

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 12/06/2024
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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>This citation pertains to intake MI00147167.</p> <p>Based on interview and record review, the facility failed to confirm and document the timely notification of resident representative for one resident (R101), out of four residents reviewed for change of condition, resulting in missed opportunities to participate in medical decisions regarding care and treatment.</p> <p>Findings include:</p> <p>It was reported to the State Agency that the facility staff failed to notify the resident representative of the resident's change in condition in a timely manner.</p> <p>A review of R101's Admission Record documented an admitted [DATE] with diagnoses that included protein-calorie malnutrition, dysphagia, epilepsy, anxiety disorder, and depression. A Minimum Data Set assessment dated [DATE] documented moderate cognitive impairment. R101's clinical record listed the resident's spouse as the responsible party and emergency contact #1.</p> <p>A review of an Event Note dated 8/1/24 at 12:01 PM for R101 documented the following: Patient observed on the floor next to bed laying on her left side, stated I fell out of bed while I was sleeping. (Two-person) assist with Hoyer transferred patient back to bed. VS (vital signs) obtained, skin assessment completed, PRN (as needed) pain medication administered, cold compress applied to left arm, physician notified, STAT (immediate) X-ray of left arm ordered, neuro checks in place. Patient resting in bed at this time, no c/o (complaints of) pain, sitting up awaiting lunch. All staff documentation completed.</p> <p>A review of a facility document titled, COVID-19 Testing dated 8/14/2024, revealed R101 tested positive for COVID-19 on 8/14/24. This document further indicated, meds ordered by MD (medical doctor). Will notify family.</p> <p>A review of R101's physician orders documented the following:</p> <p>- Tessalon [NAME] oral 100 mg, one capsule by mouth three times a day for COVID-19 for five days beginning on 8/14/24.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Director of Nursing (DON) was interviewed on 12/6/24 beginning at 12:52 PM. The DON provided documentation that R101's Resident Representative (RR) was notified about R101's fall on 8/2/24 at 1:00 PM. When queried if this was timely notification, the DON stated she wanted to see why the notification was 24 hours later. No additional information regarding the delay in notification was provided by the end of the survey. Additionally, the DON was unable to provide documentation that R101's RR had been notified of the positive COVID-19 test result.</p> <p>A review of the facility policy titled, Changes in Resident's Condition or Status, dated 9/5/24, documented in part the following:</p> <ul style="list-style-type: none"> - This facility will notify the resident, his/her primary care provider, and resident/resident representative of changes in the resident's condition or status. - A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) where there is (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment). <p>On 12/6/24 at 3:45 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.</p>