STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235516	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rivergate Terrace	14141 Pennsylvania Riverview, MI 48193

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. 22349 This citation pertains to intake MI00147768. Based on observation, interview, and record review the facility failed to provide adequate supervision for one resident (R912) of three residents reviewed for elopement, resulting in a cognitively impaired resident walking through the front door and into the parking lot unsupervised with the potential for injury. Findings include; According to a Facility Reported Incident (FRI) on 10/20/24 at 1:34 PM, R912 walked out the front door of the facility behind a visitor. R912 was returned to the facility on 1:39 PM by another visitor that was entering the facility without injury. The Investigation report indicated that the receptionist was not adequately supervising the front door when they pressed the release button to open the front door for the visitor to leave and did not notice the resident (R912) following closely behind. On 10/29/24 at 8:15 AM upon entry into the main entrance of the facility, the first set of doors opened automatically into a foyer area where a receptionist was seated behind a desk. The second set of doors that led directly into a sitting area with offices, couches and a coffee machine had to be activated by the receptionist before opening. The third set of doors that led directly into the resident's living area of the facility were not locked and easily opened by either pushing or pulling on them. On 10/30/24 at approximately 11:00 AM R912 was observed walking independently at a fast pace in 'Happy Feet' activity (supervised activity of walking throughout the facility with staff). R912 had one-to-one supervision. R912 was alert to person only and could not be meaningfully interviewed. (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R912's Electronic Health Record (EHR) indicated the resident had been residing in the facility since 4/15/204 with diagnoses that included Alzheimer's Disease. Elopement Risk Evaluation assessments conducted on 4/15/24 and again on 10/20/24 identified R912 to be at risk for elopement due to cognitive impairment, independent ambulation, and a history of exit-seeking behavior prior to admission at the facility. A care plan for elopement was initiated on 4/15/24 and included frequent monitoring and a picture of the resident had been placed in the 'elopement book' that was at the front desk. On 10/20/24 R912 was placed on one-to-one supervision, on 10/28/24 the resident was initiated in the Happy Feet Program to increase activity involvement. On 10/30/24 at 3:00 PM the Nursing Home Administrator (NHA) said the receptionist was bending down underneath her desk replacing coffee cups for the Koerig machine when the resident (R912) walked out behind the visitor. The NHA said, the entire staff has been educated on facility's elopement policy earlier in the year including that receptionist. That receptionist no longer is employed by the facility. At this time the NHA provided a Past-Non-Compliance packet and it was reviewed. On 10/30/24 at approximately 4:00 PM the Maintenance Director (MD) reviewed the exit door alarm checks and elopement drills that were conducted on 10/21/24 and 10/25/24. Review of the facility's policy titled Unsafe Wandering and Elopement Prevention revised on 9/25/24 documented in part the following: 1. Accurate and thorough assessment of the resident is fundamental in determining indicators for unsafe wandering and elopement. Not all residents exhibit unsafe wandering behaviors or verbalize the desire to leave facility unplanned. A situation in which a resident with decision-making capacity leaves the facility intentionally would generally not be considered an elopement unless the facility is unaware of the resident's departure and/or whereabouts. After review of the facility reported incident, the facility provided evidence of Past Non-Compliance on 10/20/24. The Past-Non-Compliance was reviewed and accepted by the reviewing surveyor. The facility was found to be in substantial compliance with F-tag 689 on 10/30/24 when the following interventions were noted to be put into place by the surveyor on 10/30//24. The following plan has been implemented for resident involved: Family, Physician, Executive Director, and the Director of Nursing was notified of this incident. Pain, Skin, and Trauma Informed Care assessments were completed and no concerns identified. Resident was placed on 1:1 monitoring after the incident. Initiated Happy Feet Program to increase activity involvement, safety, supervision, thus reducing wandering. Resident will attend Happy Feet Program starting 10/28/2024 during the day time till 5 pm, then resident will be placed on 1:1 supervision through out the remainder of the shift till morning. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Maintenance Director checked all exit doors for functionality 10/21/2024 by the Maintenance Director and no concerns identified. The Maintenance Director has changed the key pad entry code weekly to the sliding double doors at the front lobby On 10/22/2024. An elopement drill was conducted on 10/21/24 and 10/25/24 by the Maintenance Director. Social services completed wellness checks to ensure resident is safe. Any abnormal findings will be reported to the nurse/psych services for follow-up and no concerns identified. Resident was seen by psych on 10/22/2024. The resident council was held on 10/24/24, where elopement and Leave of Absence (LOA) policy was discussed by the Activities Director to the residents. How the facility identified others who may potentially be affected: An audit was conducted by the charge nurses on the units of current residents residing at the facility to assess any residents at risk for elopement. Any residents identified as at risk for elopement, the care plans were updated or revised as appropriate by the clinical IDT on 10/21/2024. Any new/re-admissions will also be assessed for elopement with care plans updated as needed on a weekly basis by the Director of Nursing. Areas identified requiring quality improvement: A QAPI meeting was held on 10/25/2024. The organization's elopement policy and procedures were reviewed and deemed appropriate by the committee. Actions to prevent occurrence/re-occurrence: Education initiated for all staff on the Elopement Policy and Procedures by the Staff Development Coordinator. Any staff who have not received education will do so prior to their start of the shift by 10/30/24. The Director of Nursing will discuss in daily morning clinical meetings for any new/re-admissions drat triggers elopement risks. Any residents identified, their care plans will be updated as needed by the IDT team. The residents who are at risk for elopement, will be discussed in behavior management meetings weekly with care plan reviews and modification made as needed by the IDT team. The exit door alarms will be checked weekly by the Maintenance Director. The elopement drills will be conducted quarterly by the Maintenance Director. QAPI meetings will be held monthly for 3 months to review results of audits and determine the need for additional interventions. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility leadership (Executive Director/DON/Designee along with IDT Team) will continue to conduct leadership meetings and clinical meetings daily (Monday-Friday) to discuss any observed new or worsening wandering and/or exit-seeking behaviors of residents. The facility will assign MOD (managers on duty) during the weekends and will communicate any issue/concern identified to the Executive Director and the Director of Nursing. The DON/Designee will review the electronic medical record for 5 residents weekly for 4 weeks to identify new or worsening behaviors to include wandering and exit seeking behaviors. Any concerns will be addressed immediately. The audit will continue monthly for 3 months. The items which will be audited include new/worsening behaviors, notification of MD/NP and resident/resident representative of new/change of behavior, review care plan and to ensure interventions are implemented. The information will be documented on the Elopement Management Tool. The results of audits will be submitted to the QAPI Committee to assure sustained compliance.