

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Riverview Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7733 E Jefferson Detroit, MI 48214	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</p> <p>Based on interview and record review, the facility failed to ensure one (R70) of four residents reviewed for advance medical directives (AMD) had their code status/treatment preferences documented in their Electronic Health Record (EHR).</p> <p>Findings include:</p> <p>A review of R70's Electronic Health Record (EHR) on 5/14/24 at 3:41 PM revealed there was no AMD form to indicate code status or treatment preferences for the resident. The resident's face sheet (a document that gives pertinent medical information at a glance) indicated R70 was a 'full code' (all life saving measures to be provided, including cardiac-pulmonary resuscitation). R70 admitted to the facility on [DATE] with multiple diagnoses that included traumatic brain injury and respiratory failure with dependency on mechanical ventilation. A progress note dated 3/18/24 written by Social Worker (SW) F indicated that an AMD form was sent out to the resident's Legal Guardian (LG). There was no additional progress notes regarding follow-up to R70's AMDs.</p> <p>On 5/15/24 at 11:30 AM during an interview, R70's family member said they were the resident's Legal Guardian and had provided the appropriate paperwork to the facility, including a completed AMD form. R70's LG reported that the resident was a 'full code'.</p> <p>On 5/15/24 at 2:34 PM, SW F said the AMD form was given to the ward clerk and did not get scanned into the resident's EHR. At this time a paper copy of the AMD form was provided and reviewed. The AMD form was dated 3/8/24, not signed by the resident or the resident's LG, and indicated R70 was a full code 'by default'. Upon further inquiry SW F said R70 did not have a LG and therefore the resident was a full code by default. SW F said R70's family member said they were the resident's LG, but did not provide any paperwork to legally indicate that. SW F said she did not follow-up with R70's family member about the AMD form.</p> <p>On 5/15/24 at 3:45 PM, during further review with the Director of Nursing (DON), it was determined that R70's LG had sent the facility a signed AMD form indicating the resident was a 'full code'. The DON said R70's family member had also submitted valid LG paperwork for the resident. The DON said the AMD form should have been scanned into the resident's EHR at this time. The DON could not say why the documents were not in the resident's EHR.</p> <p>According to the facility's Advance Directive Policy and Procedure (undated) documented in part;</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
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. Upon admission, identify if the resident has an Advance Directive and if not, determine if the resident wishes to formulate an advance directive .</p> <p>D. A copy of all Advance Directive documents will be obtained and located in the resident's medical record.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>22349</p> <p>Based on interview and record review, the facility failed to ensure the Preadmission Screening (PAS)/ Annual Resident Review (ARR) form for Mental Illness/ Intellectual Disability/ Related Conditions Identification (DCH-3877) document was accurate, complete, and sent to the local state agency for an evaluation for a Level II determination for one (R70) of three residents reviewed for PASSARs, resulting in the potential for unmet intellectual/ developmental disability care needs.</p> <p>Findings include:</p> <p>A review of R70's Electronic Health Record (EHR) on 5/14/24 at 3:41 PM revealed there was no current PAS/AAR form (DCH-3877) or Level II evaluation in progress for the resident. The DCH-3877 form that was in the resident's EHR was dated 3/7/24 and indicated it was a 'Hospital Exempt Discharge' form, valid for 30 days only. R70 had a diagnosis of mental illness and was receiving treatment for mental illness that included antipsychotic and antidepressant medications. A progress note dated 4/24/24 written by psychiatric services confirmed R70 had multiple mental illness diagnoses and was being treated with multiple antipsychotic medications. According to the DCH-3877 form, R70 should have the form sent to the local Community Mental Health Services Program for a level II evaluation.</p> <p>On 5/15/24 at 1:50 PM during an interview with Social Worker (SW) G it was confirmed that R70 did not have an accurate or current DCH-3877 form in the EHR. SW G said, I used the one form (DCH-3877) from the hospital. Yes, it is past due. The resident should have had a new one (DCH-3877). He needs a level II evaluation.</p> <p>On 5/15/24 at 2:35 PM the Director of Nursing (DON) acknowledged that R70 did not have a DCH-3877 form that was current. The DON said. The resident should have a level II evaluation.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</p> <p>Based on observation, interview, and record review, the facility failed to consistently implement interventions (a low-air-loss specialty mattress) for one (R114) of thirteen residents reviewed for pressure ulcer care resulting in the potential for continued impaired skin integrity.</p> <p>Findings include:</p> <p>On 5/14/24 at approximately 1:30 PM, R114 was observed in his room lying on his bed with a regular mattress in place. R114 had a tracheostomy connected to a ventilator and was unable to be interviewed due to impaired cognition.</p> <p>According to R114's Electronic Health Record (EHR) the resident readmitted to the facility on [DATE] with a stage 4 pressure ulcer (full-thickness skin and tissue loss exposing tendon, muscle, or bone) on his sacral area that was present upon initial admission. The Minimum Data Set (MDS) dated [DATE] indicated the resident had a pressure relieving device for the bed. A wound care note dated 5/13/24 indicated that R114 had a stage 4 sacral pressure ulcer that was not resolved, stable, and measured 3.6 centimeter (cm) x 5.0 cm x 0.3 cm with minimal amount of drainage and no signs of infection. Recommended treatment included the continuation of a low-air-loss (LAL) mattress.</p> <p>On 5/14/24 at 1:36 PM Licensed Practical Nurse (LPN) L was asked if R114 should be on a LAL mattress and replied yes. LPN L observed R144's bed/mattress and confirmed the resident was not on a LAL mattress. LPN L said R114 had been on a LAL mattress before and could not explain why he did not have one (LAL mattress) now. LPN L reviewed the resident's EHR and said, The resident is definitely suppose to have a low-air-loss mattress. I think when the resident went to the hospital they took the mattress off and did not replace it when the resident returned.</p> <p>On 5/15/24 at 9:15 AM the Director of Nursing (DON) said, Yes I was made aware the resident (R114) did not have a low-air-loss mattress in place. We think it got swapped out when the resident was hospitalized . The pressure ulcer has not deteriorated.</p> <p>According to the facility's Pressure Ulcer and Skin Care Management policy revised on 8/30/21, in part; A resident having pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and reduce the risk of new pressure ulcers developing.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32000</p> <p>Based on observation, interview, and record review the facility failed to maintain sanitary conditions in the kitchen resulting in an increased potential for cross contamination of food and foodborne illness, potentially affecting the facility's total census of 138 residents who receive meal services. Findings include:</p> <p>1. On [DATE] at 9:46 AM, Cook, staff B, was observed rinsing out a cloth towel at the three compartment sink and then wiping off a stainless steel countertop. Upon observation the surveyor inquired with staff B on the purpose of the cloth towel to which they replied, it's our sanitizer. On [DATE] at 9:54 AM, the surveyor asked the Certified Dietary Manager, staff A, how the facility cleans and sanitizes work surfaces to which they stated, we have our red and green buckets. One has soapy water in it, and one has our sanitizer. At this time the surveyor asked staff A if they could test the sanitizing compartment of the three compartment sink to verify its concentration to which they replied, of course. On [DATE] at 9:57 AM, testing of the sanitizer concentration by staff A via a test strip, and comparing its color to the wall mounted chemical manufacturers reference sign, revealed a concentration of zero. Upon observation staff A stated, We will remake it now. On [DATE] at 9:59 AM, testing of the sanitizer concentration by staff A via a test strip again revealed a concentration of 0 ppm to which they stated, We'll switch to bleach, and I'm going to call my chemical rep right now to fix this. At this time staff A was observed by the surveyor instructing staff B to, re-do everything you just cleaned in this sink, and use the dish machine. There's a problem with our wall dispenser. We are also going to need to change out all our buckets to bleach water.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter ,d+[DATE].11 Sanitizers, Criteria, directs that:</p> <p>Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACEs shall:</p> <p>(A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions)P</p> <p>2. On [DATE] at 9:29 AM, the surveyor approached the dish room's designated hand washing sink to wash their hands when Certified Dietary Manager, staff A, stated, that one doesn't work. You'll need to use one in the kitchen. At this time the surveyor inquired with staff A on the length of time the sink has not been operational to which they replied, it's been like that for years, I don't know why it was shut off.</p> <p>On [DATE] at 10:09 AM, the walk-in cooler's refrigeration equipment was observed dripping onto the floor. Upon observation the surveyor inquired with staff A, on the current state of this equipment to which they replied, Yes, it's been like that for a while. Maintenance knows about it. We use a towel once in the morning and in the afternoon to clean the water from the floor.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 10:27 AM, the walk-in freezer's refrigeration equipment and surrounding area was observed partially iced over, and with its entry door unable to latch shut. At this time staff A stated, Same. It's been like that for a while now. The door does latch, just not all of the time.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter ,d+[DATE].11 Good Repair and Proper Adjustment, directs that:</p> <p>(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts ,d+[DATE] and ,d+[DATE].</p> <p>(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight,</p> <p>3. On [DATE] at 10:12 AM, a milk bin containing individual cartons of milk with the expiration date of, [DATE] was observed by the surveyor. Upon observation they surveyor inquired with Certified Dietary Manager, staff A, on the current state of the milk in this bin to which they stated, I have no idea why these are expired, they just delivered these to us. I'll get rid of them now.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition, directs that:</p> <p>(A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it:</p> <p>(1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; P</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Dispose of garbage and refuse properly.</p> <p>32000</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest control program to ensure that the facility is free of pests, resulting in an increased potential for contamination of food, both food and non-food contact surfaces, and foodborne illness potentially affecting staff, visitors and all 138 residents. Findings include:</p> <p>On 5/14/24 at 9:23 AM, two live flies were observed in the basement hallway.</p> <p>On 5/14/24 at 9:42 AM, four live flies were observed in the kitchen's dishwashing area.</p> <p>On 5/14/24 at 10:07 AM, three live flies were observed near the kitchen's walk-in cooler. Upon observation the surveyor inquired with Certified Dietary Manager, staff A on the current state of the insects in this area to which they responded, it used to be worse. It has gotten much better.</p> <p>On 5/14/24 at 10:45 AM, the surveyor requested the facility's pest control policy to review to which staff A responded, I am not the best one to talk to about that, but the front desk has a book.</p> <p>On 5/15/24 at 11:23 AM, record review of the facility's most recent pest control service record dated, 4/10/24 revealed that the facility is currently being treated for gnats and cockroaches. On the bottom portion of this document the pest control technician recommended that the facility, get trash with food waste out of the building nightly to reduce gnat problems.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 6-501.111 Controlling Pests, directs that:</p> <p>The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by:</p> <p>(B)Routinely inspecting the PREMISES for evidence of pests;</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm 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>32000</p> <p>Based on observation and interview the facility failed to provide a safe, functional, and sanitary environment for the facilities census of 138 residents and its staff resulting in an increased potential for harm. Findings include:</p> <p>On 5/15/24 between 1:02 PM, and 2:28 PM, during an environmental tour of the facility with Environmental Services Manager, Staff C, the following observations were made:</p> <p>Both dryers in the laundry room were observed with a variety of melted/baked on debris varying in color and texture on the interior drums of the units. Upon observation the surveyor inquired with Staff C on the current state of the interior of the dryers to which they stated, all clothes should be checked when they are being sorted for anything in pockets. It should be done before going into the washing machines, so this doesn't happen. We'll get this cleaned up.</p> <p>The clean linen supply room in the six south memory care wing was observed unlocked. Upon entering the room the surveyor inquired with staff C on if this room was always used for this purpose to which they replied, no, not always. It used to be a patient room years ago when this was a hospital. At this time the surveyor asked staff C if they thought a room such as this should have restricted access, such as a locked door based upon the resident population in this area to which they replied, it makes sense. I guess we wouldn't want anyone coming in here and using the bathroom. I can get some keys made and give them to staff.</p> <p>The fifth south soiled utility room's hopper was observed soiled.</p> <p>Personal protective equipment (PPE) was observed not available for use in the fifth south and three south floor's soiled utility rooms. On 5/15/24 at 1:13 PM, the surveyor inquired with staff C, on who oversaw replenishing the PPE in the soiled utility rooms to which they replied, the nursing staff I think.</p> <p>Lift batteries and charging stations were observed being stored in all the soiled utility rooms. On 5/15/24 at 2:16 PM, the surveyor inquired with staff C on if the lift batteries and charging stations would normally be stored in a soiled utility room to which they replied, I think they always have been, but we can move them to a cleaner area.</p>