STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Road St. Louis, MI 48880

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2704144.Based on interview and record review, the facility failed to ensure one resident (R1) was provided dignified care of one resident reviewed for dignity.Findings include:Review of an admission Record revealed R1 admitted to the facility on [DATE] with pertinent diagnoses which included paranoid schizophrenia and anxiety.Review of a Minimum Data Set (MDS) (a tool used for assessing a resident's care needs) assessment for R1, with a reference date of 3/19/2026 revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 15, out of a total possible score of 15, which indicated R1 was cognitively intact. During an interview on 4/21/2026 at 10:45 AM, R1 reported staff cleaned and organized her room without her permission while she was out of the facility and that this bothered her.During an interview on 4/21/2026 at 11:00 AM, the Nursing Home Administrator/Director of Nursing (NHA/DON) reported staff cleaned and organized R1's room when she was out of the facility because it was a mess and there were wet and dirty boxes. The NHA/DON reported she had permission from R1's guardian prior to cleaning R1's room.During a telephone interview on 4/21/2026 at 11:25 AM, R1's Guardian R reported she had not given permission for the facility to clean R1's room and the facility had not discussed this with her. Guardian R reported because of R1's delusions and paranoia it did not make sense for staff to clean her room when R1 was gone from the facility. Guardian R reported she would be happy to clean R1's room during her quarterly visits. During an interview on 4/22/2026 at 9:34 AM, the NHA/DON reported she had reviewed the Electronic Medical Record and was unable to find documentation regarding the facility's rationale for cleaning R1's room without her permission, and she could not find any documentation that this had been discussed with Guardian R prior.Review of facility policy/procedure Promoting/Maintaining Resident Dignity, implemented 11/1/2022 revealed .It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. Compliance Guidelines. explain care or procedures to the resident before initiating the activity. Respect the resident's living space and personal possessions. At no time will staff search a resident's body or personal possessions without consent from the resident, or if applicable, the resident's representative.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Road St. Louis, MI 48880	

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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #2704144.Based on interview and record review the facility failed to ensure one resident's (R1) grievance was addressed of two residents reviewed for concern/grievance resolution.Findings include:Review of an admission Record revealed R1 admitted to the facility on [DATE] with pertinent diagnoses which included paranoid schizophrenia and anxiety.Review of a Minimum Data Set (MDS) (a tool used for assessing a resident's care needs) assessment for R1, with a reference date of 3/19/2026 revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 15, out of a total possible score of 15, which indicated R1 was cognitively intact. During an interview on 4/21/2026 at 10:45 AM, R1 reported staff cleaned and organized her room without her permission while she was out of the facility and when she returned, she was missing personal items including blankets, a doll, a stuffed rabbit, and several pieces of clothing. R1 reported she had discussed her concern with multiple staff members, and nothing was done to resolve her complaint. R1 reported she did not feel the Nursing Home Administrator/Director of Nursing (NHA/DON) cared about her concern.During an interview on 4/21/2026 at 11:00 AM, the Nursing Home Administrator/Director of Nursing (NHA/DON) acknowledged she was aware of R1's concern regarding missing items. The NHA/DON reported staff cleaned and organized R1's room when she was out of the facility and R1 complained that items were missing when she returned to the facility. The NHA/DON reported she had discussions with the ombudsman and guardian about R1's missing items, but she did not fill out a resident concern form or document R1's concerns in the Electronic Medical Record (EMR). The NHA/DON could not verify that she had followed up with R1 regarding her missing items and stated that in hindsight should have documented these concerns on a grievance form and documented a progress note in the EMR.Review of facility policy/procedure Resident and Family Grievances, revised 2/24/2024, revealed .Grievances may be voiced in the following forums. Verbal complaint to a staff member or Grievance Official. Procedure. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the resident or family member to complete the form. the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation.