

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 834032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 5/29/2025
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH AND REHAB CENTER NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 E WARREN DETROIT, MI 48224
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E0000 SS=	Initial Comments On May 29, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Riverview Health and Rehab Center North was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000		
K0000 SS=	INITIAL COMMENTS On May 29, 2025, a Life Safety Revisit Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Riverview Health and Rehab Center North was found NOT in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 482.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code.	K0000		
K0918 SS= F	Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected	K0918	This plan of correction is submitted to meet state and federal requirements. Except with respect to statements finally determined to be indisputable, submission of this plan of correction is not an admission that the deficiency exists or that it is cited accurately. ELEMENT # 1 No residents were found to be adversely affected by the cited deficiency. ELEMENT # 2 The Maintenance Director has recorded and	5/23/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/10/2025

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.

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	<p>weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure generators or other alternative power source are in accordance with NFPA 110, NFPA 99, NFPA 111 and NFPA 70. This deficient practice could affect all occupants in the event of a generator failure.</p> <p>Findings Include:</p> <p>On April 1, 2025, at approximately 10:57 AM, and again on May 29, 2025, at approximately 10:45 AM, record review revealed the facility failed to record the generator repairs cited in the deficiencies of the preventative maintenance report dated 2/13/2025. The report listed a</p>		<p>repaired the deficiency noted on the preventative maintenance report dated 2/13/2025. The documentation and repair is available for inspection.</p> <p>ELEMENT #3 The citation states the facility "failed to record the generator repairs cited in the deficiencies of the preventative maintenance report dated 2/13/2025." The facility has completed the following steps to address the coolant leak: 1) On June 5, 2025 a commercial grade radiator sealant was purchased; 2) The sealant was poured into the generator radiator during the regular weekly test; 3) The generator then ran for 30 minutes continuously (temp range of 168-172 degrees); 4) A visual inspection was conducted after this test and found no leaks anywhere in the radiator; 5) On 6/9/2025 another generator test and inspection were performed and found no leaks in the generator radiator; and 6) All service work and inspections were recorded in the generator maintenance binder.</p> <p>ELEMENT # 4 The Maintenance Director will ensure all proposed and actual generator service will be documented and recorded in the generator maintenance binder. The Maintenance Director will observe and monitor the generator radiator for leaks during the weekly generator test as well as the monthly load test. Any leaks in the generator radiator will be identified, recorded, and addressed as soon as practicable with follow-up report to the Administrator. The Maintenance Director is responsible for sustained compliance.</p> <p>ELEMENT #5 Corrective action compliance date: 6/10/2025</p>		

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	<p>coolant leak behind the radiator.</p> <p>During interview, the Maintenance Director described the leak as, "Not that big of a deal because it isn't a big leak and doesn't effect the working ability of the generator." During Interview, the Facility Administrator stated, "In the POC we did not say we were going to correct it. We said we were going to get a proposal to get it fixed."</p> <p>At no time was the generator corrected or corrective action taken for the deficiency noted on the generator report dated 2/13/2025.</p> <p>This finding was confirmed by interview with Facility Maintenance Director and Facility Administrator by interview at the time on record review and interview.</p>			