

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Riveridge Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 Wells St Niles, MI 49120	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Riveridge Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 Wells St Niles, MI 49120	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to MI 1241872. Based on interview and record review, the facility failed to report a resident-to-resident physical incident to the State Agency for 2 (Resident #3, Resident #5) of 5 residents reviewed for abuse, resulting in the potential for continued resident to resident incidents, an incomplete investigation and residents not being protected from abusive individuals. Findings include: Resident #3 (R3) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R3 admitted to the facility on [DATE] with pertinent diagnoses including schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly and is characterized by thoughts or experiences that seem out of touch of reality, disorganized speech or behavior and decreased participation in daily activities), anxiety, and adult failure to thrive. Brief Interview for Mental Status (BIMS) was not able to be completed due to R3 being cognitively impaired. R3 was discharged to a psychiatric hospital on 6/19/2025 and did not return to the facility prior to exit. Resident #5 (R5) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R5 admitted to the facility on [DATE] with pertinent diagnoses including Alzheimer's disease, depression, anxiety and dementia (memory loss and impaired judgement that interferes with daily functioning). Brief Interview for Mental Status (BIMS) reflected a score of 3 out of 15 which indicated R5 was severely cognitively impaired (00 to 07 is severe cognitive impairment). Review of R3's progress note dated 5/12/2025 revealed Nursing Note: Pt {Patient (R3)} went up to pt. {resident name omitted (R5)} yelled at her and hit her in the right upper arm. No bruising, swelling, redness, or pain noted. Another progress note dated 5/12/2025 revealed Nursing Note: The incident was unprovoked. The incident was observed by (Certified Occupational Therapist Assistant (COTA) F). Review of R3's Progress note dated 5/13/2025 revealed an IDT NOTE (interdisciplinary note) completed by Director of Nursing (DON) R Intended to document: Resident struck out at another resident. Review of the incident report dated 5/12/2025 at 7 AM revealed (R5) encountered (R3) yelling at her and got hit in the right upper arm while wheeling around the dining room, no bruising, swelling, redness, or pain noted. Incident was unprovoked. (COTA F) witnessed the incident. Under Agencies/People Notified, the State Agency was not notified. Review of the MI (Michigan) FRI (Facility Reported Incident) website revealed that the facility did not submit an initial report of the resident-to-resident incident and a final investigation to the State Agency. During an interview on 7/15/2025 at 11:44 AM, COTA F stated on 5/12/2025 she came through the front door at the facility and glanced into the dining room and saw R5 entering the dining room. R3 was sitting in the dining room and all of a sudden R3 got upset and hit R5 on her arm. COTA F' said she told the nurse about the incident but didn't let Nursing Home Administrator (NHA) Q know about it since it was early and he wasn't in the building yet. During an interview on 7/15/2025 at 11:51 AM, Registered Nurse (RN) P stated that she prepared the incident report and that COTA F witnessed the incident. RN P said that she reported the incident to NHA Q and DON R. RN P stated that DON R said she would handle the paperwork and contact the appropriate parties related to the incident. During an interview on 7/15/2025 at 11:57 AM, Social Services Director (SSD) E stated that the IDT (interdisciplinary team) discussed the incident between R3 and R5 on the morning of 5/12/2025 and they decided to send R3 to the psychiatric hospital that day. SSD E said that DON R was in the meeting and put a note in, but she wasn't sure if DON R or NHA Q reported the incident to the State Agency. SSD E stated that any resident-to-resident incident must be reported to the NHA. During an interview on 7/15/2025 at 1:17 PM, Unit Manager (UM) D stated that she didn't witness the incident on 5/12/2025 but it was discussed in IDT and both NHA Q and DON R were aware of the incident. UM D stated that any resident-to-resident incident must be reported to the NHA. During an interview on 7/15/2025 at 1:30 PM, NHA A stated that she couldn't find a file on the resident-to-resident incident with supporting documentation and whether it was reported to the State Agency since she wasn't the NHA at that time. Review of the Abuse, Neglect and Exploitation Policy with a review date of 10/20/2022 revealed .VII. Reporting/Response: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Abuse Coordinator/Administrator, State Agency, Adult Protective Services and to all other required agencies. B. The Administrator will follow up with government agencies during business hours to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident as required by state agencies.</p>		