STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235516	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rivergate Terrace	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview and record review, the facility failed to consistently assess and monitor a laceration (cut) for one resident (R903) out of three residents reviewed for quality of care. This deficient practice placed the resident at risk for an infection.Findings include:On 3/11/2026 at 10:15 AM, an observation revealed R903 had an intact laceration on the right side of the scalp with one staple noted to be protruding. R903 was interviewed but was unable to recall when or why the staple was placed.Record review of Progress Notes dated 2/11/26 at 1:46 AM, revealed R903 was transferred to the emergency department via emergency medical services following an unwitnessed fall resulting in a laceration to the right scalp. Further review of Progress Notes dated 2/11/26 at 8:45 AM, documented R903 returned to the facility after hospitalization.Record review of Physician/PA (Physician Assistant/NP (Nurse Practitioner) Notes dated 2/12/16 at 10:16 AM documented . Fall on 2/11, sent to ED (Emergency Department) given head trauma and laceration, staple intact, remove as directed, continue supportive care, monitor mentation .Record reviews of all of R903's care plans revealed no interventions regarding cleansing, monitoring, or assessing the laceration, and no documented order indicating a date or plan for the staple removal.Record review of Medication Administration Records (MAR) and Treatment Administration (TAR) for February and March 2026 revealed no physicians' orders for cleansing, monitoring, or assessing the laceration, and no documented order indicating a date or plan for the staple removal.Record review of Physician Orders from 2/11/26-3/10/26 documented no orders for the care of R903's laceration or staple removal.An interview was conducted on 3/11/26 at 10:30 AM with Assistant-Director of Nursing (ADON) A, who acknowledged that a physician order should have been obtained and documented to address the care, monitoring, and timely removal of the staple.An interview was conducted on 3/11/26 at 10:45 AM with Nursing Home Administrator (NHA), who reported nursing staff were responsible for ensuring appropriate orders and follow-up care were obtained and implemented.Record review of facility's policy Skin Staple, Suture, and Clip Removal revision date of 9/2021, revealed, The facility will provide skin staple, suture, and clip removal in accordance with professional standards of practice.

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