

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 834996	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 6/23/2025
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 E JEFFERSON DETROIT, MI 48214
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F0000 SS=	INITIAL COMMENTS Riverview Health and Rehab was surveyed for an Abbreviated survey on 6/23/25. Intakes: MI00153506, MI00153605, and MI00153653. Census= 153	F0000		
F0609 SS= D	Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c) (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F0609	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 The resident identified (R702) has returned from the hospital and is receiving services per her plan of care. ELEMENT # 2 The Director of Nursing (DON) and/or their appropriate designee will assess each resident to ensure any unusual findings have been addressed and reported if necessary. ELEMENT #3 The citation states: "the facility failed to report facial bruising nad posterior nasal fracture of unknown origin for one (R702)..." The facility will ensure the following action: 1) The facility policy titled "Abuse and Neglect Prohibition Policy" will be reviewed and updated to ensure clarity; 2) Facility staff will receive re-education on the facility's updated policy with	7/23/2025

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

TITLE

(X6) DATE

Electronically Signed

07/08/2025

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>This citation pertains to intakes MI00153605 and MI00153653.</p> <p>Based on interview and record review, the facility failed to report facial bruising and posterior nasal fracture of unknown origin for one (R702) of four residents reviewed for abuse, resulting in an unreported incident of potential abuse.</p> <p>Findings include:</p> <p>The State Agency (SA) received a complaint on 6/10/2025 that the resident (R702) had facial bruises around both eyes and posterior sinus fractures of unknown origin.</p> <p>According to the Electronic Health Record (EHR), R702 admitted to the facility on 6/4/25 with diagnoses that included acute respiratory failure, tracheostomy, morbid obesity, and required mechanical ventilation for respiratory support. R702 was identified to have intact cognition with a BIMS (brief interview for mental status) score of 14/15. A progress note dated 6/8/25 at approximately 10:00 PM documented that R702 was observed to have facial swelling and a small amount of green discharge from the right eye. The physician was notified and R702 was transferred to the hospital for further evaluation. R702 did not return to the facility.</p> <p>On 6/23/25 at 11:00 A.M., during an interview with the Director of Nursing (DON) they said on 6/10/25 during the evening shift R702's family member called the facility and notified Registered Nurse (RN) "A" that the hospital diagnosed R702 with a facial fracture. The hospital never called or notified the facility. The resident's physician, MD "B" was notified and reviewed the resident's chart at the hospital and did confirm there was a</p>		<p>an emphasis on identifying and timely reporting any injuries of unknown origin to the Administrator; 3) any discovery of an injury of unknown origin will also be reported to the nurse on staff at the time of discovery who will then be responsible for informing the incoming nurse of the following shift to ensure proper attention is provided related to reporting and follow-up investigation and /or care if necessary; 4) any injury of unknown origin will be reported to the Administrator and relayed to the DON upon knowledge; 5) the Administrator or the DON as their designated representative will timely report to any other required parties the discovery of the injury of unknown origin and the result of the investigation; and 6) in cases of verified violations of this facility policy, the Administrator will ensure timely and appropriate corrective action is taken.</p> <p>ELEMENT # 4</p> <p>The DON and/or their appropriate designee(s) will randomly assess 25% of the residents for a period of three consecutive months to ensure any injuries of unknown origin have been identified, addressed and reported appropriately. Random assessments for 25% of the residents will occur three times per week for the first month, twice per week for the second month, and once a week for the third month. Any instances of non-compliance with the facility policy will be reported to the Administrator, DON, and abuse coordinator for appropriate follow-up. The Administrator will report any outcome or concern related to the cited deficiency to QA for (3) months. The Administrator is responsible for sustained compliance.</p>		

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	<p>posterior nasal fracture. The facility should have reported R702's injury of unknown origin to the State. The DON said the Nursing Home Administrator (NHA) had initiated an investigation about R702's fracture, but did not report the incident to the SA. The NHA was not present in the facility during the survey.</p> <p>On 6/23/25 at 11:30 A.M., during a phone interview MD "B" said, "The hospital's x-ray report indicated the resident (R702) had a minimally displaced left posterior sinus wall fracture. This is the back of the sinus wall, interior part of the skull. There was no trauma preceding this incident and the resident could communicate if there was an incident. There was no reason to believe this was abuse."</p> <p>On 6/23/25 at 11:40 A.M. the DON provided an investigation file for R702's sinus fracture. There was no evidence to support the incident was reported to the SA. The DON confirmed the facility's abuse policy included reporting any injury of unknown to the SA.</p> <p>According to the facility's abuse policy, last revised 8/2012 in part reads as follows</p> <p>7. Reporting and Response</p> <p>A. The staff will report all allegations of abuse, neglect and misappropriation of property to the Administrator immediately.</p> <p>B. The facility will report all allegations and substantiated occurrences of mistreatment, abuse neglect, misappropriation of property or injuries of unknown source that are suspicious in nature, to the Bureau of Health Systems using the BHS-OPS-362 immediately. "Immediate" means as soon as possible, but not more than 24 hours after the discovery of the incident. The investigation</p>			

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	findings will be reported to the Bureau of Health Systems within five (state) working days (of the incident using the BHS-OPS- 363)				