

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 04/02/2025
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based on observation, interview, and record review, the facility failed to document and ensure resident's activity preferences were honored for one resident (R61) out of two residents reviewed for activities, resulting in resident frustration and boredom.</p> <p>Findings include:</p> <p>On 3/31/25 at 11:03 AM, R61 was observed alert and lying in bed wearing a facility gown. R61 stated, I like to be with people and get bored in my room. R61 stated, I can't do anything on my right side. To get up, staff must dress them and put them in their wheelchair.</p> <p>On 4/1/25 at 2:35 PM, R61 was observed alert and lying in bed wearing a facility gown. R61 stated, I want to be able to get up and go somewhere. I'm just bored. R61 added that staff can just roll them down the hall and they can talk with some people. R61 stated, It beats just laying here.</p> <p>On 4/1/24 at 2:46 PM, Unit Manager, Licensed Practical Nurse (LPN) E said that R61 was not on the list to get up. A conversation was conducted with LPN E, R61, and the Surveyor. During this conversation, R61 mentioned that they would like to get up and out of their room and not just count the dots on the ceiling.</p> <p>On 4/1/25 at 3:11 PM, Certified Nurse Aide (CNA) J reported working with R61 for about 20 days and estimated that R61 had been out of their bed three times on the afternoon shift.</p> <p>On 4/2/25 at 8:47 AM, R61 was observed dressed and having breakfast in the dining room with other residents. When approached, R61 stated, It feels good to be up.</p> <p>On 4/2/25 at 10:17 AM, CNA J said she was responsible for getting R61 dressed and transported to the dining room. CNA J said that initially R61 did not want to get up because they thought no one else would be in the dining room. After CNA J assured R61 that others would be there, R61 got up and wanted to sit with the people in the dining room.</p> <p>On 4/2/25 at 12:15 PM, Activity Director (AD) K said the activity staff provided room visits for residents that do not leave their room. AD K could not provide documentation to support that R61 had received interaction with activity staff on a one-to-one basis in their room and stated, That's bad. R61's activities care plan was reviewed with AD K and revealed the following:</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Problem: I prefer activities like listening to music watching tv.</p> <p>Approach: Provide materials of interest: (magazine, needlework, etc.)</p> <p>Approach: Provide setting in which activities are preferred (own room, day room, etc.).</p> <p>Approach: Allow resident to express feelings and desires.</p> <p>Approach: Involve resident with those who have shared interests.</p> <p>Approach: Adjust activities to accommodate resident's energy level and tolerance.</p> <p>The activity care plan was last reviewed/ revised on 1/14/25. However, there have been no revisions to the approaches since 4/27/22.</p> <p>AD K said that starting in January 2025, R61 would state that they wanted to get up and would ask AD K to get them up out of the bed. AD K said that nursing would be informed. AD K said that as recently as about a week ago, R61 again expressed a desire to get out of the bed. AD K admitted that R61's current activity care plan did not reflect that they wanted to get up.</p> <p>A review of the clinical record for R61 documented an initial admitted [DATE] and readmitted [DATE]. R61's diagnoses included cerebral infarction, hemiplegia, and unspecified dementia. A Minimum Data Set assessment dated [DATE] documented moderate cognitive impairment.</p> <p>On 4/2/25 at 1:05 PM, the Nursing Home Administrator (NHA) said that resident activities should be individualized and based upon what the resident wants. The desired activities should be reflected in the care plan. The NHA added that there could probably be better documentation of one-to-one visits. The NHA said that R61's activity preferences should have been documented in the care plan and implemented.</p> <p>On 4/2/25 at 3:10 PM during the exit conference, the NHA said that all requested documents had been provided. A facility policy that governs one-to-one resident activities was requested on 4/2/25 at 1:39 PM but not provided by the conclusion of the survey.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>Based on observation, interview, and record review, the facility failed to ensure meals were served at palatable temperatures for one resident (R287) out of two residents reviewed for food preferences, resulting in the resident's dissatisfaction with the dining experience.</p> <p>Findings include:</p> <p>On 3/31/25 at 12:39 PM, R287 was queried about meals received in the facility. R287 stated, My breakfast is always cold.</p> <p>On 4/2/25 at 8:15 AM, R287 was observed in their room, awake and sitting in a wheelchair.</p> <p>On 4/2/25 at 8:19 AM an insulated meal cart was delivered to R287's housing unit.</p> <p>On 4/2/25 at 8:30 AM, Certified Nurse Aide (CNA) C delivered a breakfast tray to R287. The main entree was served on a plate covered with an insulated dome. R287 granted permission for the tray to be used as a test tray, and a replacement meal tray was ordered for R287. CNA C was present during the testing of food temperatures on R287's tray. The following temperatures were obtained using a metal stem thermometer:</p> <p>Scrambled eggs 92.8 F (Fahrenheit)</p> <p>Pancakes 90.1 F</p> <p>CNA C agreed to touch the pancakes. CNA C said the pancakes were only slightly warm and acknowledged the pancakes were not warm enough to melt butter.</p> <p>Oatmeal 135 F</p> <p>Coffee 130 F</p> <p>Milk 48 F</p> <p>Apple juice 50 F</p> <p>A review of the clinical record documented R287's admission to the facility on [DATE] with diagnoses that included legal blindness, Parkinsonism, and Type 2 diabetes mellitus. A Minimum Data Set assessment dated [DATE] documented moderate cognitive impairment. R287 was ordered a regular textured, restricted concentrated sweets, thin liquid diet.</p> <p>On 4/2/25 at 1:05 PM, the Nursing Home Administrator (NHA) said everything should be at the proper temperature ranges.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34901</p> <p>Based on observation, interview, and record review, the facility failed to: 1. Properly date-label food stored in the walk-in freezer and walk-in cooler, 2. Ensure food past the use-by-date was not stored with active food stock; 3. Ensure two commercial ice machines were cleaned in a timely manner; and 4. Effectively clean surfaces in the kitchen. These deficient practices had the potential to affect all the residents who consumed food from the kitchen and consumed ice from the ice machines, resulting in the potential for food-borne illness.</p> <p>Findings include:</p> <p>On 3/31/25 at 8:50 AM, during the initial tour of the kitchen with Dietary Manager (DM) A, the following was observed inside of the walk-in freezer: a previously opened bag of approximately 12 bread sticks was not labeled. DM A stated, It's not labeled. It shouldn't be in here.</p> <p>The following items were observed inside of the walk-in cooler, but were not adequately date-marked to specify the opened date and/or prepared date, and the use-by date:</p> <ol style="list-style-type: none"> 1. An 1/8 size pan of prepared tuna dated 3/30. 2. Three soup bowls of chicken noodle soup and one soup bowl of tomato soup dated 3/30/25. DM A was unsure if the soup had been previously cooked and cooled. Six soup bowls of various types of soup dated 3/28/25. 3. An 1/8 size pan of ground turkey dated 3/28. 4. A bag of approximately 12 slices of American cheese dated 3/28/25. 5. An opened five-pound pack of Swiss cheese - undated. 6. Two opened 2-pound bags of pepperoni dated 2/24/25. <p>The following items were observed inside of the walk-in cooler stored past the designated used-by date:</p> <ol style="list-style-type: none"> 1. Two opened 1-pound bags of corned beef with a use-by-date of 3/21/24 2. A bag of approximately 16 slices of Swiss cheese with a use-by-date of 3/22/25. <p>Other items observed during the initial tour of the kitchen included:</p> <ol style="list-style-type: none"> 1. An accumulation of build-up grease and dust was observed on a light cover over the stove. 2. The inside of four drawer fronts in the cook's area were stained with dried food debris and an accumulation of food crumbs. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. A wet, mushy, beige colored line was observed on the front faceplate inside of the ice machine. A portion of the wet, mushy substance was easily removed with a piece of paper towel. DM A stated the ice machine is cleaned every three months. A document posted on the side of the ice machine titled, Ice Machine/Steamer Cleaning, indicated the last completed cleaning occurred on 12/13/24, signifying the ice machine was overdue for a cleaning.</p> <p>4. A visible layer of dust was observed on the outside of the ice machine.</p> <p>On 4/1/25 at 3:23 PM, a document posted on the 3rd floor ice machine documented that the ice machine was last cleaned on 12/13/24, signifying the ice machine was overdue for a cleaning.</p> <p>On 4/2/25 at 1:05 PM, the Nursing Home Administrator (NHA) said he expected food in the kitchen to be labeled according to the policy.</p> <p>The facility policy titled, Food Purchasing and Storage, dated October 2017, was reviewed and revealed in part the following:</p> <ul style="list-style-type: none"> - Accepted items are removed from cases, date with Date Received by date and stored in the appropriate areas as quickly as possible. - Leftover foods will be put in the refrigerator in shallow pans (two to four inches deep) so that the interior temperature of the food chills quickly to < 41 F. They will be covered, dated, and labeled. - All food items in refrigerators will be properly dated with an open date and/or date to be use by, labeled, and placed in containers with lids, or will be wrapped. - All frozen food will be dated with an open date and/or date to be used by, labeled and wrapped. <p>According to the 2013 FDA Food Code:</p> <ul style="list-style-type: none"> -Section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. <p>On 4/2/25 at 3:10 PM during the exit conference, the NHA and Director of Nursing did not offer additional documentation or information regarding this citation when asked.</p>		