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 03/26/2026
NAME OF PROVIDER OR SUPPLIER Rivergate Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 14141 Pennsylvania Riverview, MI 48193	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure personal belongings were within reach for one (R169) of one resident reviewed for accommodation of needs, resulting in feelings of discontentment within living environment. Findings include:On 3/24/2026 at 3:29 p.m. R169 was observed in the bedroom, sitting in a specialized wheelchair. R169 was alert, oriented to person, place, and situation and able to participate in an interview during the initial pool process. R169 expressed a concern that personal belongings were removed from the nightstand this morning by Unit Manager F. The belongings were placed in a box and placed in the closet. R169 stated, They said the State was in the building and had to be moved because it looked messy. It could have been straightened up but not moved. I don't understand. R169 was queried if able to reach belongings while in the closet. R169 said, My things were on the top shelf (closet) and definitely could not get to them there. On the floor, I may be able to bend over enough if I can get my chair close enough. On 3/24/26 at 3:35 p.m. R169's personal belongings that consisted of shampoo, deodorant, shaving cream, and body lotion, etc. were observed in a box and placed on the closet floor. R169 said the belongings were on the top of the closet and asked staff to place the box on the floor. R169 was asked if they were able to reach personal belongings while in the closet. R169 said they would not be able to reach them easily without staff assistance. When the belongings were on the nightstand, R169 could reach them easily and independently. On 3/24/26 at 3:44 p.m. Unit Manager F was interviewed and said R169's belongings were out in the open and not supposed to be on the nightstand and moved them to the closet. Unit Manager F said R169's belongings would not be easily accessible while in the closet and is out of the R169's reach. On 3/24/26 at 3:50 p.m. the Director of Nursing (DON) was interviewed. The DON said R169 had the right to have personal items on the nightstand and did not know why they were moved to the closet and out of reach. Review of the clinical record documented R169 was initially admitted into the facility on 2/19/25 with diagnoses that include dysphagia, adjustment disorder with anxiety, bipolar disorder, schizoaffective disorder, malignant neoplasm of female breast, and above the right leg amputation. According to the annual Minimum Data Set assessment dated [DATE], R169 was cognitively intact with a BIMS of 15 and required one-to-two-person assistance with most daily living activities. Review of the Activity of Daily Living care plan dated 3/6/25 documented, The resident has an ADL self-care performance deficit related to activity intolerance, impaired balance, and limited Mobility. Review of the facility's policy titled Resident Belongings and Home Like Environment review date of 5/15/25 documented in part the following: The facility will provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible. Residents' possessions, regardless of their apparent value to others, must be treated with respect.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect one resident's (R246) of one resident's personal medical information, resulting in the potential for the disclosure of the resident's confidential health information. Findings include. On 3/26/26 at 10:00 A.M., while surveyor was in the Therapy Department, LPN D was observed working on the medication cart parked outside of 104's room. At 10:15 A.M. upon leaving the Therapy Department the computer screen on top of the medication cart was observed opened. The computer screen was left opened by LPN D. R246's written orders, medications and diagnoses were visible to anyone walking past the medication cart. The surveyor observed the following walking by; one respiratory Therapist, one wound care nurse and a housekeeper continued to bypass the medication cart. In addition, three residents escorted by guests being transported to therapy were observed passing the medication cart.At 10:25 A.M., LPN D hurriedly returned to the medication cart just as the screen automatically closed. At this time LPN D was interviewed concerning leaving the computer screen open. LPN D stated I had to go to central supply and it's all the way around the hall. I thought I closed the screen, but I see I did not.On 3/26/26 at approximately 1:30 P.M., the Director of Nursing (DON) was interviewed and informed of the incident. The DON stated: I already know (LPN D) came and told on herself. (LPN D) knows better.Review of the admission Face sheet indicated R246 was admitted to the facility on [DATE] with diagnoses that included: bacteremia, methicillin susceptible staphylococcus aureus infection, anxiety disorder, depression, hypertensive heart disease with heart failure, myositis, chronic obstructive pulmonary disease, cognitive communication deficit, severe morbid obesity and hyperlipidemia.Review of the admission MDS dated [DATE], indicated R246 was cognitively impaired with impaired speech and ambulation.On 3/27/2026 at 10:40 A.M. review of the facility's policy for Disclosure of Protective Health Information (PHI) Release of Information, reviewed 2/13/26 documented, The facility maintains the confidentiality of the resident's medical, financial and or social information contained in the resident's records, regardless of the form of storage method of the records.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to apply splinting devices and perform range of motion exercises as care planned for two (R1 and R2) of three residents reviewed for limited range of motion (ROM), resulting in the potential for increased joint contracture, loss of range of motion, and increased pain.Findings include:R1On 3/24/26 at 10:21 AM R1 was observed in bed wearing a gown with a right-hand splint on the bedside table. R1 was unable to answer questions when asked about care in the facility.On 3/26/26 at 9:38 AM R1 was observed in bed not wearing the right-hand splint.Review of R1's Electronic Health Record (EHR) revealed the most recent admission to facility on 8/25/2025 with diagnosis that included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment and dependent for activities of daily living (ADLs).Review of R1's orders dated 9/5/2025 revealed Splint/brace medical device: right resting hand splint apply to right hand for 4 hours. On in the AM_Off in the PM. Assess pain level circulation, and skin integrity.Review of R1's orders did not reveal a restorative ROM program.Review of R1's care plan revealed The resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) muscle weakness and severe cognitive deficits: Secondary to recent CVA/rt hemi. (cerebral vascular accident/right hemiparesis) right digits 3-5 contractures Date initiated: 9/20/2022. Goal-The resident will maintain current level of function through the review date. Date initiated 5/1/2025. Interventions/Tasks Restorative Nursing Program: Passive, BLE, ROM, hip bend, ankle stretch, knee bend x10 reps x2 sets. Date initiated 11/19/2025. Restorative Nursing Program: Passive, BUE, ROM, in all planes and joints as tolerated. Date initiated 11/19/2025 revision on 3/26/2026. Restorative Nursing Program: Splint/brace putting on, removing, cleansing, AROM or PROM Right hand splint to manage contracture initiated 11/19/2025 revision on 3/26/2026.On 3/26/2026 at 9:32 AM, restorative documentation was requested for R1.On 3/26/2026 at 11:53 AM, the Nursing Home Administrator (NHA) revealed the facility did not have documentation of restorative services for R1. R2On 3/24/2026 at 11:50 AM, R2 was observed in bed wearing a gown with a left-hand flexion contracture and a palm protector was observed on the bedside table. R2 was unable to answer questions about care in the facility.On 3/25/2026 at 12:13 PM, R2 was observed in bed wearing a gown with a right-hand palm protector in place, left hand flexed not wearing a palm protector.On 3/25/2026 at 1:30 PM, Certified Nursing Assistant (CNA) K was interviewed while providing care to R2 and said she did not apply splints or perform ROM exercises and indicated the restorative aide performs that care. CNA K acknowledged R2 was not wearing a left-hand splint. Review of R2's Electronic Health Record (EHR) revealed the most recent admission to facility on 6/19/2021 with diagnosis that included contracture left hand, pain in left hand, and pain in right hand. A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment and dependent for activities of daily living (ADLs).Review of R2's orders dated 3/19/2025 revealed Splint/brace/medical device: [NAME] guard. Apply to B (both) hands for 4-6 hours as tolerated. Assess pain level, circulation, and skin integrity, every day shift every Sat, Sun.Review of R2's orders did not reveal a restorative ROM program.Review of R2's care plan revealed Focus the resident has an ADL self-care performance deficit r/t dementia, impaired balance, BLE muscle weakness, OA, DM date initiated 7/1/2024. Goal resident will continue to participate as able with daily ADLs with assistance of staff. Revision 7/1/2026. Interventions/tasks Nursing rehab/restorative: splint/brace program Bilateral palm guard in AM 5x/wk. 4-6 hours as tolerated. To maintain strength and joint integrity as well as UE (upper extremity) ROM revision on 1/5/2026. Focus functional Goal Care Plan: resident has limited physical mobility r/t weakness revision on 5/10/2024. Goal the resident will remain free of complications related to immobility through the next review date 6/17/2026. Interventions/Tasks Nursing (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Rehab/restorative: Active ROM program BUE (both upper extremities) exercises 3 sets x 10 reps as tolerated. Right hand finger and thumb extensions 3 sets x10 reps. Revision on 3/19/2025. Nursing Rehab/restorative: Passive ROM Program BLE (both lower extremities) exercises 10 reps x 2sets 3x/wk. revision 12/3/2025.On 3/25/2026 at 2:12 PM, Restorative CNA L was interviewed and said she was responsible for providing restorative services for the blue hallways including R1 and R2. When asked if restorative services were provided for R1 and R2 restorative aide L said she was pulled to the floor to work so the residents didn't not get restorative services on 3/24/2026. Restorative aide L further said the residents did not receive restorative services when the facility is short staffed.Review of R2's restorative treatment log for March 2026 revealed R2's Bilateral palm guard was not applied 5x/wk. the week of March 8th, and March 16th. There were no refusals noted. R2's ROM program was not performed 3x/wk. for the weeks of March 8th, and March 16th. There were no refusals noted.On 3/26/2026 at 11:34 AM, the Director of Nursing was interviewed and said the Assistant Director of Nursing (ADON) oversaw the restorative nursing program and acknowledged there has been a lack of consistent oversite of the restorative program.On 3/26/2026 at 12:04 PM, ADON was interviewed regarding the restorative services for R1 and R2 and said both residents should be getting restorative services. The ADON did not provide documentation of restorative services for R1 upon request by survey exit.On 3/26/2026 at 12:26 PM, the DON was interviewed and said the expectation is for the residents to get the restorative services recommended, care planned and/or ordered. The DON further said that when the facility is short staffed for CNA's the restorative aides are pulled to the floor to work as CNAs.Review of the facility policy titled Restorative Nursing reviewed 9/19/2025 revealed in part.To promote the resident's optimum function, a restorative program may be developed by proactively identifying, care planning and monitoring of a resident's assessments and indicators. Measurable objectives and interventions must be documented in the care plan and in the medical record. The trained CNA will document provided techniques per the restorative care plan in the medical record. Communicate the restorative care plan and care directives to other members of the interdisciplinary team.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to verify tube placement and assess for gastric residual prior to medication administration for one resident (R185) of two residents observed receiving medications via peg tube, resulting in the potential for aspiration, improper medication delivery, and respiratory compromise.Findings include:On 3/26/26 at 8:56 AM, the surveyor observed Licensed Practical Nurse (LPN) A crush and administer Potassium chloride 15ml, oxybutynin chloride 5mg, Coreg 12.5mg, metoclopramide 10mg, sulfasalazine 500mg, apixaban 5mg, folic acid 1mg and losartan potassium 25mg via peg tube to R185.Prior to administering the medication, LPN A did not check for tube placement and did not assess gastric residual.On 3/26/26 at 8:57APM, (LPN) A was interviewed and queried about PEG tube protocol. LPN A acknowledged they did not check placement or residual prior to administering medications.On 3/26/26 at 2:05 PM, the Director of Nursing (DON) was interviewed and said they expect staff to check for tube placement prior to administering medications.Record review revealed that R185 was initially admitted on [DATE] with pertinent diagnosis as follows: INTRACRANIAL HEMORRHAGE (bleeding on brain), DYSPHAGIA, GASTROSTOMY and TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION (stroke).Review of R185 Quarterly Minimum Data Set (MDS) dated [DATE] noted residents Brief Interview for Mental Status (BIMS) was a 15 out of 15 indicated resident was cognitively intact.Review of document titled, Medication Administration Through External Tube with revision date 11/15/24 noted that feeding tube placement should be confirmed per facility policy.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Deficient Practice Statement #1Based on observation, interview, and record review, the facility failed to use the proper signage for two residents with highly contagious bacterial infections (R24 and R26) of seven residents evaluated for infection control.Deficient Practice Statement #2Based on observation, interview, and record review the facility failed to don appropriate personal protective equipment (PPE) for one resident (R185) of two residents reviewed for enhanced-barrier precautions resulting in the potential for the transmission of infectious organisms.Findings include:Deficient Practice #1 R26 On 03/24/2026 at 1:40 PM, upon entering R26's room, an observation of an Enhanced Barrier Precaution (EBP) sign was on the door (infection control measures in nursing homes requiring staff to wear gowns and gloves during high-contact care for residents with wounds or indwelling medical devices). R26 was observed in bed, wearing a hospital gown, and their eyes closed. Family Member N was observed sitting in a chair next to the resident's bed adjusting R26's blanket. Family Member N said staff bought R26's lunch in but R26 did not eat much. R26's spouse said that the Resident has been sick for a long time, stating that R26 had a bowel infection. Family Member N said they were not told of any special precautions. A review of R26's electronic medical record (EMR) revealed an admission to the facility on 1/02/2026 with the diagnosis of Cerebral Infarction, Type 2 Diabetes Mellitus, Dependence on Supplemental Oxygen, Cognitive Communication Deficit, and Candidiasis. A review of R26's Care Plan dated 1/8/2026 revealed the following: Enhanced Barrier Precautions. A review of R26's Care Plan revised on 3/24/2026 revealed the following: Contact Isolation: Wear gowns and mask when changing linens. Place soiled linens in bags marked biohazard. This Care Plan was revised after being brought to the attention of the Director of Nursing (DON). On 3/24/25 at 1:40PM, there were no linens in bags or trash marked biohazard. A review of R26's order dated 1/27/2026 revealed an order for EBP for the diagnosis of colonized Candida Auris (C. Auris), a type of yeast that can cause severe illness and spread easily among very sick individuals without causing symptoms or active infection; colonized individuals can spread the fungus and are at higher risk for developing invasive infections). A review of R26's laboratory results dated [DATE] revealed results of Clostridioides Difficile (C. diff, a highly contagious bacterium that causes diarrhea and inflammation of the inner lining of the large intestines, often infects people who've recently taken antibiotics. Antibiotics that kill other bacteria in your gut but don't kill C. diff allow it to quickly grow out of control). A review of R26's progress note dated 3/23/2026 at 4:01PM revealed the following: Resident remains on oral antibiotic vancomycin related to C. diff.Loose stool continues but is less frequent . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The order in the EMR for precautions was Enhanced Barrier Precaution, dated 1/27/2026. On 03/24/2026 at 2:11 PM, an interview was conducted with Infection Preventionist Nurse O and Infection Preventionist P related to R26's positive C. diff and the type of isolation and signage necessary for that type of infection. Infection Preventionist Nurse O said, (R26) was on EBP for C Aruis. Infection Preventionist Nurse P added that R26 should be on Contact Isolation for C Diff. On 03/26/2026 at 10:20 AM, the DON was interviewed and asked about R26's positive for C. Diff on 3/12/2026 and the continuation of Enhanced Barrier Precautions. The DON answered, (R26) should be on Contact Isolation. R24 On 03/24/2026 at 2:56 PM, upon entering R24's room, an observation of an EBP sign was on the door. R24 was observed in bed watching television. R24 said that he had his knee replaced and his surgical incision opened and he developed an infection. R24 also had a left arm a Peripherally Inserted Central Catheter (PICC, line is a thin, flexible tube inserted into an arm vein and threaded to a large vein near the heart, used for long-term (weeks to months) IV therapies). On 03/25/2026 at 12:29 PM, upon entering R24's room, an observation of the door's signage was changed from EBP to Contact isolation (prevent the spread of infections transmitted by direct or indirect contact with a patient or their environment. Key measures include placing the resident in a private room, wearing gloves and a gown for all interactions, dedicated equipment use, and strict hand hygiene). Nurse D was asked about R24 change in isolation status. Nurse D said, The sign was changed this morning because (R24) has MRSA. (Methicillin-resistant Staphylococcus aureus is a highly infectious type of staph bacteria resistant to many common antibiotics, making it difficult to treat). On 03/25/2026 at 01:15 PM, Wound Care Nurse Q was observed changing R24's left knee dressing. The wound was observed to have a thin, watery, pale pink drainage. A review of R24's electronic medical record revealed an admission to the facility on 3/06/2026 with the diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA), Muscle Weakness, Diabetes Mellitus, Edema, Congestive Heart Disease, Total Knee replacement, and Bacteremia. A review of R24 care plan revealed the following: The resident is on IV (intravenous) medications r/t (related to) Methicillin-resistant Staphylococcus aureus Dated 3/09/2026. A review of R24's physician order dated 3/6/2026 revealed the following: Rifampin Oral Capsule 300 MG-Give 600 MG by mouth one time a day for MRSA for 29 days. On 03/25/2026 at 12:46 PM, the Director of Nursing (DON) was interviewed and queried about R24's admission diagnosis of MRSA, Enhanced Barrier Precaution on 3/24/2026, and R24's isolation status updated to Contact Isolation on 3/25/2026. The DON did not have a response. On 03/26/2026 at 10:20 AM, the DON was interviewed and stated that R24 was not on isolation (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	precautions while in the hospital, therefore, did not need isolation at their facility. In addition, the DON said R24 did not have MRSA; instead, the DON insisted that R24 had a septic knee. The DON said that there was not a need for Contact Isolation. The DON was asked about R24's admitting diagnosis to their facility with MRSA. The DON repeated that R24 did not need Contact Isolation. The DON was asked if they were aware that the signage on R24's door was changed from EBP to Contact Isolation. The DON said yet again that R24 did not need Contact Isolation. 03/26/2026 10:45 AM, the Nursing Home Administrator (NHA) was interviewed and queried about R24 and R26 isolation precautions status. The NHA said there was no excuse for residents' isolation to be missed or mixed up. The Centers of Disease Control (CDC)dated 3/08/2024 noted the following: C. diff requires Contact Precautions, including a private room, dedicated medical equipment, and the use of gowns and gloves upon room entry. CDC recommends Contact Precautions (gloves and gowns) for MRSA-infected residents in nursing homes, particularly those with draining wounds, uncontrolled secretions, or high-dependency care needs. The CDC recommended on 6/27/2025, Contact Precautions for patients with MRSA in nursing homes, particularly those with draining wounds, which include placing residents in private rooms, using gowns and gloves for all interactions, dedicated equipment usage, and strict hand hygiene. These measures aim to prevent the spread of MRSA via direct contact or contaminated surfaces. A review of the facility's policy Infection Prevention and Control Program (IPCP) and Plan, revised on 6/2/2025 revealed the following: 3. The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections, communicable diseases and outbreaks. 4. The program includes early detection, management of a potentially infectious, symptomatic resident that requires laboratory testing and/or the implementation of appropriate TBP/PPE (Transmission-Based Precautions (TBP) and Personal Protective Equipment (PPE). d. Antibiotic Stewardship activities, including prevalence of or development of MDRO (Multi-drug resistant organisms. The facility's policy for Contact Isolation was reviewed, with a revision date of 3/24/2026. This policy was revised after being brought to the attention of the DON on 2/24/2026. This policy revealed the following: Isolation should be least restrictive as possible for the resident under the circumstances, but is required as part of the facilities Infection Prevention and Control Plan. If an order has not been written, patients suspected of an isolatable condition are isolated on advice of the Infection Preventionist until an appropriate order by the physician is obtained. Discontinuation of Contact Precautions: Contact Precautions are discontinued when signs and symptoms of the infection have resolved or according to pathogen-specific recommendations. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of CMS-20054 ([DATE]) Department of Health and Human Services Centers for Medicare & Medicaid Services Infection Prevention, Control & Immunizations revealed the following: Transmission-Based Precautions (TBP): Determine if appropriate transmission-based precautions are implemented, including but not limited to: For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment; Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident. Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled. Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide). Before visiting a resident, who is on TBP or quarantine, the facility informs visitors of the potential risk of visiting and precautions necessary when visiting the resident. Before visiting a resident, who is on TBP or quarantine, the facility informs visitors of the potential risk of visiting and precautions necessary when visiting the resident. Deficient Practice #2 On 3/26/26 at 8:56 AM, the surveyor observed Licensed Practical Nurse (LPN) A administer medications via R185's peg tube. LPN A performed the medication pass without wearing a gown. On 3/26/26 at 8:57 AM, Licensed Practical Nurse (LPN) A was queried about the enhanced barrier sign posted on R185's door. LPN A said they should have worn a gown when administered medication to R185. LPN A acknowledged that a gown is required Personal Protective Equipment (PPE) that should be worn with residents on Enhanced Barrier Precautions (EBP). On 3/26/26 at 2:05 PM, interviewed the Director of Nursing (DON) and they said they expect staff to wear proper PPE when working with isolation residents. Record review revealed that R185 was initially admitted on [DATE] with pertinent diagnosis as follows: INTRACRANIAL HEMORRHAGE (bleeding on brain), DYSPHAGIA, GASTROSTOMY and TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION (stroke). (continued on next page)

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 03/26/2026
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R185 Quarterly Minimum Data Set (MDS) dated [DATE] noted residents Brief Interview for Mental Status (BIMS) was a 15 out of 15 indicated resident was cognitively intact. Review of facility EBP Policy revised on 8/19/25 documented: EBP was indicated for residents with wounds and indwelling medical devices. The policy noted Wounds may include but are not limited to skin tears, pressure ulcers, diabetic foot ulcers, and unhealed surgical wounds. In addition, the policy noted Indwelling medical devices may include but are not limited to central lines, urinary catheters, feeding tubes, tracheostomy, and a peripheral intravenous line . when performing high contact care. According to the policy high contact care was defined as the following: hygiene, dressing, bathing, wound care, changing lines medical device care or use. The policy went on to note When performing the above care, the proper PPE is to be worn which includes a gown and gloves.