #43, #51, #87, #88) and residents identified through confidential family interviews, resulting in insufficient and unmet resident care needs, feelings of frustration, and complaints about not enough staff. Findings include: Record review of the facility 'Staffing' policy dated 4/18/2025 revealed the facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for the residents in accordance with the residents' plans of care. licensed nurses and nursing assistants are available 24 hours a day, seven days a week to provide competent resident care services including: attaining or maintaining the highest practicable level of physical, mental, and psychosocial well-being of the residents, assessment, evaluating, planning and implementing resident care plans, responding to resident needs. Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing. Record review on 02/11/2026 at 11:41 AM of Intake 2721708 complaint of short staffing. Pre-survey prep noted facility triggered 4th quarter PBJ, and multiple resident complaints during initial interview screening of long call lights for afternoon shift, staff turning off the light and not providing service, saying I'll be right back, and do not come back'.In an observation and interview on 02/10/2026 at 10:39 AM with Resident #41 had multiple concerns of no stomach pills for gas, and no diarrhea pills, just the liquid form. Observation of the residents' right upper arm Peripheral Inserted Central Catheter (PICC) dressing dated 2/7/2026, also has a dialysis port to right chest area, and goes to hemodialysis every Monday-Wednesday-Friday to the dialysis center. Resident #41 stated that they came to the facility for rehab therapy, but didn't go to the therapy gym today, Resident #41 can also do the exercises in his room. Intravenous Antibiotic Micafungin 150mg IV every morning for 21 days. Resident #41 stated that Some days there are enough helpers and other times there is none, its [NAME] or famine. In an interview on 02/10/2026 at 11:29 AM with Resident #16 revealed that the staffing is low especially on the afternoon shift, they just disappear. Resident #16 stated that she is supposed to get her brief checked or changed every 2 hours and some days it's 4 or 6 hours. Resident #16 stated that she had messed/soiled her pants waiting for staff. Resident #16 stated that she put the call light on at 8:30PM and it was bedtime before anyone came in to change her and get her ready for bed. Resident #16 stated that it was verified by the call lights. I have been here 5 years, it used to be better, that's why I chose this nursing home. The change in staffing came with the new management. The facility says that they are meeting the state requirements, but they are not meeting the residents' needs. In an observation and interview on 02/10/2026 at 11:38 AM with Resident #87 was observed with a left upper arm Peripheral Inserted Central Catheter (PICC) line dressing dated 2/9/2025 and occlusive. Resident #87 stated that she had an infection in her right foot. Resident #87 Complained about call light wait times of 2 hours, she agrees with her roommate on call lights take too long, and the facility was short staffed. In an interview on 02/10/2026 at 11:46 AM with Resident #51 was asked about the facility staffing being timely in response. Resident #51 stated the afternoon shift is scarce, they waited 2 hours with the call light on, they had brought the wrong lunch, the resident can only eat certain foods. The resident #51 stated he understood, having to wait his turn and having no problem with that. But when they come in and shut the light off and don't come back. The afternoon shift is the worst for not responding to the call lights. In an interview on 02/10/2026 at 11:51 AM with Resident #43 revealed that the afternoon shift takes longer to get the call lights answered. In an interview on 02/10/2026 at 1:25 PM with Resident #40 stated that they wait for over an hour, and their room is pretty close to nurse station. The aides will come in, shut the light off and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not help me, if I close my eyes because I wait so long that they come in and shut off the light and don't ask what it was on for. They had to tell the aides not to use their phones in the resident care areas, because they would be on their phones and not helping us with our care. It's the first and second shift aides that just don't care, they take a long time to respond to our needs. Record review of the resident council meeting notes for 6 months revealed concerns with:August 2025- Nursing concerns that resident showers are not getting done.September 2025- Nursing concerns that Certified Nurse Assistance (CNA) saying they will be right back, but don't come back, showers are not getting done or made up. October2025- Nursing concerns that CNAs are talking on their phones and earbuds during care, all residents. Residents are not being checked and changed every 2 hours, causing them to pee through their briefs and leave puddles on the floor. After being put to bed residents don't see any CNAs the rest of the night. Residents are being doubled brief.November 2025- Residents not getting showers and hair washed. December 2025- CNAs keep disappearing out of the dining room during mealtimes. Staff sit plates down and do not help set food up. Resident left in dining room after meals. Not getting what's on the meal ticket or getting things crossed offJanuary 2025- Not enough CNAs in the dining room during meals. Record review of the facility 'Resident Council Meetings' policy dated 11/1/2020 revealed the facility supports the right of residents to organize and participate in resident groups in the facility . Definition: Resident group is defined as a group of residents that meet regularly to discuss and offer suggestions about facility policies and procedures affecting resident care, treatment, and quality of life; support each other; plan resident and family activities; participate in educational activities; or for any other purpose . (7.) The facility shall act upon concerns and recommendations of the council, make attempts to accommodate recommendations to an extent practicable, and communicate its decisions to the council .Record review of the 'Facility Assessment' dated 8/14/2025 revealed staffing guidelines: The facility staffing is based on resident population and acuity. The following represents the daily staffing at the facility utilizing the number of employees: licensed nurse 12 hour shift 6:00 AM -6:30PM 3-4 (nurses) late shift 6:00PM -6:30AM 2-3 (nurses), and 6:00PM-10:00PM 1-2 nurses. The facility assessment did not define acuity/complexity of the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to implement policies and procedures for antidepressant medication use for one resident (Resident #8) of 4 residents reviewed resulting in a lack of Gradual Dose Reduction (GDR), and the potential for ineffective and inappropriate treatment. Findings include: Record review of the facility 'Psychotropic Medication Use' policy dated 2/3/2026 revealed that it is the policy of the facility to only prescribe psychotropic medications when it is necessary to treat a specific diagnosed condition and the medication is deemed as beneficial to the resident . Residents who use psychotropic medications will receive gradual dose reductions, unless clinically contraindicated . The following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications; Antipsychotics, anti-depressants, anti-anxiety and hypnotics . Gradual Dose Reduction: Psychotropic medications should be reviewed for gradual dose reduction in an effort to find an optimal dose or to determine whether continued use of the medication is benefiting the resident of could have dangerous side effects. A gradual dose reduction should be attempted in two separate quarters (with at least one month between attempts) and then at least annually thereafter unless documented as clinically contraindicated . Resident #8:Record review of Resident #8's 'Psychotropic Medication Consent' dated 10/9/2024 for Fluoxetine oral 40mg capsule by mouth one time a day and Fluoxetine oral 20mg capsule by mouth one time a day (60mg total daily) for depression, anxiety and adjustment disorder. Targeting behaviors of agitation, decreased socialization/withdrawal, and verbal aggression. Record review of Resident #8's January 2026 Medication Administration Record (MAR) noted Fluoxetine oral 20mg capsule by mouth one time a day start date 8/24/2024, and Fluoxetine oral 40mg capsule by mouth one time a day start date 8/15/2024. Record review of Resident #8's psychiatry follow-up note dated 9/24/2025 revealed the provider exchanged information with facility staff to obtain history, develop a diagnostic impression, and provide treatment recommendations with the goal of facilitating resident-centric integration of care activities, having the well-being and needs of the residents as the focus. Specific matters addressed in the visit were the need for follow-up, diagnostics and findings, recommendations and orders. Treatment instructions based on the data obtained included collaboration with facility staff and discussion with patient. Psychiatric medications currently on fluoxetine (Prozac): dose reduction and GDR (Gradual Dose Reduction) are being pursued. Patients are uncertain of current medication regimen. Record review of Resident #8's Nurse Practitioner (NP) progress note dated 9/26/2025 at 10:10PM revealed the diagnosis of depression with Fluoxetine (Prozac) 60mg total daily. Nurse Practitioner (NP) progress note dated 9/30/2025 at 10:40PM revealed the diagnosis of depression with Fluoxetine (Prozac) 60mg total daily. Nurse Practitioner (NP) progress note dated 10/7/2025 at 10:51PM revealed the diagnosis of depression with Fluoxetine (Prozac) 60mg total daily. Record review of Resident #8's psychiatry follow-up note dated 11/26/2025 revealed previously patient was seen on 9/24/2025 had been experiencing tearfulness when family visits and leaves. At that time Prozac decreased from 60mg to 50mg daily as part of a gradual dose reduction plan.In an interview and records review on 02/12/2026 at 9:53 AM with the Director of Nursing (DON) on Residents #8's Fluoxetine (Prozac) oral 20mg capsule by mouth one time a day start date 8/24/2024, and Fluoxetine oral 40mg capsule by mouth one time a day antidepressant medication. The state surveyor pointed out the Documented Gradual Dose Reduction (GDR) recommendation on 9/24/2025 by psychiatry provider notes, but that there had been no change in the Fluoxetine medication orders. The DON did a record review of Resident #8's physician orders and Medication Administration Records from September 2025 through January 2026 with changes in the Fluoxetine dosage found. Record review of the September 2024 documented of last GDR, and then of psychiatry notes dated 9/2025 recommendation of GDR recommended, Physician/Nurse practitioner notes dated September 2025 did not recommendations for GDR. Record review of December 2025 psychiatry notes recommended GDR with no follow up from facility (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235249	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation at St. Francis	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physician/providers. The DON agreed with the state surveyor that there should have been a Gradual Dose Reduction in the Fluoxetine (Prozac) medication in September 2025 but was missed.