

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 734140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 2/25/2025
NAME OF PROVIDER OR SUPPLIER OPTALIS HEALTH AND REHABILITATION ST FRANCIS			STREET ADDRESS, CITY, STATE, ZIP CODE 915 N RIVER RD SAGINAW, MI 48609	
(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 February 25, 2025, an Emergency Preparedness Revisit Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Optalis Health and Rehabilitation St Francis was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
K0000 SS=	INITIAL COMMENTS On February 25, 2025, a Life Safety Recertification Revisit Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Optalis Health and Rehabilitation St Francis 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.	K0000		
K0761 SS= E	Maintenance, Inspection & Testing - Doors Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are	K0761		2/15/2025

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.

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K0921	<p>maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and interview, the facility failed to inspect and test fire doors annually in accordance with 2012 NFPA 101, 19.7.6, 8.3.3.1 and NFPA 80, Standard for Fire Doors and Other Opening Protectives 5.2, 5.2.3. This deficient practice could affect all occupants in the event of a fire emergency.</p> <p>Findings Include:</p> <p>On February 25, 2025 at approximately 11:45 AM, record review revealed the facility cannot provide documentation to verify all facility fire rated doors are inspected annually. Interview with the maintenance director at this time revealed that the administrator has the documentation for the inspection, and they are unavailable and out of the facility.</p> <p>On February 25, 2025 at approximately 7:00 PM, the inspection documentation was received via email from the administrator. Record review of the document titled "Integrity Door Solutions Invoice" revealed that it does not contain an itemized inspection of all of the facility fire doors, nor any criteria listed for the inspection of the doors. It cannot be verified that all doors were inspected.</p> <p>These findings were confirmed through interview with the maintenance director at the time of record review.</p> <p>Electrical Equipment - Testing and Maintenanc Electrical Equipment - Testing</p>	K0921		2/15/2025	

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SS= F	<p>and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure that all patient-care related electrical equipment is tested and maintained as required by 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6 and 10.5.8 of 2012 NFPA 99. This deficient practice could affect all occupants in the event of power outlet failure relative to patient treatment.</p>			

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	<p>Findings Include:</p> <p>On February 25, 2025 at approximately 11:00 AM record review revealed the facility cannot produce documentation to verify electrical receptacles in the patient care vicinity are inspected and tested annually. Interview with the maintenance director at this time revealed the administrator has the documentation for the inspection, and they are unavailable and out of the facility.</p> <p>On February 25, 2025 at approximately 7:00 PM the inspection documentation was received via email from the administrator. Record review of the document titled "Receptacle Tests (patient care vicinity)" does not contain an itemized inspection of all of the facility electrical receptacles in the patient care vicinity, nor any criteria listed for the inspection of the individual receptacles. It cannot be verified that all receptacles were inspected.</p> <p>These findings were confirmed through interview with the maintenance director at the time of record review.</p>				