

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER RIVERGATE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 14041 PENNSYLVANIA RD 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.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation has three deficient practices and pertains to intakes MI 612 and MI 625. --Deficient practice #1. Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey by failing to: 1. Consistently ensure residents adhered to proper droplet precautions; 2. Ensure staff adhered to droplet precautions during meal pass. These deficient practices resulted in the high likelihood of spreading coronavirus and harmful pathogens among four residents (R#701, 702, 703, 704), second floor residents that received direct care from staff, second floor residents that interacted with each other, residents that resided on the first floor that received food from the kitchen, and nine residents that transferred to the hospital testing positive for COVID-19, resulting in an immediate jeopardy affecting residents residing in the facility. The total resident census for this facility was 165. The initial Immediate Jeopardy (IJ) was identified on [DATE] at 10:45 AM and began on [DATE]. The facility Administrator was notified of the IJ and a request for a written plan of correction for removal occurred on [DATE] at 2:55 PM. Although the immediate jeopardy was removed on [DATE], the facility remained out of compliance with a scope and severity of wide spread, no actual harm with potential for more than minimal harm that is not immediate jeopardy after acceptance and on site verification of the facility's abatement plan. Findings include: The facility document titled, Admission/Discharge To/From Report, dated [DATE] was reviewed and revealed, in part the following: -Nineteen (19) residents expired in the facility. Three (3) residents died between [DATE] and [DATE]. Sixteen (16) residents died in the facility between [DATE] and [DATE]. -Sixteen (16) residents were sent from the facility to an acute care hospital between [DATE] and [DATE]. On [DATE] at 11:24 AM, the facility Administrator revealed that nine of the sixteen residents transferred to the hospital tested positive for COVID-19. The transfer dates of the nine residents that tested positive for COVID-19 occurred between [DATE] and [DATE]. -Resident #705 In an observation on [DATE] at 10:48 a.m., Nurse H opened Resident #705's room door. Nurse H had on a gown with one arm not covered and tied around her neck. When asked if she recognized the gown was not on properly, Nurse H looked down and sighed, then corrected gown placement with gloved hand. In an observation and interview on [DATE] at 10:50 a.m., Resident #705 sat in the hallway and ate a cracker without a mask covering the mouth or nose. A bedside table with a hospital basin which included toothpaste, a toothbrush, lotion and crackers sat in front of Resident #705. Resident #705 reported, I'm doing better. I will feel better when this is all over. In an interview on [DATE] at 10:52 a.m., Nurse J reported Resident #708, Resident #705's roommate had precautions for pneumonia. When asked if Resident #705 should be sitting in the hall, Nurse J then stated, I don't think so, I'll get him back in his room. In an interview on [DATE] at 10:55 a.m., Nurse H reported Resident #705 should always wear a mask when in the hallway. In an interview on [DATE] at 10:56 a.m., the Assistant Director of Nursing (ADON) reported the staff does rounds to ensure Resident #705 wears a mask. The ADON reported all residents should wear a mask when they are in the hall. Review of an admission record revealed, Resident #705 was admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of [DATE], revealed Resident #705 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15, out of a total possible score of 15. Resident #705 required oxygen. -Resident #708 Review of an admission record revealed, Resident #708 was admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a MDS assessment, with a reference date of [DATE], revealed Resident #708 had moderate cognitive impairment with a BIMS score of 11, out of a total possible score of 15. Review of progress notes for Resident #708 with a date of [DATE] at 4:42 p.m. revealed, Note Text: Isolation: Droplet precautions x 14 days . On [DATE] at 3:15 p.m., Due to changes in condition. Utilizing the Covid-19 wavier per CMS (Centers for Medicare & Medicaid) guidelines. Resident currently on droplet precautions, using O2 (oxygen) via nasal cannula and receiving ATB's (antibiotics) . Review of a physician order for [REDACTED].#701, #702, #703, #704 On [DATE] at 11:26 a.m., Nurse P confirmed the resident census for the second floor, Unit 3 as 39, with three nurse aides and two nurses providing direct care services to residents. Nurse P was then asked to give the room numbers of those residents who are on isolation precautions. Nurse P identified fourteen rooms. On [DATE] at 12:10 p.m., CENA Q was observed retrieving a meal tray from the meal cart located in the hall. CENA Q had long pink nails and was not wearing gloves. She did have on a mask and hair covering. CENA Q was then observed going into R#701's room which had a Droplet Precaution sign posted on the door and red containers located by the door. CENA Q was seen placing the meal tray on the bedside table which was located within a couple of inches from the Resident. CENA Q was then observed assisting the Resident with meal set up (removing lids from beverages, removing plate cover, and placing eating utensils within reach) without wearing a gown or gloves. A review of R#701's clinical record documented the Resident was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly MDS assessment dated [DATE], the Resident was severely cognitively impaired and required limited one-person assistance with eating. Review of the Physician's orders dated [DATE] documented: -Droplet precautions r/t (related to) influenza every shift. Effective [DATE]. - XXX[DATE] This Medicare admission meets the qualifications for using the COVID-19 outbreak waiver. It is related to the crisis by the following: (R#701) is currently a resident in our facility requiring Medicare skilled services. Area hospitals are unable to admit as their beds are full due to COVID 19 outbreak. A care plan titled Respiratory Infections, date initiated [DATE] was reviewed and documented as: The resident is at risk for respiratory infection r/t comorbidities. On [DATE] at 12:13 p.m., CENA Q was observed exiting R#701's room, going back into the meal cart, and removing another meal tray. CENA Q was then observed going into R#702's room which was identified as a Droplet Precaution room. CENA Q entered the Resident's room without PPE and was then observed assisting the Resident in room with meal set up which included cutting up the meat that was on the tray. At this time, CENA Q was not wearing gloves or gown and was positioned within inches of the Resident. CENA Q was not observed washing her hands or using hand sanitizer which was in a dispenser within the room before exiting. A review of R#702's clinical record documented the Resident was initially admitted into the facility on [DATE] with the most recent readmission on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly MDS assessment dated [DATE], the Resident was moderately cognitively impaired and required supervision and set up assistance with eating. Review of the Physician's order dated [DATE], Droplet precautions R/O (rule out) RSV (Respiratory [MEDICAL CONDITION]), Influenza, and [MEDICAL CONDITION] PNA. (Pneumonia). Effective [DATE] A care plan titled Respiratory Infections, initiated on [DATE], was reviewed and documented as: The resident is at risk for respiratory infection r/t comorbidities. On [DATE] at 12:15 p.m., CENA Q was seen exiting R#702's room, going back into the meal cart, and removing another meal tray. CENA Q delivered that meal tray to room [ROOM NUMBER] which did not have the Droplet Precaution sign on the door nor was the room identified by Nurse P as an isolation precaution room. On [DATE] at 12:17 p.m., CENA Q was seen exiting room [ROOM NUMBER], going back into the meal cart, removing another meal tray, and proceeding to R#703's room which was identified as a Droplet Precaution room. CENA Q was observed entering the room without wearing a gown or gloves with meal tray. CENA Q proceeded to assist the Resident with meal set up. A review of R#703's clinical record documented the Resident was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the admission MDS assessment dated [DATE], the Resident was moderately cognitively impaired and required</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>supervision and set up assistance with eating. Review of the Physician's orders revealed the following: -[DATE] documented Droplet precautions r/t influenza every shift. Effective [DATE]. -[DATE] This Medicare admission meets the qualifications for using the COVID-19 outbreak waiver. It is related to the crisis by the following: (R#703) is currently a resident in our facility requiring Medicare skilled services. Area hospitals are unable to admit as their beds are full due to COVID 19 outbreak. Effective [DATE]. A care plan titled Respiratory Infections, initiated [DATE], was reviewed and documented as:</p> <p>The resident is at risk for respiratory infection r/t comorbidities. On [DATE] at 12:19 p.m., CENA Q was observed exiting R#703's room, returning to the meal cart, pouring coffee, and removing a meal tray from the cart. CENA Q proceeded to R#704's room which was not identified as a Droplet Precaution room and assisted with meal set up. Per chart review, R#704 was being monitored and treated for [REDACTED].#704's clinical record documented the Resident was initially admitted into the facility on [DATE] with a most recent readmission on [DATE] with [DIAGNOSES REDACTED]. According to the annual MDS assessment dated [DATE], the Resident was severely cognitively impaired and required extensive one-person assistance with eating. Physician's orders for R#704 documented she was currently receiving two antibiotics (MEDICATION NAME) and [MEDICATION NAME] Solution) for pneumonia. There was no Physician's order for Droplet Precautions. A care plan titled Respiratory Infections, date initiated [DATE], was reviewed and documented as: The resident is at risk for respiratory infection r/t comorbidities. On [DATE] at 12:20 p.m., CENA Q exited R#704's room, returned to the meal cart, poured coffee, and proceeded to enter room [ROOM NUMBER] which did not have the Droplet Precaution sign on the door nor was the room identified by Nurse P as an isolation precaution room. CENA Q assisted with meal set up and was seen exiting the room. On [DATE] at 12:21 p.m. CENAs R and S began to assist with meal pass. CENA R, CENA S, and Nurse P were observed preparing to apply PPEs (gown, gloves, and face shield). On [DATE] at 12:22 p.m., CENA Q was heard asking Nurse P, Should I gown up before going into room [ROOM NUMBER] even if I'm just dropping off a tray? Nurse P was heard saying to CENA Q, Yes. CENA Q</p> <p>was then observed sitting the meal tray on top of the isolation cart and apply a gown and gloves before entering room [ROOM NUMBER], which was identified as a Droplet Precaution room. On [DATE] at 2:50 p.m., CENA Q was interviewed and asked did she receive in-servicing on the proper use of PPEs. CENA Q stated, I received it last week once I returned to work from being off. CENA Q was then asked was she aware that she should wear gloves and gown in addition to wearing mask and hair covering when entering Droplet Precaution rooms during meal pass. CENA Q stated, I truly was not aware that I should gown up, but I know I'm supposed to now. On [DATE] at 2:20 p.m., when the Director of Nursing (DON), who was also the facility's Infection Preventionist, was queried about their current supply of PPE, she said, We are constantly receiving PPE supplies. We are not short now. On [DATE] at 3:49 p.m., the DON was interviewed and asked what the expectation for all staff was to implement proper Droplet Precautions including the use of PPEs. The DON stated, All staff have been in-serviced on 'Droplet Precautions' and should be implementing safe practices at all times. --Meal Cart On [DATE] at 11:25 AM, a food service cart, used for transporting meal trays to resident rooms was observed in the first-floor dining room. When Dietary Aide D was requested to open a stainless-steel meal cart, visible food residue was observed inside the cart. When a clean paper towel was used to wipe the inside of the food cart, food residue and black grime was observed on the paper towel. When Dietary Aide D was queried about her observations of the paper towel, she said, It's dirt; left over food. I'm not sure; I know it looks dirty. On [DATE] at 11:33 AM, when the Dining Services Director E (DSD E) was queried about her expectations for cleaning the meal carts, she said, We wipe them down after every meal using a sanitizer. We deep clean them monthly. When the DSD E was shown the paper towel used to wipe the inside of the stainless-steel food transportation cart, she said, I see dirt. On [DATE] at 1:09 PM, a telephone interview was conducted with the DSD E. When queried if the facility had been using the fiberglass meal trays during [DATE], the DSD E said, Yes. When queried about the importance of cleaning and sanitizing food transportation carts, the DSD E said, We don't want any cross contamination. Whatever comes back on the cart needs to be cleaned up before we put anything clean back on it. Facility Abatement Plan --Immediate Actions taken by the Facility: Meals will be passed to residents who are on isolation precautions by staff wearing appropriate PPE; gloves, gowns and masks; Meal carts used for transporting meal trays will be cleaned and disinfected on [DATE]. --Infection Preventionist Nurse, Director of Nursing, Medical Director, and Executive Director will be educated [DATE] on the following: Infection prevention and control program; Outbreak and/or Pandemic Control and Management policy; --COVID-19 Outbreak Policy. --Facility staff will be educated [DATE] or before working their next shift on the following: Infection prevention and control program; Outbreak and/or Pandemic Control and Management policy; COVID-19 Outbreak Policy; PPE policy; Transmission-based Precautions and Isolation Procedures. --Residents who are on droplet precautions will follow appropriate practices when outside their rooms: Staff will encourage residents with dementia to utilize masks or cover face with Kleenex in presence of others; Staff will encourage residents with dementia to maintain current social distancing practices. -Medical Director notified of Immediate Jeopardy on [DATE] and agrees with above plan. --Deficient practice #2. Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey by failing to ensure all droplet precaution supplies (container or bags designated for waste or linen) were readily available. This deficient practice resulted in the potential for spreading communicable and harmful pathogens among residents that reside on the second floor. Findings include: On [DATE] at 12:28 p.m., R#707's room was identified to be an isolation room by the Droplet Precaution sign posted outside of the closed door. R#707 was observed resting in bed watching television, and stated she was doing fine. On [DATE] at 12:32 p.m., upon exiting the room, the DON was standing at the nurse's station located directly in front of R707's room and offered the Surveyor new PPEs. The Surveyor stepped back from the room's doorway and further back into the room, looking for the isolation waste containers to discard gown, gloves, and mask before removing them. Isolation waste containers or bags were not in sight within the room. The Surveyor stepped back into the doorway and asked the DON was the removal of PPEs supposed to be done somewhere else because isolation waste containers or bags were not in the room. The DON asked the Surveyor to stand in the doorway as she instructed staff to look for a waste container. On [DATE] at 12:40 p.m., the DON presented a clear plastic bag that looked like a basic large garbage bag in which the PPEs were discarded in. At this time, the DON was asked if R#707 was on Droplet Precautions, why isn't all the supplies readily available for use. The DON stated, We just started monitoring this room for symptoms, so we don't have everything just yet. On [DATE] at 12:47 p.m., a staff member who looked to have been from the Maintenance Department presented two large red containers and placed them in R#707's room. A review of R#707's clinical record documented the Resident was initially admitted on [DATE] into the facility and readmitted on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly MDS assessment dated [DATE], the Resident was moderately cognitively impaired and required extensive two-person assistance with activities of daily living. Review of the Physician's order dated [DATE] documented: --Droplet precautions every shift. Effective [DATE]. --This Medicare admission meets the qualifications for using the COVID-19 outbreak waiver. It is related to the crisis by the following: (R#707) is currently a resident in our facility requiring Medicare skilled services. Area hospitals are unable to admit as their beds are full due to COVID 19 outbreak. Effective [DATE]. A care plan titled Respiratory Infections, date initiated [DATE] was reviewed and documented as: The resident is at risk for respiratory infection r/t comorbidities. On [DATE] at 3:45 p.m., the DON was interviewed and asked how soon all necessary PPE supplies should for Droplet Precautions be available for use. The DON stated, As soon as possible. Everything should have been in place. --Deficient practice #3. Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey by failing to consistently monitor the water temperature of a high temperature dishwashing machine, resulting in a potential for the spreading of communicable and harmful pathogens among all 165 residents that received meals from the kitchen. Findings include: On [DATE] at 11:40 AM, when the DSD E was queried about the frequency of testing the temperature of the dish machine, she said, They're supposed to check it before each meal. When the facility document titled, Dish Machine Temperature Log, for [DATE] was reviewed with the DSD E, several instances of temperature documentation were omitted. Dish machine temperatures were not documented on the following dates for the meals as indicated: -Breakfast: [DATE], [DATE], [DATE], and [DATE] through [DATE] -Lunch: [DATE], [DATE], [DATE], [DATE] through [DATE] -Dinner: [DATE], [DATE], and [DATE] The dish machine temperature log indicated the temperature was taken for breakfast on [DATE]. On [DATE] at 1:09 PM, during the telephone interview with the DSD E, she was queried about the importance of testing the dish machine temperature. She said, It's very important to make sure that we keep track and record all temperatures for the dish machine. The DSD E added, It's a high temperature dish machine and that's what sanitizes our dishes. We need to make sure everything is sanitized and ready to go for the residents. The following facility policies and documents were reviewed and indicated, in part, the following: Per review of staff education document titled, Droplet Precautions, undated, revealed: Used for persons known or suspected to be infected with pathogens transmitted by respiratory droplets. A person who is coughing, sneezing, or talking generates such droplets. Personal</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>Protective Equipment: Don a mask, gloves and gown entering the resident's room. Step more than 3 feet from resident then remove and discard contaminated PPE and perform hand hygiene prior to leaving room. Per review of staff education document titled, Sequence For Putting On Personal Protective Equipment (PPE) from the CDC revealed, . 1. Gown: Fully cover torso from neck to knees, arms to end of wrists and wrap around the back. Fasten in back of neck and waist. According to the CDC (Center for Disease Control) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated [DATE] documented the following: --Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility (if tolerated). They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. --Mode of transmission: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. HCP (Health Care Personnel) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Gowns: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. If there are shortages of gowns, they should be prioritized for: aerosol generating procedures, care activities where splashes and sprays are anticipated, high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#Patient_Placement Per review of document titled, Water Temperature Inspection, dated [DATE], revealed: Purpose: to promote patient safety and prevent injury by ensuring that the water supplied to the facility is the correct temperature to [MEDICAL CONDITION] maintain correct infection control techniques. Procedure: The temperature of the wash and rinse cycle will be recorded on a high temperature dish machine. Per review of document titled, Guide to Infection Prevention and Control, undated, revealed: Dishwashers: temperature checks are to be recorded a minimum three times daily, Breakfast, Lunch, and Dinner. Temperatures should be checked at the beginning and end of dish machine use. Per review of document titled, Cleaning Schedule, dated [DATE], revealed: The Director of Food and Nutrition Services develops a cleaning schedule, with assistance from the Registered Dietitian, to ensure that the Food and Nutrition Services department remains clean and sanitary at all times. A review to the 2013 FDA Food Code revealed the following: Section .[DATE].112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures: (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194 F, or less than: (1) For a stationary rack, single temperature machine, 165 F; or (2) For all other machines 180 F. Section .[DATE].11. Equipment Food-Contact Surfaces and Utensils. Equipment food-contact surfaces and utensils shall be cleaned (5) at any time during the operation when contamination may have occurred. .[DATE].13, Nonfood-Contact Surfaces, Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p>		