STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577 Based on observation, interview, and record review, the facility failed to maintain a clean homelike environment for all residents exposed to insects/pests and that ate their meals in the dining room. Findings include: During an observation on 04/15/24 at 5:12 AM, certified nurse aide (CNA) D stood in the back hallway and was stomping things on the floor with the bottom of her shoe. Wow there are a lot of them. After CNA D left the hall, 25 dead ants with wings were observed on the floor and 6 alive winged ants were crawling on the floor. The winged ants were stepped on and killed so to ascertain an approximate number of alive insects in the area. During an observation on 04/15/24 at 5:20 AM, 6 winged ants were crawling on the floor near the nurses station on the back hall. Also observed on the floor was a spider. These were stepped on and killed so as not to repeat observations of the same insects that were alive. During an observation on 04/15/24 at 5:29 AM, 3 winged ants crawled on the floor near the back hall nurses station. They were stepped on and killed. During an observation on 04/15/24 at 5:33 AM, 2 winged ants crawled on the floor near bed 32-2. They were stepped on. During an observation on 04/15/24 at 5:36 AM, 2 winged ants crawled on the floor in the foyer of room [ROOM NUMBER] and 2 winged ants crawled on the floor just outside room [ROOM NUMBER] in the hallway. They were stepped on. During an observation on 04/15/24 at 5:47 AM, 3 dead and 2 alive winged ants were noted on the floor in the foyer to room [ROOM NUMBER] and 1 alive winged ant was crawling in the sink location just outside the bathroom of room [ROOM NUMBER]. They were killed. During an observation on 04/15/24 at 6:30 AM, housekeeper A swept the floor on the back hall to remove the dead winged ants. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 04/15/23 at 7:12 AM, 6 winged ants crawled on the floor in the back hallway. They were stepped on and killed. During an observation on 04/15/24 at 7:48 AM, 2 small ants crawled on the floor outside the soiled utility room. They were stepped on. During an observation on 04/15/24 at 8:06 AM, 3 winged ants crawled on the floor outside of room [ROOM NUMBER]. They were stepped on and killed. During an observation on 04/15/24 at 9:20 AM, 2 winged ants crawled on the floor outside of room [ROOM NUMBER]. They were stepped on and killed. During an observation on 04/15/24 at 9:32 AM, a winged ant crawled on the floor outside room [ROOM NUMBER]. It was stepped on. During an interview on 04/16/24 at 9:46 AM, Maintenance Director B stated that he was not made aware of the large amounts of ants found in the building yesterday morning. The Maintenance Director also stated that the expectation would be that staff would notify him of such things so that he could take appropriate action. 39056 Resident #18 (R18) Review of an Admission Record revealed R18 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension and multiple sclerosis. Review of a Minimum Data Set (MDS) assessment for R18, with a reference date of 1/12/24 revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated R18 was moderately cognitively impaired. During an interview on 04/15/2024 at 5:18 AM, R18 reported there were bugs crawling around and pointed at the floor. During an observation at that time there were 3 insects, which appeared to be ants with wings, near R18's feet. Resident #4 (R4) Review of an Admission Record revealed R4 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Type 2 diabetes mellitus with diabetic neuropathy (nerve pain). Review of a Minimum Data Set (MDS) assessment for R4, with a reference date of 2/9/24 revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated R4 was moderately cognitively impaired. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 04/15/2024 at 5:28 AM, R4 reported she was dissatisfied with the condition of the dining room in the mornings where she spent her mornings. R4 reported that the facility staff did not clean up after dinner leaving the dining room tables filthy in the mornings. R4 reported facility trashcans were left overflowing with garbage. During an observation on 04/15/2024 at 5:50 AM, the tables in the dining room were visibly soiled with dried stuck on food substances, dried drink spillage, and crumbs. A bin contained used, visibly soiled clothing protectors, left in the entry way of the dining room. During an observation on 04/15/24 at 07:57 AM, there were 2 spiders crawling around a resident's feet and observations of winged insects (ants) accumulating around food that had dropped to the floor. Review of a form hung at the nurses' station titled Dining Room Duties revealed, Beginning Monday 1/29/24 . CNAs (Certified Nursing Assistants) to bus tables after meals when residents are done eating, the cart is available in the dining room *Dietary staff to take off the table cloth and wipe down tables *Housekeeping to clean floors in the dining room after meals .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056 Based on interview and record review, the facility failed to follow professional standards of nursing practice for medication administration for 4 residents (Resident #18, #6, #16, and #88), reviewed for the provision of nursing services, resulting in lack of blood pressure assessments prior to medication administration, medication errors, and mismanagement of controlled substances. Findings: Resident #18 (R18) Review of an Admission Record revealed R18 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension and multiple sclerosis. Review of R18's Order Summary dated 3/7/24 revealed, midodrine tablet; 10 mg; Three Times A Day; Amount to Administer: 1 tab; Hold if SBP >120 (systolic blood pressure greater than 120). Review of R18's March Medication Administration Record revealed: *On 3/8/24 R18's blood pressure was 128/78 and the 1 PM dose of midodrine was administered *On 3/8/24 R18's blood pressure was 128/78 and the 7 PM dose of midodrine was administered *On 3/9/24 R18's blood pressure was 130/60 and the 1 PM dose of midodrine was administered *On 3/9/24 R18's blood pressure was 128/62 and the 7 PM dose of midodrine was administered *On 3/10/24 R18's blood pressure was 126/66 and the 7 PM dose of midodrine was administered *On 3/13/24 R18's blood pressure was 122/66 and the 7 PM dose of midodrine was administered *On 3/14/24 R18's blood pressure was 132/69 and the 7 PM dose of midodrine was administered Review of R18's April Medication Administration Record revealed: *On 4/5/24 R18's blood pressure was 122/66 and the 7 PM dose of midodrine was administered *On 4/7/24 R18's blood pressure was 148/90 and the 7 PM dose of midodrine was administered *On 4/8/24 R18's blood pressure was 137/82 and the 7 AM dose of midodrine was administered *On 4/15/24 R18's blood pressure was 130/70 and the 1 PM dose of midodrine was administered Review of R18's Order Summary dated 9/27/23 revealed, gabapentin capsule; 100 mg; Amount to Administer: 1 cap; Once A Day; give at bedtime. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R18's Controlled Drug Record revealed on 3/28/24 R18's gabapentin was not signed out (indicating the medication was not administered.) Review of R18's March Medication Administration Record revealed R18's gabapentin was documented as administered on 3/28/24. Review of R18's Controlled Drug Record revealed on 4/10/24 R18's gabapentin was not signed out. Review of R18's April Medication Administration Record revealed R18's gabapentin was documented as administered on 4/10/24. Review of R18's Electronic Health Record revealed no documentation and/or order related to the withholding of the gabapentin on 3/28/24 or 4/10/24. Resident #6 (R6) Review of an Admission Record revealed R6 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Hereditary and idiopathic neuropathy. Review of R4's Order Summary dated 7/1/22 revealed morphine tablet immediate release; 15 mg; Amount to Administer: 1 tab; Three Times A Day. Review of R4's Controlled Drug Record revealed on 4/11/24 R6's morphine was not signed out. Review of R4's Medication Administration Record revealed a reason for not administering the medication was not given by day nurse. Review of R4's Electronic Health Record revealed no documentation indicating the provider was notified that the medication was not administered and no follow up related to the administration of the morphine. During an interview on 4/17/24 at 8:15 AM, Registered Nurse (RN) G reported that licensed nurses are to read the provider orders prior to the administration of medications and ensure vital signs are within the physician ordered parameters. RN G reported that the Electronic Health Record does not prompt licensed nurses to obtain blood pressures prior to the administration of medications if parameters are ordered. Resident #16 (R16) Review of an Admission Record revealed R16 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: chronic pain and anxiety. Review of R16's Order Summary dated 4/14/23 revealed, gabapentin capsule; 300 mg; Amount to Administer: 1; Three Times A Day. Review of R16's Controlled Drug Record revealed on 4/8/24 1 of 3 doses of gabapentin was not signed out/administered and on 4/9/24 1 of 3 doses of gabapentin was not signed out/administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R18's April Medication Administration Record revealed gabapentin was documented as administered. Review of R16's Order Summary dated 8/1/23 revealed, clonazepam tablet; 0.5 mg; Amount to Administer: 1 tab; Three Times A Day. Review of R16's Controlled Drug Record revealed on 4/8/24 1 of 3 doses of clonazepam was not signed out/administered. Review of R18's April Medication Administration Record revealed R16's clonazepam was documented as administered on 4/8/24. Review of R16's Controlled Drug Record revealed on 4/13/24 at 1:30 PM R16 refused her clonazepam. There was no witness signature. (disposing of a controlled medication requires a nurse to witness the wasting/disposal of the controlled medication.) Review of R16's Electronic Health Record revealed no documentation and/or order related to the withholding of the gabapentin and clonazepam. During an interview via email on 04/16/24 12:46 PM, Nursing Home Administrator/Director of Nursing (NHA/DON) reported that the second nurse did not document that she had witnessed the disposal of the controlled medication in the controlled drug record. Resident #88 (R88) Review of an Admission Record revealed R88 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: chronic pain. Review of R88's Order Summary dated 4/3/24 revealed, Lyrica (pregabalin) capsule; 75 mg; Amount to Administer: 1 capsule; Three Times A Day. Review of R88's Controlled Drug Record revealed on 4/8/24 R88's Lyrica was not signed out and on 4/13/24 4 doses of Lyrica was administered. Review of R88's April Medication Administration Record revealed all doses of Lyrica were documented as administered on 4/8/24. Review of R16's Electronic Health Record revealed no documentation and/or order related to the withholding of the Lyrica on 4/8/24 or the additional dose of Lyrica on 4/13/24. During an interview via email on 04/16/24 12:46 PM, NHA/DON confirmed R18, R6, R16, and R88's medication errors and stated there would be immediate action taken and the medication administration process will be discussed and education will be provided to the nurses. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy Medication Administration last reviewed/revised 3/27/24 revealed, .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters .10. Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation .18. Sign MAR (medication administration record) after administered. For those medications requiring vital signs, record the vital signs onto the MAR. 19. If medication is a controlled substance, sign narcotic book . Review of Fundamentals of Nursing ([NAME] and [NAME]) 10th edition revealed, (Nurses) are responsible for documenting any preassessment data required of certain medications such as a blood pressure measurement for antihypertensive medications or laboratory values, as in the case of warfarin, before giving the medication. After administering a medication, immediately document which medication was given on a patient's MAR per agency policy to verify that it was given as ordered. Inaccurate documentation, such as failing to document giving a medication or documenting an incorrect dose, leads to errors in subsequent decisions about patient care. For example, errors in documentation about insulin often result in negative patient outcomes. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 609). Elsevier Health Sciences. Kindle Edition. Review of Fundamentals of Nursing ([NAME] and [NAME]) 10th edition revealed, The National Coordinating Council for Medication Error Reporting and Prevention (2018) defines a medication error as any preventable event that may cause inappropriate medication use or jeopardize patient safety. Medication errors include inaccurate prescribing, administering the wrong medication, giving the medication using the wrong route or time interval, administering extra doses, and/ or failing to administer a medication. Preventing medication errors is essential. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 605). Elsevier Health Sciences. Kindle Edition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235324	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Healthcare Center	1149 West Monroe Rd Saint Louis, MI 48880

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 37577 Based on observation and interview, the facility failed to secure smoking materials per protocol. Findings: During an observation on 04/15/24 at 5:21 AM the following was noted: (a) the door to the shower room behind the nurses desk was open, (b) the shower room had 2 separate closets, one on the right contained linens and supplies and the one on the left had a open door and contained a plastic box, (c) the lid on the plastic box lifted off and the box contained 7 packs of cigarettes and 2 lighters, and (d) the lid to the box had a small padlock attached to it. During an interview on 04/17/24 at 11:47 AM the Administrator stated that resident smoking materials were kept in a plastic box and double locked. Cigarettes and lighters were stored in a closet in the shower room and the closet door was kept locked. There was also a pad lock on the lid of the plastic box that stored the smoking materials.