STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235476	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverview Health and Rehab Center North	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15194 This citation pertains to intake MI00145652. Based on interview and record review the facility failed to review the Plan of Care (POC) and ensure adequate assistance when providing care for one resident (R4) out of four residents reviewed for falls, resulting in a fractured pelvis, hematoma to the head, and subsequent death. Findings include: On 7/16/24 the State Agency received a complaint stating on 7/2/2024 at approximately 11:00 P.M. the on-duty nurse (LPN A) and the Director of Nursing (DON) called the complainant reporting someone was changing R4 and in the process R4 was dropped on the floor. The complainant indicated R4 was taken to a local hospital and was found to have a fracture in the pelvis. R4 passed away in the hospital on 7/12/24, 10 days later. On 7/24/24 at 1:40 P.M., review of R4's Electronic Medical Record (EMR) revealed a Progress Note that documented in part: . Called to room by Certified Nurse Assistant (CNA B) resident laying on left side on floor facing room window. Writer assessed resident, large size hematoma noted to left side of head, red in color. ROM performed on upper and lower extremities. Resident complained of pain to left hip. Neuro check initiated . Writer asked (CNA B) what happened (CNA B) stated I was giving care and resident rolled into me and I could not catch her in time and resident fell on to the floor . Review of the Care Plan: ADLs (Activities Daily Living) Functional/Rehabilitation Resident is receiving total assistance with ADL as evidenced by reduced mobility, incontinence related to my Diagnosis of dementia, congestive heart failure, glaucoma, Peripheral arterial disease and history of cardiovascular accident with right sided hemiparesis. Documented for Approach: Dated: 12/22/2021, provide me two-person assistance with bed mobility. Assist me with repositioning as needed and ensure call-light within reach. Review of R4's Minimum Data Set (MDS) dated [DATE], under section GG for mobility, indicated R4 was dependent meaning (Helper does all the effort. Resident does none of the effort to complete the activity or the assistance of two or more helper is required for the resident to complete the activity.) (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 7/24/24 at 3:30 P.M. the DON was requested to provide the facility's policy pertaining to bed mobility requiring two-person assistance. During this interview the DON was asked what did the CNA use to check the status of their resident for care? The DON responded, The plan of care (POC - Guide for staff when providing care for residents) is in the computer. The DON added, We did not know until several days later R4 had a fracture, we called and checked on her at the hospital. During an interview (via Telephone) on 7/25/24 at 10:11 A.M. with LPN A (nurse on the unit on 7/2/24), concerning the incident, LPN A reported R4 was a two person transfer but was not sure of bed mobility status of the resident. LPN A stated it was the responsibility of the assigned CNA caring for the resident to check and review the Plan of Care (POC) for their assigned residents. During an interview (via Telephone) with CNA B at 10:19 A.M. the nurse aide reported on the day of the incident R4's POC was not reviewed before caring for the resident. CNA B stated, she had previously provided care to R4 and always rendered care (repositioned in bed) alone or without another Aide. CNA B reported R4 was facing her in the middle of the bed, on the window side of the room. The resident made a jerking movement causing the resident and air mattress to slide. I could not hold R4 and the mattress. R4 fell on my feet and the resident's head struck the floor. CNA B stated afterwards the Director of nursing gave her an Inservice. On 7/25/24 at 11:52 A.M. the DON reported CNA B should have checked R4's POC located in the computer. During the investigation of the incident, the DON realized staff was not checking the status of the residents prior to providing care but the CNAs had access to the POC on the units. The DON stated staff was instructed during orientation to always check the POC before caring for the resident. The DON provided no explanation why the POC's were no longer being utilized to check the status of the resident before care. Review of a Resident Care Bed Mobility policy with a revision date of May 2023 was provided. The policy did not identify where, when, who or the frequency staff should check the POC status of residents. According to the Admission Face Sheet R4 was admitted to the facility on [DATE], with pertinent diagnoses of: Dementia, hypertension, congestive heart failure, Diabetes Mellitus, peripheral vascular disease, chronic anemia, and hygiene. The Minimum Data Set (MDS) dated [DATE], indicated R4 had Brief Interview for Mental Status BIMS (BIMS) score of 6, out of a total possible score of 15. R4 was dependent and required assistance of two staff members with bed mobility.