

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Rivergate Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 14141 Pennsylvania Riverview, MI 48193	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This citation pertains to intake MI00146019.</p> <p>Based on observation, interview and record review the facility failed to ensure adequate assistance during a mechanical lift (Hoyer) transfer for one resident (R601) out of three residents reviewed for injuries of unknown origin, resulting in a fracture of the right lower leg and hospitalization .</p> <p>Findings include:</p> <p>Review of an Admission Record revealed, R601 admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included dementia, Alzheimer's disease late onset, age-related osteoporosis (thinning of bone), and fracture of upper and lower end of right fibula (8/8/24).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R601 had cognitive impairment with a Brief interview for Mental Status (BIMS) score of 7 out of 15.</p> <p>In an observation and interview on 8/9/24 at 9:26 a.m., R601 laid in bed, had a soft cast on the right lower leg and wore heel boots. Certified Nursing Assistant (CNA) A reported R601 does not get out of bed often.</p> <p>Review of a progress note with a date of 7/29/24 at 5:14 p.m. revealed, Writer notified of discoloration to right ankle by CNA. Residents right foot slightly leaning to the right, pain to touch and with movement. Discoloration noted to inside right ankle measuring 1.2cm X0.9cm. 2 discolorations also noted to outer ankle measuring 3cmX1.8cm and 2X1.8cm. Resident unaware of how bruising occurred, only able to say, it hurts. (Physician G) in facility and aware of situation, new order for STAT (immediately) XRAY 2 views of right foot .</p> <p>Review of a Physician progress note with a date of 7/29/24 at 6:48 p.m. revealed, Right ankle swelling, ecchymosis and pain. Notified by nursing that patient was noted to have increasing right ankle swelling with bilateral malleolar bruising. Patient has advanced dementia. Limited history obtainable. As per nursing staff no known recent injury or falls. 2 view right ankle x-ray ordered this afternoon. Right ankle x-ray reviewed. Noted distal fibular and medial malleolus (lower leg) fractures .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235516	If continuation sheet Page 1 of 3

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note with a date of 7/2/24 at 10:58 p.m. revealed, Received stat x-rays results for resident. Result states, 'There are distal fibular and medial malleolar fractures.' UM notified. (Physician G) notified. New order to transfer resident out to the hospital .</p> <p>Review of a Xray dated 7/29/24 at 9:36 p.m. revealed, R601 had a distal fibular and medial malleolar fractures.</p> <p>Review of a progress note with a date of 7/30/24 at 7:45 a.m. revealed, Resident returned from the hospital, non new orders obtained. Resident has a soft cast to right ankle; splinted and wrapped with ace wrap .</p> <p>Review of a progress note with a date of 7/31/24 at 3:16 p.m. revealed, Writer interviewed staff nurse and cna. Staff informed writer resident is dependent with all care. Resident don't get out of bed. Received bed bathes. Appetite is poor. 48 hour meeting held in room. Soft cast to right ankle area r/t (related to) distal fibular and medial malleolar fx (fracture) .</p> <p>Review of a care plans revealed focus, The resident has an ADL (Activities of Daily Living) self-care performance deficit . Interventions included, TRANSFER: mech lift with two assist for transfers initiated on 3/1/24.</p> <p>Review of hospital records for R601 with a date of 7/29/24 CT revealed Pt to ED via EMS from (facility name) for a right ankle fracture. Per EMS pt was trying to get up and fell . Pt has confirmed xray for right fibular and malleolar frxs .</p> <p>Review of an emergency department (ED) note for R601 with a date of 7/29/24 revealed, Writer spoke with (facility name) RN (Registered Nurse) for some clarifying questions. Per (facility name) staff patient is completely bedridden and immobile. (Facility name) staff stated the only way she is moved out of bed is by the staff at the facility full assistance and denies knowing of any recent falls.</p> <p>In an interview on 8/9/24 at 12:07 p.m., Licensed Practical Nurse (LPN) E reported R601 is usually in bed. LPN E then reported R601 uses a Hoyer (mechanical lift) lift for transfers.</p> <p>In an interview on 8/9/24 at 12:19 p.m. CNA C reported on 7/25/24 she transferred R601 from bed to shower chair then shower to bed with assistance from CNA D. CNA C reported that they did not use a mechanical lift when they transferred R601. CNA C stated, we two armed her and demonstrated a motion of using one arm under R601's arm.</p> <p>In an interview on 8/9/24 at 12:23 p.m. Physician G R601 had osteoporosis and it is easier to get fracture due to the diagnosis.</p> <p>In an interview on 8/9/24 at 12:30 p.m. the Director of Nursing (DON) reported R601 required two people to assist with transfers.</p> <p>In an interview on 8/9/24 at 12:43 p.m. Unit Manager F reported CNA C told her that she used a Hoyer lift to transfer R601 on the day of 7/25/24.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/9/24 at 12:47 p.m. CNA D reported they did not use a mechanical lift to transfer R601. CNA D reported they sat R601 on the side of the bed and then transferred R601 onto the shower chair.</p> <p>In an interview on 8/9/24 at 1:07 p.m., CNA C reported being unaware that R601 required a Hoyer lift for transfer and acknowledged she did not look at the care guide.</p> <p>Review of a Limited Lift Program policy revised 2/20/24 documented, . Associates will be responsible for utilizing mechanical lifting devices, transferring devices, proper body mechanics to lift, transfer, and/or pivot non-ambulatory patients as indicated . Procedure . 5. The facility will provide education upon hire and annually to associates on the proper use of lifts in accordance with the manufacturer guidelines. The education will include the need to have two associates present during the transfer .</p>		