

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Riverview Health and Rehab Center North		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 E Warren Detroit, MI 48224	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>This citation pertains to intake MI00143701.</p> <p>Based on interview and record review the facility failed to readmit one resident (R609) to the facility upon discharge from a hospital.</p> <p>Findings include:</p> <p>Record review of the Electronic Medical Record revealed R609 initially admitted into the facility on [DATE]. R609 had a recent readmitted [DATE]. On 3/11/24, R609 was discharged to a hospital via a mental health petition for aggressive behavior.</p> <p>According to the complainant's intake statement, submitted to the State Agency on 4/2/24, I have contacted the Admissions Director to confirm the discharge date for (R609). I was told the patient could not return to the facility because (R609) was a danger to himself and others. The Guardian was not informed neither did the facility go through the proper procedure. (R609) is abandoned at the hospital and will not accept him back to his home, the facility.</p> <p>On 5/23/24 at 12:25 pm, Admissions Coordinator B was interviewed regarding the readmission policy and stated, When a resident goes to the hospital we have to take them back. At this time,</p> <p>documentation was requested regarding the refusal to accept (readmit) R609 back to the facility after hospitalization .</p> <p>On 5/23/24 at 1:15pm the Interim Director of Nursing (IDON) A was interviewed and stated, We didn't accept the resident (R609) back because he was a danger to himself and other residents. During this interview it was explained that the previous Administrator and DON had made the decision not to readmit R609 back into the facility.</p> <p>On 5/23/24 at 1:45 pm the current Business Office Coordinator (BOC) C who served as the previous Admission Coordinator was interviewed. The previous Admission Coordinator/BOC C explained there was no documentation of a resident assessment regarding refusal of readmission.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/24 at 3:05 pm, the Nursing Home Administrator (NHA) A was interviewed and agreed there needs to be a documented assessment in the EMR of why the facility is unable to care for the resident and justification for the refusal of readmission.</p> <p>Review of R609's EMR revealed R609 was admitted with diagnoses that included schizophrenia, epilepsy, and cerebral infarction. According to the annual Minimum Data Set (MDS) assessment, R609 had moderately impaired cognition and was independent with activities of daily living (ADLs). The MDS also documented the Resident and legal guardian participated in the discharge planning. There were no active discharge plans to return to the community and return to long-term care was anticipated.</p>