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	11/21/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2632800.Based on interview and record review the facility failed to report an allegation of physical abuse from a staff member to the State Agency in the required timeframe for one (R101) of four sampled residents reviewed for abuse resulting in an unreported allegation of abuse and the potential for more allegations of abuse to go unreported.Findings include:On 10/2/25 at 8:27 a.m., a complaint was submitted to the state agency. The complaint alleged (R101) was physically abused and sustained an injury. A Facility Reported Incident (FRI) related to the complaint allegation was not found.On 10/6/25 at 12:17 p.m. a facility reported incident report involving R101 was requested. The Nursing Home Administrator (NHA) reported the facility did not have any FRIs involving R101.On 10/6/25 at 1:06 p.m. the Nursing Home Administrator (NHA), the Director of Nursing (DON), the Social Service Director (SSD) B, and the Regional Nurse Consultant F were present and queried having knowledge of any reported concerns for or from R101. The NHA said there were no known concerns for the resident. The DON said there was knowledge of a concern with R101's elbow having soft tissue and swollen. The SSD B said there was no knowledge of R101 having any concerns. They all denied being aware of any care concerns regarding being physically abused by a staff member.On 10/6/25 at 1:27 p.m. Nurse Practitioner (NP) D was interviewed. NP D said on 9/30/25 (time unknown) while discussing R101's cyst on elbow with the legal guardian/family member, an allegation of physical abuse was said. NP D said the legal guardian/family member reported R101 was assaulted by a male staff member which caused a fracture to the elbow. NP D said the allegation was reported to the Unit Manager and SSD (via email) immediately.On 10/6/25 at 2:07 p.m. SSD B was interviewed. SSD B said an email about R101 being assaulted was not receive sent by NP D and had no knowledge of the resident being assaulted or injured.On 10/6/25 at 2:25 p.m. R101's legal guardian/family member was contacted via phone call. The legal guardian said on 9/30/25 while speaking to NP D, reported R101 was assaulted by a male staff member. The legal guardian also said later, on 9/30/25, they were contacted by the DON and Unit Manager A via phone call when again it was reported, R101 said they were physically assaulted by a male staff member which caused an injury to the left elbow.On 10/6/25 at 3:55 p.m. Unit Manager (UM) A was interviewed and said on 9/30/25 was informed by NP D the legal guardian reported R101 was physically assaulted by a male staff member. UM A said the NHA was notified immediately, and the male staff member was removed from the unit.Review of the clinical record documented R101 was admitted into the facility on [DATE] with diagnosis that included: schizoaffective disorder, rhabdomyolysis, pain in left arm, cellulitis of left upper limb, vascular dementia, severe, with psychotic disturbance, chronic embolism and thrombosis of unspecified vein, and polyarthritis. According to the quarter Minimum Data Set, dated [DATE], R101 had severe impaired cognitive function (BIMS-6), and required limited one person assistance with activities of daily living. Review of the facility's policy titled Event Reporting and Response Policy (undated) will report allegations and substantiated occurrences of mistreatment, abuse, neglect, misappropriation of property, or injuries of unknown source to the Bureau of Health Systems using on-line form 362, immediately. Immediately (continued on next page)

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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	means as soon as possible, but not more than 24 hours after the discovery of the incident. The investigation findings will be reported to the Bureau of Health Systems within five (5) working days of the incident using on-line form 363.