

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 05/31/2024
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.

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>38208</p> <p>Based on observation, interview, and record review the facility failed to assess a resident (R52) for self-administration of medications resulting in medications left at the resident's bedside.</p> <p>Findings Include:</p> <p>During an observation on 5/29/24 at 10:50 AM, upon entering R52's room, two medications were seen in a clear medicine cup on the resident's bedside table.</p> <p>During an interview on 5/29/24 at 10:51 AM, it was reported by R52 that the nurses sometimes leave the medications on the table if I am sleeping, and I take them when I wake up.</p> <p>Record review of R52's electronic medical record (EMR) revealed no assessment or physician's order to self-administer medications.</p> <p>Further review of R52's EMR revealed admission to facility on 12/6/22 with a primary diagnosis of chronic obstructive pulmonary disease (COPD). According to a Brief Interview of Mental Status (BIMS) dated 3/12/24, R52 had intact cognition with a score of 15/15.</p> <p>During an interview on 5/29/24 at 11:00 AM with Licensed Practical Nurse (LPN) D, it was reported that medications should not be left at the bedside.</p> <p>During an interview on 5/30/24 at 2:10 PM with interim Director of Nursing (DON), it was reported that medication should never be left at bedside, unless the resident has been assessed and has a physician order to self-administer medications. It was further reported that R52 had not been assessed and there was no order for self-administration of medications. When asked the reason medication should not be left at bedside, DON responded, Another resident may accidentally take them.</p> <p>Record review of policy Administration of Medications revised 7/14/21 documented: . All medications are administered safely and appropriately per physician order to address residents, diagnoses and signs and symptoms.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39465</p> <p>Based on observation, interview and record review the facility failed to ensure that the Pre-Admission Screening and Resident Review (PASSARR) Level I determination (DCH-3877 and/or DCH-3878) was reviewed, revised, and sent to the Local Community Mental Health Services Program (CMHSP) for a Level II OBRA (Omnibus Budget Reconciliation Act) evaluation for one resident (R150) of five residents reviewed for PASSARR, resulting in the potential for unmet mental health services.</p> <p>Findings include:</p> <p>On 5/29/2024 at 2:09 p.m., a review of R150's medical record documented the resident was initially admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included excoriation (skin picking) disorder, undifferentiated schizophrenia, adjustment disorder with mixed disturbance of emotions, and conduct, depression, and attention-deficit hyperactivity disorder. According to the annual MDS assessment dated [DATE], the resident was cognitively intact with a BIMS (brief interview for mental status) score of 15 out of 15.</p> <p>The Preadmission Screening (Level I Screening, 3877) dated 2/21/2024, documented the resident had mental illness which was excoriation disorder , adjustment disorder with mixed disturbance of emotions and conduct, depression, insomnia due to other mental disorder, undifferentiated schizophrenia, attention-deficit hyperactivity disorder, alcohol abuse with alcohol-induced mood disorder, nicotine dependence, and received an antipsychotic and an antidepressant medication. Review of the medical record did not reveal a Level II (3878).</p> <p>The Mental Illness/Intellectual Disability/ Related Exemption Criteria Certification (3878) indicated Hospital Exemption Discharge: . The patient under consideration 1.) is being admitted after a hospital stay, AND 2.) requires nursing facility services for the condition for which he/she received hospital care, AND 3.) is likely to require less than 30 days of nursing services. The two documents indicated a Level II OBRA evaluation is required for R150.</p> <p>On 5/30/2024 at 12:25 p.m., Social Service Designee E was informed a Level II evaluation was not noted in R150's medical record and stated, I am covering for someone else, but I will take a look to see why it's not in the chart.</p> <p>On 5/31/2024 at 10:56 a.m., SSD E was asked during an interview, if R150 had a Level II evaluation completed. SSD E stated, The resident was supposed to have one done because the Level I triggered to have a level II completed. The Level II is not in the chart because the physician has not completed the form yet. The physician must go in the computer to complete the OBRA 3878 form that was automatically generated and sign it. After the physician signs the level II then we place a copy in the resident chart immediately. SSD E said the importance of the having a level II in the resident's medical chart is to show the diagnosis, the mental health plan of care and the treatment for the resident. SSD E said the level II form should have been in R150's chart.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy titled Pre-Admission Screening and Resident Review PASARR last reviewed date of 9/25/2023 documented: The facility will ensure that potential admission is screened for possible serious mental disorders or intellectual disabilities and related conditions. This initial pre-screening is referred to as PASARR level I and is completed prior to admission to a nursing facility. A negative level 1 screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. A positive level I screen necessitates an in-depth evaluation of the individual by the 'State designated authority, known as PASARR Level II. A record of the pre-screening should be retained in the resident's medical record.</p> <p>According to the Preadmission Screening (PAS)/ Annual Resident Review (ARR) Mental Illness/ Intellectual Disability/ Related Conditions Identification Instructions: The DCH-3877 is used to identify prospective and current nursing facility residents who meet the criteria for possible mental illness or intellectual disability .The 3877/3878 must be reviewed and revised annually. Review of the attached directions for completion of these forms documented, The person screened shall be determined to require a comprehensive Level II OBRA (Omnibus Budget Reconciliation Act) evaluation if any of the above items are YES UNLESS a physician certifies on form DCH-3878 that the person meets at least one of the exemption criteria .If any answer to questions 1-6 in SECTION II is YES send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32000</p> <p>Based on observation, interview, and record review the facility failed to maintain sanitary conditions in the kitchen resulting in an increased potential for cross contamination of food and foodborne illness, potentially affecting the facility's total census of 172 residents who receive meal services. Findings include:</p> <p>1. On 5/30/24 between 10:12 AM, and 10:40 AM, the following non-food contact surfaces in the kitchen were observed soiled and with visible debris on their surfaces:</p> <p>On the ventilation filters above the fryer.</p> <p>On the grates of the flat top grill.</p> <p>On the sides of the oven</p> <p>On the oven's stainless steel backsplash.</p> <p>Upon observation the surveyor inquired with Dietary Manager, staff A, on if they thought these areas were being cleaned timely and sufficiently to which they replied, not like I thought. These noodles are from a soup made yesterday. I'll talk to the cook about this. On 5/30/24 at 11:25 AM, the surveyor requested a copy of the kitchen's cleaning policy to review.</p> <p>On 5/30/24 at 10:32 AM, the number ten can opener's cutting blade at the cook prep station was observed with visible debris on its surface. Upon observation staff A, commented, I'll set the can opener aside to be cleaned.</p> <p>On 5/30/24 at 11:09 AM, an accumulation of dust and debris was observed on the flooring throughout the walk in freezer. At this time the surveyor inquired with staff A on if they thought the flooring was being cleaned as needed throughout the day to which they replied, usually, but I guess not enough.</p> <p>At the time of the survey team's exit, no additional cleaning schedule documenting verification of the daily cleaning tasks required to be completed was received to review.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 4-601.11, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, directs that:</p> <p>(A) Equipment food-contact surfaces and utensils shall be clean to sight and touch.</p> <p>(C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. On 5/30/24 at 9:50 AM, the surveyor asked the Dietary Manager, staff A, how the facility cleans and sanitizes work surfaces to which they stated, we have our red and green buckets. One has soapy water in it, and one has our sanitizer. At this time the surveyor asked staff A if they could test a sanitizing bucket to verify its concentration to which they replied, yes. On 5/30/24 at 9:52 AM, testing of the sanitizer concentration by staff A via a test strip, and comparing its color to the wall mounted chemical manufacturers reference sign, and then to the test strip packaging, revealed a concentration of zero. Upon observation staff A stated, I'll talk to who made it this morning, and I'll remake it now. Let's look at our log.</p> <p>On 5/30/24 at 9:54 AM, record review of a sanitizer verification log with staff A revealed a recorded concentration of 200 ppm taken earlier in the morning. At this time staff A stated, they might not have fully understood what they were doing.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 7-204.11 Sanitizers, Criteria, directs that:</p> <p>Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACEs shall:</p> <p>(A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions)P</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>32000</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest control program to ensure that the facility is free of pests, resulting in an increased potential for contamination of food, both food and non-food contact surfaces, and foodborne illness potentially affecting staff, visitors and all 172 residents. Findings include:</p> <p>On 5/30/24 at 11:43 AM, live flies and ants were observed underneath the designated hand washing sink in the first floor's kitchenette. Upon observation the surveyor inquired with Dietary Manager, staff A, if they were aware of a pest issue in the facility to which they replied, no, that's not my department, I'd have to talk to maintenance about this. At this time the surveyor requested the facility's pest control policy to review to which staff A responded, the front desk has a book.</p> <p>On 5/30/24 at 1:23 PM, upon interview with Maintenance Director, staff B, on if they were aware of any pest concerns in the building they stated, no. I usually never see the technician because they arrive before my day starts. I believe it's just preventative maintenance.</p> <p>On 5/30/24 at 4:21 PM, record review of the facility's most recent pest control service record dated, 5/29/24 revealed that the facility is currently being treated around the foundation's perimeter using bait boxes. Additional information listed under the evidence/ treatment notes section of this document were indecipherable by the surveyor and staff B.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 6-501.111 Controlling Pests, directs that:</p> <p>The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by:</p> <p>(B)Routinely inspecting the PREMISES for evidence of pests;</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32000</p> <p>Based on observation and interview the facility failed to provide a safe, functional, and sanitary environment for the facilities census of 172 residents and its staff resulting in an increased potential for harm. Findings include:</p> <p>On 5/30/24 between 1:32 PM, and 2:11 PM, during an environmental tour of the facility with Environmental Services Manager, Staff C, the following observations were made:</p> <p>All dryers in the laundry room were observed with a variety of melted/baked on debris varying in color and texture on the interior drums of the units. Upon observation the surveyor inquired with Staff C on the current state of the interior of the dryers to which they stated, it's supposed to be caught when they are being sorted for anything like this. I'll talk to them about this.</p> <p>An accumulation of dust and debris was observed on the flooring in the first and second floor's clean linen storage closets. Upon observation the surveyor inquired with Staff C on the current state of the storage closets to which they stated, we'll get this vacuumed up, and make sure we are looking at these areas more closely during the day.</p>		