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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235297 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Rivergate Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 14041 Pennsylvania Rd Riverview, MI 48193 | |

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) |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on observation, interview, and record review the facility failed to ensure facility staff followed the care plan for transfer assistance for one (R401) of three residents reviewed for falls, resulting in a fall.</p> <p>Findings include:</p> <p>On 10/15/24 at 11:05 AM R 401 was observed in bed with bruising on both arms and stated, I fell in the shower with Certified Nursing Assistant (CNA) A last week. I hurt my left arm.</p> <p>Review of the Electronic Health Record revealed R401 admitted to the facility on [DATE] with diagnoses that included left femur fracture, multiple sclerosis, muscle weakness, and hemiplegia affecting left side.</p> <p>Review of a Minimum Data Set (MDS) assessment for R401, with a reference date of 7/19/24, revealed a Brief Interview for Mental Status (BIMS) score of 13/15 which indicated intact cognition.</p> <p>On 10/15/24 at 1:15 PM Registered Nurse (RN) B was interviewed and said R401 had an X-ray ordered due to complaints of left arm pain after being lowered to the ground during a shower on 10/10/24. The X-ray was negative for a fracture but showed some swelling.</p> <p>Record review of the incident accident report dated 10/10/24 revealed (CNA 'A') was transferring resident from shower chair to wheelchair when resident left leg gave out. I got resident on my knee and gently lowered her to the floor using gait belt and went to nurse station. Got both nurses to help get resident off shower room floor.</p> <p>Record review of the Kardex as of 10/15/24 revealed Resident Care 2 person assist at all times.</p> <p>Record review of Care plan for R401 revealed .Focus .self-care performance deficit r/t (related to) . displaced fracture of left femur .Interventions .2 person assist at all times revised 8/21/24 .</p> <p>On 10/15/24 at 12:15 PM the Director of Nursing (DON) was interviewed and said CNA A did not follow the two persons assist for the shower transfer, There should have been two people to assist. The DON agreed the Kardex states R401 is a two person assist at all times. The DON said the expectation is for CNA's to follow the Kardex for patient care.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility policy titled Fall Management reviewed 9/25/24 revealed in part .Fall -refers to the unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g. resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. A fall without an injury is still a fall. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed. This determination is based on the individual resident's assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.</p> |