

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2025
NAME OF PROVIDER OR SUPPLIER  Riverview Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  7743 County Road 1 South Point, OH 45680	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, record reviews, and review of facility policy, the facility failed to ensure a resident who was dependent on staff for Activities of Daily Living (ADLs) received timely and appropriate nail care. This affected one (#6) of six residents reviewed for ADLs. The facility census was 79. Findings include: Record review for Resident #6 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included diabetes mellitus, heart failure, muscle wasting and atrophy, and vascular dementia. Review of the care plan, dated 02/21/24, revealed the resident had an ADL self-care/mobility/functional ability performance deficit. Interventions included nail care as needed. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 had impaired cognition and was dependent on staff with personal hygiene and bathing. Observations on 09/22/25 at 12:50 P.M. and 09/23/25 at 9:45 A.M. and 3:25 P.M. revealed Resident #6 was lying in bed. The resident's fingernails were extremely long and had dark-colored debris caked underneath them. Observation and interview with Registered Nurse (RN) #117 on 09/23/25 at 4:15 P.M. confirmed Resident #6's fingernails were extremely long with dark-colored debris caked underneath them and were in need of being trimmed and cleaned. RN #117 confirmed she was going to get nail clippers and was coming back to trim and clean the resident's nails. Review of the facility policy titled Fingernails/Toenails, Care of revised 02/2018 revealed the purpose of the procedure was to clean the nail bed, to keep the nails trimmed, and to prevent infections. Nail care included daily cleaning and regular trimming. This deficiency represents non-compliance investigated under Master Complaint Number 2608350 and Complaint Number OH00166779 (1282675).</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: 365620
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