

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 5/13/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000 SS=	Initial Comments On May 13, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Avista Nursing & Rehab was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
K0000 SS=	INITIAL COMMENTS On May 13, 2025, a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Avista Nursing & Rehab was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 482.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code. The facility is a one story building of type II (222) construction, built in 1959. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 96 certified beds. At the time of the survey the census was 84.	K0000		
K0324 SS= F	Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control	K0324		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure cooking facilities are installed and protected in accordance with NFPA 96. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1. On May 13, 2025, at approximately 2:03 PM, observation revealed a deep-fat fryer was newly installed in the kitchen right next to the new six burner gas stove, installation requirements per NFPA 96, 12.1.2.4, 12.1.2.5, 12.1.2.5.1. The deep-fat fryer is placed within 16 inches of the surface flame of the gas stove and/or does not have a steel or tempered glass baffle plate 8 inches in height installed between the fryer and surface flames of the adjacent appliance.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>2. On May 13, 2025, at approximately 2:04 PM, observation revealed a shelf protruding out over the stove top burners which could be an obstruction per NFPA 96, 10.2.7.3. This could cause the hood suppression system to be ineffective during a fire.</p> <p>3. On May 13, 2025, at approximately 2:06 PM, observation revealed the facility failed to provide approved methods to ensure the cooking appliances are returned to the approved design location per NFPA 96, 12.1.2.3 & 12.1.2.3.1.</p> <p>4. On May 13, 2025, at approximately 2:09 PM, observation revealed the facility failed to have the kitchen Ansul fire extinguishing system re-evaluated after installing a new gas stove and the addition of a deep-fat fryer per NFPA 96, 12.1.2.2. Per the maintenance director the old stove had an attached griddle and the fryer is new.</p> <p>These findings were confirmed through interview with the Maintenance Director and Regional Director at the time of observation.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0345 SS= F	<p>Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with an approved program complying with NFPA 72. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 13, 2025, during review of facility records at approximately 10:07 AM, it was revealed the facility failed to provide documentation the semiannual visual inspection of the fire alarm initiating devices were completed per NFPA 72, 14.3. No activity reports were provided at the time of the survey.</p> <p>These findings were confirmed through interview with the Maintenance Director and Regional Director at the time of record review.</p>	K0345			
K0353 SS= F	<p>Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the</p>	K0353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0374	<p>Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide sprinkler system maintenance and testing as required by NFPA. This deficient practice could affect approximately all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On May 13, 2025, during review of facility records at approximately 10:14 AM, it was revealed the facility failed to provide documentation the water flow switch deficiency found during the quarterly sprinkler inspection dated 02/06/2025, has been corrected per NFPA 72, 17.12.2. The vendor report titled; sprinkler suppression system inspection report revealed water flow switch failed during testing.</p> <p>These findings were confirmed through interview with the Maintenance Director and Regional Director at the time of record review.</p> <p>Subdivision of Building Spaces - Smoke</p>	K0374		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
SS= E	<p>Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure smoke barrier doors operation meets the requirements of the NFPA. This deficient practice could affect approximately 25 occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>1. On May 13, 2025, at approximately 1:00 PM, observation revealed the facility failed to maintain the rated cross corridor doors near resident room #205 per NFPA 101, 19.2.2.2.7 & 7.2.1. When tested during the survey the door did not close to prevent the passage of smoke.</p> <p>2. On May 13, 2025, at approximately 1:13 PM, observation revealed the facility failed to maintain the rated cross corridor doors near resident room #208 per NFPA 101, 19.2.2.2.7 & 7.2.1. When tested during the survey the door did not close to prevent the passage of smoke.</p> <p>These findings were confirmed through interview with the Maintenance Director at the time of</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 5/13/2025
NAME OF PROVIDER OR SUPPLIER AVISTA NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 GALAXY DR SAGINAW, MI 48601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	observation.				