

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 01/14/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>This citation pertains to intake MI00149358.</p> <p>Based on interview and record review, the facility failed to ensure staff reported an injury of unknown origin to the abuse coordinator for one resident (R401) out of four residents reviewed for injuries of unknown origin.</p> <p>Findings include:</p> <p>On 1/14/25 at 8:55 AM R401's guardian A was interviewed and said that on 11/16/24 a nurse from the facility reported to her that R401's leg was swollen and warm to the touch, an x-ray showed that R401's hip was fractured again. Guardian A said the incident was not reported and no one could tell her how R401 fractured her leg.</p> <p>Record review of the Electronic Health Record (EHR) revealed R401 admitted to facility on 9/5/24 with most recent readmission on 10/22/24 with diagnoses which included fracture of unspecified part of neck of left femur, encounter for other orthopedic aftercare, and dementia.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] for R401 revealed severely impaired cognition and required substantial assistance for activities of daily living (ADLs).</p> <p>Review of R401's progress note dated 10/15/24 revealed Resident ambulating in common area witnessed going on floor, staff assessed x-rays ordered.</p> <p>Review of R401's x-ray report dated 10/16/24 revealed displaced left femoral neck fracture (hip fracture).</p> <p>Review of R401's hospital report dated 10/22/24 revealed R401 had a left hip hemiarthroplasty (partial hip replacement of thigh bone) on 10/18/24 with full weight bearing.</p> <p>Review of R401's progress note dated 11/13/24 at 8:28 AM revealed Writer and oncoming nurse obtaining urine specimen observed resident left hip swollen warm and painful to touch applied ice oncoming nurse received order for x-ray.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R401's progress note dated 11/13/24 at 8:34 AM revealed Writer received resident with left hip swollen warm to touch and painful. Pain med given doctor and Director of Nursing (DON) observed left hip.</p> <p>Review of R401's progress note dated 11/13/24 at 8:55 AM revealed Doctor notified of stat x-ray results of left hip, fracture involving the left proximal femur with 11 cm displacement and 3.4 cm overlap (thigh bone fracture). Fracture occurs at the distal prosthesis (below the partial hip replacement).</p> <p>On 1/14/25 at 12:40 PM Certified Nursing Assistant (CNA) B was interviewed and said she worked with R401 on the morning of 11/13/24, R401 stayed in bed and did not notice anything out of the ordinary. If something happened, I would have reported it to the nurse.</p> <p>On 1/14/25 at 3:46 PM CNA C was interviewed and said she worked the midnight shift on 11/12/24 to 11/13/24 and did not recall R401 having any falls, or injuries.</p> <p>Review of the EHR revealed the most recent fall was documented on 10/28/24 with no injuries noted.</p> <p>On 1/14/25 at 2:55 PM the DON was interviewed and said she was in the building when R401 was sent to the hospital due to femur fracture. The DON agreed the incident should have been reported as an injury of unknown origin to abuse coordinator.</p> <p>On 1/14/25 at 3:00 PM the Nursing Home Administrator (NHA) was interviewed and said no one reported R401's femur fracture on 11/13/24 as an injury of unknown origin. The NHA agreed the incident should have been reported to him and then reported to State Agency.</p> <p>Review of the facility policy titled Abuse and Neglect Prohibition Policy undated revealed in part .G. Reporting and Response 1. The staff will report all allegations of abuse, neglect, and misappropriation of property to the Administrator, immediately. 2. The facility will report all allegations and substantiated occurrences of mistreatment, abuse, neglect, misappropriation of property, or injuries of unknown source to the Bureau of Health Systems using the on-line form 362, immediately.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>This citation pertains to intake MI00149358.</p> <p>Based on interview, and record review the facility failed to update/revise/review a care plan in a timely manner for one resident (R401) out of four residents reviewed for care planning.</p> <p>Findings include:</p> <p>On 1/14/25 at 8:55 AM R401's guardian A was interviewed and said that on 11/16/24 a nurse from the facility reported to her that R401's leg was swollen and warm to the touch, an x-ray showed that R401's hip was fractured again. Guardian A said the incident was not reported and no one could tell her how R401 fractured her leg.</p> <p>Record review of R401's Electronic Health Record (EHR) revealed admitted to facility on 9/5/24 with most recent readmission on 10/22/24 with diagnoses which included fracture of unspecified part of neck of left femur, encounter for other orthopedic aftercare, and dementia.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] for R401 revealed severely impaired cognition and required substantial assistance for activities of daily living (ADLs).</p> <p>Review of R401's EHR revealed that R401 had documented falls in the facility on 9/19/24, 10/15/24, 10/27/24, and 10/28/24.</p> <p>On 1/14/25 at 1:05 PM Licensed Practical Nurse (LPN) D was interviewed and R401's care plan was reviewed.</p> <p>Review of R401's care plan revealed Problem start date 9/6/24 Category Falls Resident at risk for falls due to decreased mobility and poor safety awareness related to diagnosis of left hip fracture and dementia. Actual Fall 10/15/24. Edited 12/2/2024 by LPN D Goal Short Term Goal Date: 1/29/25 Resident will remain free from fall related injuries. Edited 10/31/24. Approach start date: 10/27/24 Obtain PT consult Created 12/2/24 by LPN D. Approach start Date 10/15/24 Occupy resident with music and crafts. Edited 12/2/24 by LPN D.</p> <p>LPN D agreed R401's actual falls on 9/19/24, 10/27/24, and 10/28/24 were not updated on the care plan and that the updates made were not timely.</p> <p>On 1/14/25 at 12:05 the Director of Nursing (DON) was interviewed and agreed R401's fall care plan was not updated timely and care planned/reviewed after each fall.</p> <p>Review of the facility policy titled Fall management Guidelines revised 8/30/2021 revealed in part .Residents identified at risk for falls will have a care plan developed and implement fall prevention interventions as needed based on their assessment. After each fall the licensed nurse will document the incident on: Events, 24 hour nurse report, nurses' notes, interdisciplinary post-fall assessment, charting in the nurses notes over the next 24 hours, update the care plan.</p>		