

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235476                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>05/07/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Riverview Health and Rehab Center North                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>18300 E Warren<br>Detroit, MI 48224 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include: On 05/05/2026 at 8:48 AM an interview with Dietary Manager (DM) I regarding date marking found food items should have a receive, discard, and open date on them. On 05/05/2026 at 8:49 AM observed an opened package of sliced turkey with a facility marked receive date of 4/30 and a facility marked discard date of 6/1 in the walk in cooler. DM I stated that is not right and indicated it should have an open date. On 05/05/2026 at 8:52 AM observed a plastic bag containing sliced cheese with a discard date of 05/03/2026 in the walk in cooler. On 05/05/2026 at 9:37 AM observed a tossed salad in a container with a facility marked date of 4/30-5/2 in the first floor west hall nourishment room refrigerator. DM I removed the item to be discarded. On 05/05/2026 at 9:40 AM an interview with DM I found porters will look through refrigerators and remove out of date items. On 05/05/2026 at 9:42 AM observation of the first floor activities refrigerator found a small carton of two percent milk with a manufacturer expiration date of 5/2/26. Further observation found a takeout bag with no date or label. An interview with DM I at this time found they do not check these refrigerators and are not sure if residents use them. On 05/05/2026 at 9:45 AM observed a container of pasta and meat sauce on the counter with no date or label in the first floor transitional rehabilitation east nourishment room. On 05/06/2026 at 1:23 PM an interview with Activities Director (AD) M found the refrigerator in the activities room is used to store resident food. AD M indicated it is usually cleaned out at the end of the day. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking, (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. On (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>05/05/2026 at 8:58 AM an interview with DM I regarding maintenance requests found the facility has a maintenance system in which requests can be submitted to. DM I indicated they will add request to the program and sometimes leave a sticky note. On 05/05/2026 at 9:09 AM observed water leaking from the prep sink when the faucets were turned off. DM I indicated it may need to be tightened up with washers. On 05/05/2026 at 9:11 AM observed the sink across from the kettle with water dripping from the cold handle nozzle when the faucets were turned off. On 05/05/2026 at 9:27 AM observed the sanitizer compartment faucet of the three-compartment sink leaking water when turned off. DM I indicated they would have the Maintenance Supervisor look at it. According to the 2022 FDA Food Code section 5-205.15 System Maintained in Good Repair, A plumbing system shall be: (A) Repaired according to LAW; and (B) Maintained in good repair. On 05/05/2026 at 9:06 AM observed metal shavings accumulated next to the blade of the can opener. An interview with DM I at this time found the can opener is cleaned after use in the three-compartment sink. DM I acknowledged the metal shavings and placed can opener into the three-compartment sink. According to the 2022 FDA Food Code 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. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. On 05/05/2026 at 9:07 AM an interview with DM I regarding use of the prep sink found it is used for washing produce and meat. Further observation of the prep sink found the drain line extending from the sink and leading into the wall with no air gap. On 05/05/2026 at 9:16 AM observed the three compartment sink drain lines for the wash, rinse, and sanitize basins all connect to a common drain line and discharge to the floor with no air gap. According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention, (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. On 05/05/2026 at 9:19 AM observed two stacked quarter pans on the dry storage rack with water droplets inside. An interview with DM I at this time found a staff member had just placed the pans there and they will educate. On 05/05/2026 at 9:20 AM observed water pooled at the bottom at each of the utensil holder slots in the utensil drawer used to store ice scoops. DM I indicated there should not be water in there. According to the 2022 FDA Food Code section 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and SANITIZING, EQUIPMENT and UTENSILS: (A) Shall be air-dried or used after adequate draining. On 05/05/2026 at 9:27 AM an interview with DM I found the dishmachine is a high temperature dishmachine and they like to see the wash temp at 160 F and rinse temperature at 180 F. DM I indicated the wash gauge is currently not working and staff use the test strip to ensure it is sanitizing. The dishmachine was run, and after two cycles the wash cycle gauge did not move from the resting position of the gauge, and the sanitize cycle gauge remained at 126 F during the two cycles. According to the 2022 FDA Food Code section 4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature, (A) The temperature of the wash solution in spray type warewashers that use hot water to SANITIZE may not be less than: (1) For a stationary rack, single temperature machine, 74oC (165oF); Pf. According to the 2022 FDA Food Code section 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures, (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than: Pf (1) For a stationary rack, single temperature machine, 74oC (165oF); Pf or (2) For all other machines, 82oC (180oF). Pf. On 05/05/2026 at 9:34 AM observed the outdoor<br/>(continued on next page)</p> |                                                                                  |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>grease receptacle filled with water and grease and the lid on the ground next to the bin. The cement near to the bin was observed with water puddles containing grease. An interview with DM I at this time found the rainstorm had blown off the cover. DM I indicated they had switched companies recently and had thought it was emptied but was not sure. On 05/06/2026 at 11:24 AM observed the lid to the outdoor grease receptacle off. In an interview with DM I at this time, when asked if it is usually on DM I stated yes. On 05/06/2026 at 11:58 AM an interview with Maintenance Supervisor (MS) D regarding maintenance of the grease bin was conducted. When asked who is responsible for maintaining the bin, MS D indicated a company comes to service it. When asked if anyone at the facility also maintains it, MS D indicated it is difficult to maintain with staff. According to the 2022 FDA Food Code 5-501.13 Receptacles, FDA Food Code 2022 Chapter 5. Water, Plumbing, and Waste Chapter 5 - 11 (A) Except as specified in (B) of this section, receptacles and waste handling units for REFUSE, recyclables, and returnables and for use with materials containing FOOD residue shall be durable, cleanable, insect- and rodent-resistant, leakproof, and nonabsorbent. On 05/05/2026 at 11:52 AM observed the wooden countertop beneath the coffee maker in the kitchen worn and no longer smooth and easily cleanable. According to the 2022 Food Code, section 4-101.19 Nonfood-Contact Surfaces, NonFOOD-CONTACT SURFACES of EQUIPMENT that are exposed to splash, spillage, or other FOOD soiling or that require frequent cleaning shall be constructed of a CORROSION-RESISTANT, nonabsorbent, and SMOOTH material. On 05/05/2026 at 12:13 PM observed a cracked and loose floor tile near the three-compartment sink. The grout along the edges of four tiles was cracked and missing. According to the 2022 Food Code, section 6-201.11 Floors, Walls, and Ceilings, Except as specified under S 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE. On 05/05/2026 at 12:27 PM observed [NAME] L on the serving line repeatedly touch their glasses and forehead with the back of their gloved hand and continue work at the serving line without changing gloves or washing hands. According to the 2022 Food Code, section 3-304.15 Gloves, Use Limitation, (A) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. P.</p> |                                                                                  |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the water management plan was implemented and that appropriate infection control practices were followed for two residents (R129 and R71) out of two residents reviewed for infection control and prevention, resulting in the potential for spread of infection among residents in the facility. Findings include:</p> <p>On 05/05/2026 at 1:38 PM observed an inoperable water fountain on the second floor outside of the dining room indicating possible stagnant water in the line.</p> <p>On 05/05/2026 at 2:03 PM observed an inoperable water fountain in the first floor physical therapy room indicating possible stagnant water in the line.</p> <p>On 05/05/2026 at 2:10 PM observed a low water level indicating low use in the toilet bowl with debris at the bottom and brown stained streaks on the inside edges of the toilet in the first floor west transitional rehabilitation tub room.</p> <p>On 05/05/2026 at 2:16 PM observed a film like substance on the surface of the water in the toilet of the first floor west transitional rehabilitation shower room [ROOM NUMBER]. Further observation found the hand sink nonfunctional.</p> <p>On 05/05/2026 at 2:41 PM observed no water in the hopper bowl indicating low use of the fixture in the second floor soiled utility room [ROOM NUMBER].</p> <p>On 05/05/2026 at 2:58 PM observed a hopper with the flush apparatus nonfunctional in the third floor soiled utility room [ROOM NUMBER].</p> <p>On 05/06/2026 at 11:31 AM an interview was conducted with Maintenance Supervisor (MS) D regarding the water management plan. When asked if they are on the team, MS D indicated yes, they cover water management. When asked if there had been an annual review, MS D stated no. MS D was asked about control measures taken to reduce the growth of legionella and indicated they test chlorine in the water supply once a quarter. When asked if there are control limits for chlorine, MS D stated they look for it to be above 0.1 parts per million (ppm), MS D indicated they use a pool test kit that measures free and combined chlorine. When asked if there are any other controls taken, MS D stated no. When asked what the boiler domestic water is set to, MS D stated 119 degrees F. MS D was queried about unoccupied rooms and found they flush the sinks and are not concerned with the toilets. When asked if there are any other areas in the facility that are low use, MS D stated there are not a lot of stagnant lines in the facility. MS D indicated they completed the water management risk assessment and paperwork themselves.</p> <p>On 05/06/2026 at 11:46 AM an interview with MS D was conducted regarding the nonfunctional sink in the first floor west transitional rehabilitation shower room [ROOM NUMBER]. When asked if they knew why the sink was nonfunctional, MS D indicated the plumbing is clogged and they could not fix it. When asked how long it has been in this state, MS D indicated since covid.<br/>(continued on next page)</p> |                                                                                  |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235476                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>05/07/2026 |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>On 05/06/2026 at 11:49 AM an interview with MS D found some of the drinking fountains were broken and they had turned them off. When asked how long they have been off, MS D stated awhile. When asked if the eyewash stations get flushed, MS D indicated they are every couple of months.</p> <p>On 05/06/2026 at 12:37 PM an interview was conducted with Nursing Home Administrator (NHA) regarding water management. When asked who is on the water management team, NHA indicated Maintenance, Dietary Manager, Dietitian and Director of Nursing. When asked about an annual review, NHA indicated maintenance runs the program and the regional maintenance would be the head of communication. When asked if they would attend a meeting when they occur, NHA stated no.</p> <p>On 05/06/2026 at 1:28 PM an interview with Director of Nursing (DON) was conducted regarding the water management plan. When asked if they are a part of the water management team, DON stated yes. When asked if they attend meetings, DON indicated corporate manages meetings and the NHA would be the head of the program, DON stated they do not recall attending meetings.</p> <p>On 05/06/2026 at 2:09 PM an interview with Dietary Manager (DM) I regarding the water management team was conducted. When asked if they are on the team DM I stated yes. When asked if they perform tasks related to legionella, DM I stated no.</p> <p>Record review of the facility provided document titled POLICY AND PROCEDURE MANUALS included in the water management program binder states The policies have been reviewed and approved by the above-mentioned parties. Signatures are included from the Medical Director, Administrator, and Director of Nursing with a date of 1/21/26.</p> <p>Record review of the facility provided document titled Healthcare Water Management Program Frequently Asked Questions found within the water management program binder states, Seven key activities are routinely performed in a Legionella water management program. 3. Identify areas where Legionella could grow and spread 4. Decide where control measures should be applied and how to monitor them 5. Establish ways to intervene when control limits are not met 6. Make sure the program is running as designed (verification) and is effective (validation). The document continues to list the principles of effective water management including, Preventing water stagnation. Maintaining premise plumbing. The documents states, Members of a building water management program team work together to. Identify ways to minimize growth and spread of Legionella and other waterborne pathogens. Conduct routine checks of control measures to monitor areas at risk.</p> <p>According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Flush low-flow piping runs and dead legs at least weekly. Flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as needed to maintain water quality parameters within control limits. Eliminate dead legs, which are sections of no- or low-water flow.</p> <p>R71</p> <p>On 5/5/2026 approx. 11:07 a.m. during a morning medication administration (Med Pass) on the Transient West unit observed Licensed Practical Nurse (LPN) F use an Accu-Chek meter to assess (continued on next page)</p> |                                                                                  |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>R71's blood sugar level. LPN F was observed inserting a test strip into the Accu-Chek meter, lanced R71's finger for blood, applied blood on the test strip until the blood sugar reading results (304) appeared on the Accu-Chek meter. LPN F returned to the medication cart and removed the test strip and stored the Accu-Chek meter back in the med cart. LPN F did not sanitize the Accu-Chek meter before placing it back on the med cart.</p> <p>On 5/7/2026 at approx. 2:10 p.m. LPN F was interviewed with the Director of Nursing (DON) present regarding the infection control concern of the un-sanitized Accu-Chek meter after use. LPN F was asked should the Accu-Chek meter be cleaned and sanitized after use? LPN F stated, yes, I should have wiped it off after I was done to sanitized it. LPN F was asked what was the importance of sanitizing a blood used equipment after use. LPN F said to sanitize the Accu-Chek meter before using it on other residents. LPN F was asked what should have been used to clean blood collection equipment after use? LPN F demonstrated having sanitizing and bleach wipes available in the med cart.</p> <p>On 5/7/2026 at approx. 2:20 p.m. during another interview, the DON agreed that the Accu-Chek meter should have been disinfected and should be disinfected after each use by all nurses.</p> <p>According to electronic health records (EHR), R71 was admitted into the facility on 4/13/2026 with diagnoses of Type two diabetes mellitus with foot ulcers, hypertension, and severe protein-calorie malnutrition. According to the admission Minimum Data Set (MDS) assessment dated [DATE] indicated R17 was cognitively intact with a BIMS (brief interview for mental status) score of 15.</p> <p>The undated facility policy, Infection control Manual noted, How do Infections Spread: Germs can be found on the hands or gloves of health care workers, on surface in the facility, and on medical equipment. If these are not properly cleaned and disinfected, the germs may spread to other people and the environment.</p> <p>R129</p> <p>On 5/5/2026 at approximately 11:30 AM, R129's room door was observed open. Two residents were observed in the room. Signage on the door indicated enhanced barrier precautions (EBP) were needed when providing care. There was no indication on the signage which resident in the room needed the enhanced barrier precautions. Inside the room, two staff members were providing care to R129. Neither staff member was observed to be wearing the appropriate personal protective equipment (PPE) needed as indicated by the EBP signage on the door.</p> <p>A record review was completed on 5/5/2026 and revealed R129 admitted to the facility on [DATE] with diagnoses that include Parkinsons disease, hypertension, chronic kidney disease, gastrostomy, type II diabetes, and dementia. Section C of the Minimum Data Set with an Assessment Reference Date of 2/17/2026 revealed R129s cognitive status was severely impaired. A physician order dated 6/25/2025 revealed: Order for Enhanced Barrier Precaution r/t (regards to) peg tube. A physician order dated 5/5/2026 revealed: Enhanced Barrier Precautions related to wound. R129's care plan indicated enhanced barrier precautions were in place, and included the following intervention dated 4/22/2026: Educate Staff/Resident/Family on Enhanced Barrier Precautions as needed. R129's care (continued on next page)</p> |                                                                                  |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>plan also indicated the following interventions dated 2/17/2025: Maintain enhanced barrier precautions for the duration of their stay as ordered or until resolution related to diagnosis has been resolved or no evidence of signs and symptoms of infection and Staff is to wear gown and gloves during high-contact care activities for identified resident, thorough use hand hygiene before and after any resident contact, including before applying and after removing PPE.</p> <p>On 5/5/2026 at approximately 11:30 AM, Licensed Practical Nurse C (LPN C) was queried as to what care was being provided to R129 during the observation. LPN C said that R129 had vomited and that her and the CNA (Certified Nursing Assistant) were cleaning the resident up. When asked how staff were aware of which residents needed PPE for care, LPN C said it is usually indicated on the door signage. LPN C confirmed the signage on the door did not indicate which resident in the room needed PPE. LPN C also confirmed that R129 was on enhanced barrier precautions related to their peg tube and wound and that her and the CNA should have had on PPE while performing care for R129.</p> <p>On 5/6/2026 at approximately 1:20 PM, Infection Preventionist B (IP B) was interviewed regarding enhanced barrier precautions. The Director of Nursing was also present for the interview. IP B confirmed that PPE for enhanced barrier precautions should have been worn by the nurse and the CNA while providing care to R129. IP B added that PPE should be worn as indicated to help stop the spread of infection among residents in the facility.</p> <p>A policy titled, Enhanced Barrier Precautions dated March 2024 was provided and revealed the following: EBP is used with standard precautions and expands PPE to donning gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. In addition, EBP are indicated for residents with any of the following: Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with MDRO. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with dressing.</p> |                                                                                  |                                                 |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, and interview, the facility failed to maintain general cleanliness and repair of the premises as well as proper storage of clean and sanitary supplies, resulting in an increased potential for contamination and a possible decrease in satisfaction of living affecting all residents. Findings Include: On 05/05/2026 at 12:48 PM observed a section of wall covering cut out with two protruding utility lines extending from the wall in the third floor common area outside of the dining room. The lines were left uncapped and a paper towel was found pressed inside one of them. On 05/05/2026 at 1:28 PM observed an approximate four by two foot area of floor tiles missing under the clean linen rack in the first floor east transitional rehabilitation room. On 05/05/2026 at 1:31 PM observed various nursing equipment and bags containing linen piled along the half wall on the third floor across from the shower rooms. On 05/05/2026 at 2:10 PM observed a low water level in the toilet bowl with debris at the bottom and brown stained streaks on the inside edges of the toilet in the first floor west transitional rehabilitation tub room. On 05/05/2026 at 2:16 PM observed a film like substance on the surface of the water in the toilet of the first floor west transitional rehabilitation in shower room [ROOM NUMBER]. On 05/05/2026 at 2:24 PM observed the cover missing from a wall mounted soap container with various items in the container including a box of gloves, ointment, a container of moisturizer and an opened ointment packaging on the glove box. Further observation found the lower portion of the adjacent door frame rusted with chipping of the metal surface. On 05/05/2026 at 2:28 PM observed brown stained streaks on the inside of the toilet bowl in the second floor toilet room [ROOM NUMBER]. On 05/05/2026 at 2:29 PM observed aprons, padding, disposable gloves, and washcloths in the therapy tub located in the second floor toilet room [ROOM NUMBER]. The room was unoccupied upon entry and the shower was running. Puddles of water with a yellow tint were present across the floor from the tub area to the shower. Further observation of the room found deterioration of the lower corner walls near the shower room, including rusted and exposed framing. The lower portion of the wall near the door was missing siding, leaving sharp and exposed edges next to the door. On 05/05/2026 at 2:36 PM an interview with Maintenance Supervisor (MS) D found the shower water does not turn off. MS D indicated repairing the issue would require shutting off almost the entire water supply. When asked how long it has been in this condition, MS D stated about a month. On 05/05/2026 at 2:54 PM observed approximately five inches of the baseboard missing from the wall adjacent to the door in the third floor shower room [ROOM NUMBER]. On 05/06/2026 at 9:20 AM observed brown and black buildup on multiple ceiling tiles indicative of water damage in the first floor library. The affected tiles were aligned in a linear pattern across the length of the room. On 05/06/2026 beginning at 9:33 AM a tour was conducted with Environmental Services Director (ESD) J. On 05/06/2026 at 9:42 AM observed a mop sink with a chemical pre-dispensing system in place and the faucet left on in the first floor custodial closet closet. This set up puts undue back pressure on the faucet's internal atmospheric vacuum breaker (AVB), which can compromise the integrity of the mechanism. On 05/06/2026 at 9:48 AM an interview with ESD J found a few residents use shower room [ROOM NUMBER], and most residents have showers in their room. When asked about cleaning of the shower room, ESD J indicated the room is cleaned daily and housekeeping cleans walls, floors, high and low dust areas, as well as weekly grout cleaning. ESD J indicated Certified Nursing Assistants (CNAs) are responsible for cleaning equipment in the room. When asked about the nonfunctional hand sink, ESD J stated it is usually working. Observation of the room found an (continued on next page)</p> |                                                                                  |                                                 |

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| F 0921<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>accumulation of products on the countertop including opened and unopened shampoo bottles, gloves, wipes, baby powder, combs, toothbrush, and deodorant. When asked if there is a place to store these items, ESD J indicated that only two people use the room. On 05/06/2026 at 10:02 AM observed the corner of the baseboard wall broken and missing in the second floor tub room [ROOM NUMBER]. An interview with ESD J at this time found it was reported when they got here in February. Further observation found the wooden floor tile missing at the doorway with underlying cement exposed and cracked. On 05/06/2026 at 10:10 AM observed a mop sink with a chemical pre-dispensing system in place and the faucet left on in the second floor custodial closet room [ROOM NUMBER], creating undue pressure on the faucets internal AVB. On 05/06/2026 at 10:21 AM an interview with Unit Manager K was conducted. When asked if there is a place to store shower items that are opened after use Unit Manager K indicated they should remain in resident rooms after opening. On 05/06/2026 at 10:22 AM observed a mop sink with a chemical pre-dispensing system in place and the faucet left on in the third floor custodial closet room [ROOM NUMBER], creating undue pressure on the faucets internal AVB. An interview with ESD J at this time found the water is left on and a button is pushed to release chemicals. On 05/06/2026 at 10:28 AM an interview with ESD J found they had reported the water damage on the ceiling tiles in the library, and they are in the process of repairing. On 05/06/2026 at 11:02 AM observed the ceramic wall tile cracked along the bottom corner adjacent to the shower room entry in the third floor shower room [ROOM NUMBER], creating a rough and uneven surface. On 05/06/2026 at 11:05 AM observed opened personal shower supplies lining the shower handrail in the second-floor shower room [ROOM NUMBER]. On 05/06/2026 at 11:08 AM observed an accumulation of supplies piled on the counter in the second-floor tub room [ROOM NUMBER]. Supplies included an opened box of gloves, opened tissue boxes, folded towels, used gloves, shower supplies, mouthwash, apron, padding, and containers to hold supplies. On 05/06/2026 at 12:35 PM observed the brown and black buildup along the ceiling tiles in the first floor library. MS D acknowledged the tiles. On 05/06/2026 at 2:19 PM observed brown staining on the ceiling tile indicative of water damage and raised paint on the wall surface in the second floor shower room [ROOM NUMBER].</p> |                                                                                  |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235476                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>05/07/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Riverview Health and Rehab Center North                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>18300 E Warren<br>Detroit, MI 48224 |                                                 |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to provide a clean and homelike environment for one resident (R20) out of one resident reviewed for safe, clean, homelike environment resulting in resident dissatisfaction with living conditions. Findings include: On 5/5/2026 at 10:29 AM, a fly trap ribbon full of dead flies and gnats was observed in R20's room hanging from the ceiling near the foot of R20's bed. There were no active pests noted in the room or in the hallway. On 5/06/2026 at 9:08 AM, R20 was interviewed regarding the fly trap and stated, The fly trap has been up there for a year. Someone from the facility put it there. I haven't had a problem with flies. I'd take it down, but I can't reach it. It doesn't look good. I'd like it down. R20 was observed sitting in a wheelchair next to his bed. A fly trap ribbon full of dead flies and gnats was observed hanging in front of R20's bed. On 5/06/2026 at 11:56 AM, Housekeeper G was interviewed regarding R20's room and said that she saw the fly trap with dead flies on it when cleaning R20's room but didn't have anything to do with that. On 5/07/2026 at 8:38 AM, R20's room was observed with Unit Manager (UM) H. UM H acknowledged the flytrap full of dead bugs and said maintenance put up the fly trap and monitored it. R20 was unavailable for an interview due to a dialysis appointment. On 5/07/2026 at 8:49 AM, Maintenance Supervisor (MS) D was interviewed and said the maintenance department put up the flytraps in the building but must have forgotten to take them down. MS D observed the fly trap ribbon full of dead bugs in R20's room. When asked about the installation and monitoring of the fly traps MS D was unable to recall when the fly traps were installed and could not provide information regarding the monitoring of the trap. Record review of R20's Electronic Health Record (EHR) revealed admission to the facility 5/23/2023 with diagnoses that included end stage renal disease, and age-related physical debility. Review of the Minimum Data Set (MDS) dated [DATE] for R20 revealed intact cognition and wheelchair bound for mobility. On 5/07/2026 at 2:22 PM, the Nursing Home Administrator was interviewed and said the expectation was for the facility not to use fly traps at all and if they were used to be monitored and disposed of properly. Review of the facility policy titled Maintaining a clean environment with a review date of March 2026 revealed in part. Items that collect dust or secretions may harbor microorganisms that can colonize and infect susceptible residents or be inhaled by employees performing cleaning tasks. Special Cleaning 1. Some items need to be cleaned on a regular schedule, but not daily.</p> |                                                                                  |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Riverview Health and Rehab Center North                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>18300 E Warren<br>Detroit, MI 48224 |                                                 |
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| <p>F 0627</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, observation, and record review, the facility failed to assist with discharge planning for one resident (R74) of two residents reviewed for discharge planning. Findings include: On 5/5/2026 at approximately 11:20 AM, R74 was observed in their room in bed. R74 expressed a desire to return to community living, saying that they had been in the facility for two years and would like to live with their family or on their own. R74 said they did not have a guardian. When asked if the facility was assisting them with discharge plans, R74 said no. When asked if the facility ever provided them with information regarding returning to the community, R74 said no. A record review was completed on 5/5/2026 and revealed R74 admitted to the facility on [DATE] with diagnoses that included peripheral vascular disease, atrial fibrillation, hypertension, type II diabetes, and major depressive disorder. Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/19/2026 revealed R74 scored a 15/15 on the Brief Interview for Mental Status assessment - indicative of no cognitive impairment. Section Q of the MDS with the same ARD revealed that R74 had active discharge planning in place, but that a referral to a local contact agency (a state designated community contact agency that provides individuals with information about community living options and available support and services) was not made. R74's care plan was reviewed and revealed the following focus dated 9/24/2024: The resident has been placed for LTC (long-term care) with needs with no plan for discharge. A psychiatry progress note dated 5/5/2026 revealed the following: Goal 4: encourage the client to maintain motivation in seeking alternate housing for greater independence, with ongoing support from her family. A social work progress note dated 2/24/2026 revealed in part, The resident has been placed for LTC needs, the resident continues to make inquiries regarding community living, however, the resident does not have sufficient support for community transition/living. Continue POC (plan of care). There was no further evidence in the electronic health record to demonstrate that R74 did not have sufficient support for community living, or who made that determination. A social work progress note dated 11/22/2025 revealed in part, The resident has been placed for LTC needs, the resident continues to make inquiries regarding community living, however, the resident does not have sufficient support for community transition/living. Continue POC. There was no further evidence in the electronic health record to demonstrate that R74 did not have sufficient support for community living, or who made that determination. On 5/6/2026 at approximately 10:00 AM, Social Worker A (SW A) was interviewed regarding R74's request to return to community living. SW A confirmed they were aware R74 wished to return to community living. When asked if a referral was made to a local contact agency so they could be assessed for care and services, SW A said, no - they are on Medicaid and do not have the financial support. SW A added, Usually, I would make a referral to (name of local contact agency). An undated policy titled, Transfer and Discharge from the Facility was provided but did not address discharge planning processes, or referrals to local contact agencies to determine a resident's abilities for community living. An undated policy titled, Resident Rights and Dignity was provided and revealed the following: 19. Each nursing home resident shall be afforded the opportunity to discharge himself/herself from the nursing home.</p> |                                                                                  |                                                 |

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| F 0693<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure tube feeding nourishment was dated for two residents (R13 and R129) of three residents reviewed for tube feeding management. Findings include: R13 On 5/5/2026 at approximately 10:30 AM, R13 was observed in their room, in bed. R13 did not respond to questions. A bag of enteral nutrition formula was observed hanging on a tube feeding pole next to R13's bed. The enteral feeding pump was observed to be on and running at 50cc per hour. There was no date on the enteral nutrition formula bag to indicate when it was hung and started. A record review was completed on 5/5/2026 and revealed that R13 most recently admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis, gastrostomy status, hypertension, cardiomyopathy, chronic obstructive pulmonary disorder, and heart failure. Section C of the Minimum Data Set with an Assessment Reference Date of 3/28/2026 revealed R13s cognitive status was severely impaired. A physician order dated 4/15/2026 revealed Nutren 2.0 @ 50cc/hour until 1000cc completed via peg. R129 On 5/5/2026 at approximately 11:25 AM, R129 was observed in their room, in bed. R129 did not respond to questions. A bag of enteral nutrition formula was observed hanging on a tube feeding pole next to the bed. The enteral feeding pump was observed to be on and running at 55cc per hour. There was no date on the enteral nutrition formula bag to indicate when it was hung and started. A record review was completed on 5/5/2026 and revealed R129 admitted to the facility on [DATE] with diagnoses that include Parkinsons disease, hypertension, chronic kidney disease, gastrostomy, type II diabetes, and dementia. Section C of the Minimum Data Set with an Assessment Reference Date of 2/17/2026 revealed R129s cognitive status was severely impaired. A physician order dated 4/23/2026 revealed DiabeticSource AC @ 55cc/hour until 1000cc completed. On 5/5/2026 at approximately 11:35 AM, Licensed Practical Nurse C (LPN C) was queried as to the dating of the tube feed nourishment for R13 and R129. LPN C confirmed no date was on the formula bags and said, there should be a date on the formula bags. On 5/7/2026 at approximately 9:20 AM, the Director of Nursing (DON) was interviewed regarding the facility process for tube feeding. The DON said that the floor nurse is responsible for putting a date and time and their initials on the enteral nutrition formula bag to ensure that the nutrition is provided correctly according to the provider's order. A policy titled, Enteral Feeding Ready-to Hang dated March 2024 revealed in part, 4. Fill in information on label (resident's name, room, date, start time, and rate).</p> |                                                                                  |                                                 |