Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197 This citation pertains to intake numbers MI00123762 and MI00124050. Based on interview and record review, the facility failed to follow accounting practices with the resident trust fund and personal shopping for Residents #2, #3, #4, #5, #6, #7, #8, and #9. This deficient practice resulted in the potential for misappropriation for Residents #2, #4, #8 and #9 having withdrawals made on their Resident Trust account without their signatures and Resident #1, #3, #5, #6, and #7 debit cards used by staff members to do personal shopping for residents. Findings included: Resident #2 Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #2 admitted to the facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which represents Resident #2 was cognitively intact. According to the face sheet Resident #2 had an appointed guardian.		
	facility on [DATE] and readmitted of out of 15 which represents Resider Resident #8 Review of the Face Sheet and Min facility on [DATE] with a readmitted score of 14 out of 15 which represent Resident #9 Review of the Face Sheet and Min	imum Data Set (MDS) dated [DATE] red date of 3/24/21. Brief Interview for Meents Resident #8 was cognitively intact imum Data Set (MDS) dated [DATE] red or Mental Status (BIMS) reflected a sco	evealed Resident #8 admitted to the ental Status (BIMS) reflected a

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 235324

If continuation sheet Page 1 of 20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021	
NAME OF PROVIDED OF CURRUED		CTREET ADDRESS CITY STATE 71	D CODE	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	PCODE	
Riverside Healthcare Center		1149 West Monroe Rd Saint Louis, MI 48880		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0568	The facility provided a copy of the Resident Trust Receipt dated 9/18/21 that reflected the following withdrawals:			
Level of Harm - Minimal harm or potential for actual harm	Resident #2 \$27.40 for gum, and b	ird seed. Resident #2 nor staff signed t	for the withdrawal.	
Residents Affected - Some	Resident #4 \$25.41 for tobacco. Re	esident #4 did not sign for the withdraw	al.	
	Resident #8 \$5.69 for coffee mate.	Resident #8 did not sign for the withdr	awal.	
	Resident #9 \$31.80 for vapes. Res	ident #9 did not sign for the withdrawal		
	Resident #1			
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #1 admitted to the facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 8 out of 15 which represents Resident #1 had moderate cognitive impairment. According to the Face Sheet Resident #1 was his own responsible party. According to the progress noted dated 9/9/21 at 7:47 AM authored by Social Worker (SW) S reflected, The family is concerned about (name of Resident #1) having his debit card, I did a mini mental health assessment and afterwards talked to his (name of family member) about the need to have guardianship established. During a telephone interview on 11/5/21 at 9:10 AM, Former BOM J stated that she was a distant family member to Resident #1 as well. The Former BOM J stated, The deal was if I spend his money just make the payment .I never denied I owed him some money. I've been suspended. I didn't steal his money, but I used it. When asked what Resident #1's money was used for, the Former BOM J stated, I would buy him pop, food, cigarettes, and snacks. I used the debit card to withdraw cash from the ATM to pay his bill. He'd complain about paying by checkbook because he'd say I just paid it. He was confused. When asked if Former BOM J ever used it for personal use, the Former BOM J stated, Yes, I never denied that I did.			
	Resident #3			
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #3 admitted to the facility on [DATE] with a readmitted date of 11/2/21. Brief Interview for Mental Status (BIMS) reflected a score of 14 out of 15 which represents Resident #3 was cognitively intact.			
	During an interview on 11/10/21 at 9:20 AM, Resident #3 stated that he gave his debit card with his PIN number to the staff to doing his personal shopping. When asked if he received receipt with his items, Resident #3 stated that he did not.			
	Resident #5			
	facility on [DATE] and readmitted o	mum Data Set (MDS) dated [DATE] re n [DATE]. Brief Interview for Mental St nt #5 had moderate cognitive impairme ble party.	atus (BIMS) reflected a score of 9	
	(continued on next page)			

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NAME OF BROWERS OF CURRIN		CTDEET ADDRESS SITV STATE 7	D. CODE	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Riverside Healthcare Center 1149 West Monroe Rd Saint Louis, MI 48880				
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F 0568 Level of Harm - Minimal harm or potential for actual harm	The facility provided a copy of a typed statement that was signed by Resident #5 on 12/23/19 for review. The statement reflected, I (name of Resident #5) is authorizing management team of Riverside Healthcare Center to withdraw money from my ATM by using my debit card whose pin I will share with the administrator to pay for my monthly PPA amount and also to do shopping for me.			
Residents Affected - Some	Resident #6			
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #6 admitted to facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which repres Resident #6 was cognitively intact. During an interview on 11/10/21 at 10:20 AM, Resident #6 stated that she gave her debit card to staff to her personal shopping.			
	Resident #7			
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #7 act facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 14 out of 15 which Resident #7 was cognitively intact. During an interview on 11/10/21 at 9:15 AM, Resident #7 stated that he gave his debit card to state of the personal shopping.			
During an interview and record review on 11/10/21 at 8:15 AM, the above into Nursing Home Administrator (NHA) who stated a new process for resident staccounts was put into place on 11/9/21. The NHA stated debit or credit carditransactions will be run through the Resident Trust Fund. The NHA provided handing out resident money/shopping for residents. The document reflected resident will sign the receipt and resident will be given money. Receipts will member who received funds. When resident receives good(s) from shopping signed receipt will be signed by both the residents and the employee to verification.			t shopping and resident trust fund ards will no longer be used and all led a copy of the Procedure for ed, Both Facility Designate and will be signed by resident or staff bing that was done as requested a	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0602 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from the wron **NOTE- TERMS IN BRACKETS H This citation pertains to intake num Based on interview and record revie Resident #1, reviewed for misapprostaff member misappropriated fund facility, sustaining mental anguish, embezzlement to the State Agency whether the staff member embezzle Findings include: Resident #1 Review of the Face Sheet and Mini facility on [DATE]. Brief Interview for Resident #1 had moderate cognitive responsible party. A review of the Resident Statement Notes reflected, Your account is the discharge. The Statement with a pr amount of \$2,297 each month for F November 2021. The statement ref payments made from February to S 2021 leaving a balance of \$11,475 During an interview on 11/2/21 at 1 outstanding bill at the facility but Re outstanding balance only to say tha from him and the police know about Review of the progress noted dated family is concerned about (name of assessment and afterwards talked to established. Review of the Mini-Mental State Ex of 30 which represents moderate de	ingful use of the resident's belongings of the test and the risk for involuntary discharge; and the residents. The provided from other residents. The provided by the factor of the following of the form of the following of the f	or money. ONFIDENTIALITY** 31197 Propriation by a staff member for a in an immediate jeopardy when a arge outstanding balance to the and failed to report the lation and audit to ascertain Evealed Resident #1 admitted to the part of 8 out of 15 which represents the Resident #1 was his own The due of \$11,475 to the facility. The cought current to avoid involuntary could current to avoid involuntary could be from October and November the partial defrom October and November the strip of the partial strip of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IXI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324 STREET ADDRESS, CITY, STATE, ZIP CODE 11/10/2021 NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center STREET ADDRESS, CITY, STATE, ZIP CODE 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) Review of the Report of Physician or Mental Health Professional dated 11/2/21 (over 7 weeks after the Mini-Mental Exam on 9/9/21) reflected, 6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas: check all that apply, determining where to live, consenting to supportive services, handling personal financial affairs, and authorizing or refusing medical treatment. During a telephone interview on 11/5/21 at 9:10 AM, Former BOM J stated that she was a distant family member to Resident #1. The Former BOM J stated, I didn't steal his money, but I used it. When asked what Resident #1's money was used for, the Former BOM J stated, I would buy him pop, food, cigarettes, and snacks. I used the debit card to windraw cash from the ATM to pay his bill (patient pay amount). He'd complain about paying by checkbook because he'd say I just paid it. He was confused. When asked if Former BOM J ever used it for personal use, the Former BOM J stated, Yes, I never denied that I did. During a telephone interview on 11/3/21 at 10:44 AM, Resident #1's family member K stated that he called the facility on 10/11/21 and discovered Resident #1 owed over \$10,000 on the patient pay account. In				No. 0936-0391
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) Review of the Report of Physician or Mental Health Professional dated 11/2/21 (over 7 weeks after the Mini-Mental Exam on 9/9/21) reflected, 6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas: check all that apply, determining where to live, consenting to supportive services, handling personal financial affairs, and authorizing or refusing medical treatment. During a telephone interview on 11/5/21 at 9:10 AM, Former BOM J stated that she was a distant family member to Resident #1. The Former BOM J stated, The deal was if I spend his money, but I used it. When asked what Resident #1's money was used for, the Former BOM J stated, I would buy him pop, food, cigarettes, and snacks. I used the debit card to withdraw cash from the ATM to pay his bill (patient pay amount). He'd complain about paying by checkbook because he'd say I just paid it. He was confused. When asked if Former BOM J ever used it for personal use, the Former BOM J stated, Yes, I never denied that I did. During a telephone interview on 11/3/21 at 10:44 AM, Resident #1's family member K stated that he called the facility on 10/11/21 and discovered Resident #1 owed over \$10,000 on the patient pay account. In		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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addition to that Resident #1's family member K was having a difficulty getting Resident #1's checkbook and debit card back from the Former BOM J. Resident #1's family member K stated that on 10/12/21 he called the police and met them at the facility to discuss this complaint. Resident #1's family member K stated the facility eventually retrieved the checkbook from Former BOM J but was unable to get the debit card back, so he had the bank cancel the card. Resident #1's family member K stated the Former BOM J was a distant relative of Resident #1's and assisted him with paying his bills. Resident #1's family member K stated that Former BOM J would call each month to tell him that Resident #1's bill was paid and had \$60 left over for the month. Resident #1's family member K stated he (Resident #1) kept telling us She's (Former BOM J) taking my money. Record review of an outside psychological assessment dated [DATE] done by Nurse Practitioner (NP) O reflected, Resident states that he has it very bad. Resident states he is upset because he has had thousand of dollars stolen from him by one of the workers in facility. Resident states that his money has been stolen over the last 17-18 months and the Police are involved. Resident states he is very upset about this. Resident states he is upset because he is upset that he had money stolen from him, reviewed with DON (Director of Nursing) wh states that this is factual information (not a delusion). Resident's case is being investigated and Police are involved. During an interview on 11/5/21 at approximately 3:15 PM, Nurse D stated that recently Resident #1 has bee upset and verbal about it. Nurse D states that Resident #1 complains daily that the Former BOM J owes him \$18,000. Nurse D stated Resident #1 also complains that he no longer has his debit card because the Former BOM J out it up so now he can't use it to get his money. During an interview on 11/5/21 at approximately 3:20 PM, CNA E stated that Resident #1 is upset daily. CN. E stated that Resident #1 told her	Level of Harm - Immediate jeopardy to resident health or safety	Review of the Report of Physician Mini-Mental Exam on 9/9/21) reflected presently able to make informed delive, consenting to supportive service medical treatment. During a telephone interview on 11 member to Resident #1. The Formal payment .I never denied I owed him it. When asked what Resident #1's food, cigarettes, and snacks. I used amount). He'd complain about paying asked if Former BOM J ever used it did. During a telephone interview on 11 the facility on 10/11/21 and discover addition to that Resident #1's family debit card back from the Former BOM between the police and met them at the facility eventually retrieved the check he had the bank cancel the card. Relative of Resident #1's and assist Former BOM J would call each momonth. Resident #1's family member my money. Record review of an outside psychological reflected, Resident states that he hof dollars stolen from him by one of stolen over the last 17-18 months at Resident states he is upset that he states that this is factual information involved. During an interview on 11/5/21 at a upset and verbal about it. Nurse D \$18,000. Nurse D stated Resident Former BOM J cut it up so now he During an interview on 11/5/21 at a E stated that Resident #1 told her thow.	or Mental Health Professional dated 11 cted, 6. I believe the individual, due to the cisions in the following areas: check a ces, handling personal financial affairs, 1/5/21 at 9:10 AM, Former BOM J state er BOM J stated, The deal was if I spen in some money. I've been suspended. I money was used for, the Former BOM deal the debit card to withdraw cash from ing by checkbook because he'd say I juit for personal use, the Former BOM J state are to state and the debit tard to withdraw cash from ing by checkbook because he'd say I juit for personal use, the Former BOM J state are to state and the foliose are involved. Resident stated the foliose are foliose	A/2/21 (over 7 weeks after the hese described conditions, is not all that apply, determining where to and authorizing or refusing that she was a distant family and his money just make the didn't steal his money, but I used I J stated, I would buy him pop, the ATM to pay his bill (patient pay ast paid it. He was confused. When stated, Yes, I never denied that I would be patient pay account. In the patient pay account with the said the hable to get the debit card back, so the Former BOM J was a distant for samily member K stated that as paid and had \$60 left over for the grus She's (Former BOM J) taking the by Nurse Practitioner (NP) O seet because he has had thousands attes that his money has been tates he is very upset about this with DON (Director of Nursing) who being investigated and Police are that recently Resident #1 has been y that the Former BOM J owes him is his debit card because the

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	family member K came to the facili has been paying Resident #1's who full patient pay amount for Resident facility level, the NHA stated, No, I #1's family member K had reported the NHA, the Regional BOM M reversident the NHA, the Regional BOM M reversident from 4/7/21 - 7/8/21 and left her power when asked why the notes dropped collect, the Regional BOM M stated the balance was caught up but didnand documented by the Former BOBOM J was bringing in payments in Resident #1. The NHA stated the famanaging resident finances but in there are no further conflicts. The facility was notified of Immedia 11/5/21 and began on 10/12/21, duresident funds to the State of Michide deficient practice resulted in the Formation for the Formation of the Formation with Resident #1 verbalim. This deficient practice placed misappropriation when the facility farrears on his account and when magency, law enforcement, conduct embezzled from other residents. Immediacy was removed on 11/9/20 Removal Plan Tag Cited: F 602 Issue cited: Facility failed to report Michigan and law enforcement ages Identification of Resident affected of the state o	ew on 11/10/21 at approximately 2:45 Filewed the patient pay collection notes witten was entered by the Former BOM is sition in August of 2021 and went to an did off after 7/8/21 when there continued that the Former BOM J should have right at the Former BOM J should have right at the Former BOM J should have right at the Former BOM M confirmed in check and cash and applying them he acility does not have a policy or proced the future the facility would have another that the Jeopardy (IJ) at F-602 on 11/5/21 at the tothe facility's failure to report embergan, and law enforcement, and failed the former BOM J systematically and continuous applying the full payment to the paties alizing he is very upset that he has had all residents at serious risk for the likelical ailed to investigate the reason that Resided aware on 10/12/21, failed to report an investigation and audit to ascertain an investigation and audit to ascertain the facility had the following in the following in the facility as well as the administrator failed the following as well as the administrator failed	the Former BOM J not paying the police, and investigated at the a stated he assumed that Resident PM with the Regional BOM M and with this surveyor. Except for one J. The Former BOM J documented nother position within the company. It to be an outstanding balance to made a note at least weekly until lected the payments were received that it appears that the Former erself to the patient pay account for lure for conflicts of interest with staffer process for relatives to ensure 1 12:50 PM was identified on exclude the payment and misappropriation of the ostart an investigation. This wously embezzling funds from the pay account since February thousands of dollars stolen from thood of ongoing abuse and sident #1 was suddenly going into the embezzlement to the State whether the Former BOM J place:

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Riverside Healthcare Center		Saint Louis, MI 48880		
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F 0602	Beginning 11/5-The Administrator Completed rounds in the facility/ checking to ensure no other residents were affected by this deficient practice. Beginning 11/5- The Nursing Home Administrator made a report to the State of Michigan and local law enforcement agency.			
Level of Harm - Immediate jeopardy to resident health or safety				
Residents Affected - Few	Beginning 11/5- All staff were re-ed	ducated on Abuse including misappropr	riation of resident funds.	
	Beginning 11/5-Resident #1 balance	ce of \$11,475 was written off by the [NA	AME] President of Operations.	
	Beginning 11/5- The social worker will meet and follow up with Resident #1 to ensure that the resident has not suffered ill effects as well as the nursing staff document each shift of how Resident #1 is doing. The resident was referred to psychiatrist service as patient gave consent.			
	Actions to Prevent Occurrence/Rec	occurrence		
	Upon receiving notice of resident misappropriation of funds, the facility took the following action:			
	Beginning 11/5- Resident #1 was assessed by the charge nurse and physician VIA tele-health and noted no other concerns.			
	Beginning 11/5-The Facility reviewed the Abuse policy including misappropriation of resident funds was reviewed and deemed appropriate			
	Beginning 11/5- The social worker and Administrator interviewed all alert residents asking if they were abused or had any misappropriation of resident funds all alert residents stated no on 11/5.			
		called the legal guardian or emergency as abused or had any misappropriation		
	reviewing the abuse policy and pro	or of operations gave the nursing home cedures as well as reporting all allegating law enforcement as well as inv	ons of abuse to the State of	
		ome administrator spoke with the patier nd of the former business office manag r the resident request.		
		ness office manager/designee will ensur prate business office manager or Admin		
	(continued on next page)			

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F 0602 Level of Harm - Immediate jeopardy to resident health or safety	Beginning 11/5 the facility Revised the process on how patient funds will be received and given out with the new business office manager handles the first step as when receiving funds or giving funds from patient trust will be verified by the Nursing home administrator/designee day to day. This process will reduce any embezzlement and will have a check and balance.			
Residents Affected - Few	Beginning 11/5 The Administrator/designee will audit 10% of the current resident population twice a week for four weeks than monthly/prn to ensure that no residents were abused which will include misappropriation of resident funds. Residents who are not alert the administrator/designee will contact the legal guardian or emergency contact. Findings will be reviewed and discussed in QA.			
	Beginning 11/5 the regional director of operations will audit the center 10% of the curr twice a week for 4 weeks than monthly/prn to ensure any allegation of abuse is invest the State of Michigan as well as the local law enforcement. Results will be reviewed a			
	Beginning 11/5 (Name of Former BOM J) was terminated and no longer works for the company of Former BOM J) was initially suspended on 10/12 due to prior investigation from the company			
	Beginning 11/5 administrator called	the police to make a formal report.		
	Beginning 11/5 it was determined (name of Former BOM J) only possessed a certificate of completion actives professional, she was never certified per the National Certification Council for Activities Professionals. She also never possessed a social worker tech license per [NAME] search.			
	Beginning on 11/9 education was p	rovided to the new interim BOM with a	ddendums made to the plan.	
	During an interview and record review on 11/10/21 at 8:15 PM, the NHA provided an addendum wite education to the removal plan with the date initiated of 11/9/21 related to the Resident Trust Fund F handling of resident funds and confirmed the last removal plan item was started on 11/9/21 instead 11/8/21. Although the IJ was removed on 11/9/21, the facility remained out of compliance at a scope of isolal severity of Actual harm with the potential for more than minimal harm that is not Immediate Jeopard all staff had not been in-serviced on the corrective action implemented to remove the immediacy and sustained compliance has not been verified by the state agency.			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 1149 West Monroe Rd Saint Louis, MI 48880	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS F This citation pertains to intake num Based on interview and record revi agency, local law enforcement and reviewed for abuse. This deficient who then owed a large outstanding discharge. Findings include: Resident #1 Review of the Face Sheet and Min facility on [DATE]. Brief Interview for Resident #1 had moderate cognitiv responsible party. According to the Resident Stateme The Notes reflected, Your account involuntary discharge. The Stateme patient pay amount of \$2,297 each through November 2021. The state payments made from February to \$ 2021 leaving a balance of \$11,475 During an interview on 11/2/21 at 1 outstanding bill at the facility but Re outstanding balance only to say the know about it. According to the progress noted da family is concerned about (name or assessment and afterwards talked established. Review of the Mini-Mental State Ex of 30 which represents moderate de	d procedures to prevent abuse, neglection of the promptly investigate an allegation of moractice resulted in misappropriation by a balance to the facility, sustained ment of the moractice resulted in misappropriation by a balance to the facility, sustained ment of the moractice resulted in misappropriation by a balance to the facility, sustained ment of the moractice resulted in misappropriation by a balance to the facility, sustained ment of the moractice resulted in misappropriation by a balance to the facility, sustained ment of the moractic facility, sustained ment of the moractic facility is a set of the moractic facility in the face of the moractic facility is a set of the moractic face	ct, and theft. ONFIDENTIALITY** 31197 abuse policy to report to the State hisappropriation for Resident #1 a staff member from Resident #1 al anguish, and risked involuntary evealed Resident #1 admitted to the pre of 8 out of 15 which represents heet Resident #1 was his own accedue of \$11,475 to the facility. De brought current to avoid ed by the facility reflected the end \$2,337 each month for April de for January 2021 and only partial de from October and November erview Resident #1 about his cific questions pertaining to the money from him and the police cial Worker (SW) S reflected, The did a mini mental health the need to have guardianship y SW S revealed a score of 13 out
	which represents Resident #1 had		nt #1 nad a BIMS of 8 out of 15

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 1149 West Monroe Rd Saint Louis, MI 48880	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Report of Physician Mini-Mental Exam on 9/9/21) reflect presently able to make informed delive, consenting to supportive service medical treatment. During a telephone interview on 11 member to Resident #1. The Forming payment .I never denied I owed himit. When asked what Resident #1's food, cigarettes, and snacks. I used amount). He'd complain about paying asked if Former BOM J ever used it did. During a telephone interview on 11 the facility on 10/11/21 and discover addition to that Resident #1's family debit card back from the Former BOM the police and meet them at the fact facility eventually retrieved the chen he had the bank cancel the card. Resident #1's and assist Former BOM J would call each momonth. Resident #1's family member my money. Record review of an outside psychological review of the last 17-18 months at Resident states he is upset that he states that this is factual information involved. During an interview on 11/5/21 at a upset and verbal about it. Nurse D \$18,000. Nurse D stated Resident Former BOM J cut it up so now he	or Mental Health Professional dated 11 sted, 6. I believe the individual, due to the cisions in the following areas: check alces, handling personal financial affairs, /5/21 at 9:10 AM, Former BOM J stateder BOM J stated, The deal was if I spermsome money. I've been suspended. I money was used for, the Former BOM dealth the debit card to withdraw cash from any by checkbook because he'd say I just for personal use, the Former BOM J stated and the debit card to withdraw cash from any by checkbook because he'd say I just for personal use, the Former BOM J stated and the debit card to withdraw cash from any member K was having a difficulty getter DM J. Resident #1 owed over \$10,000 or y member K was having a difficulty getter DM J. Resident #1's family member K stated the chook from Former BOM J but was undesident #1's family member K stated the dealth in with paying his bills. Resident #1 and the tell him that Resident #1's bill water K stated he (Resident #1) kept telling cological assessment dated [DATE] done has it very bad. Resident states he is up the telling and the Police are involved. Resident states he had money stolen from him, reviewed in (not a delusion). Resident's case is be approximately 3:15 PM, Nurse D stated states that Resident #1 complains daily #1 also complains that he no longer had	/2/21 (over 7 weeks after the hese described conditions, is not all that apply, determining where to and authorizing or refusing that she was a distant family and his money just make the didn't steal his money, but I used I J stated, I would buy him pop, the ATM to pay his bill (patient pay list paid it. He was confused. When stated, Yes, I never denied that I week at the patient pay account. In thing Resident #1's checkbook and stated that on 10/12/21 he called that the family member K said the hable to get the debit card back, so he Former BOM J was a distant the spaid and had \$60 left over for the grus She's (Former BOM J) taking the by Nurse Practitioner (NP) O seet because he has had thousands ates that his money has been tates he is very upset about this with DON (Director of Nursing) who eing investigated and Police are that recently Resident #1 has been that Resident #1 has been that Resident #1 is upset daily. CNA
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, Z 1149 West Monroe Rd Saint Louis, MI 48880	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/3/21 at 3 family member K came to the facilit has been paying Resident #1's who full patient pay amount for Residen facility level, the NHA stated, No, I #1's family member K had reported During a record review and interviet the NHA, the Regional BOM M revithe initial note all of the documenta from 4/7/21 - 7/8/21 and left her po When asked why the notes droppe collect, the Regional BOM M stated the balance was caught up but did and documented by the Former BOBOM J was bringing in payments in Resident #1. The NHA stated the face	8:40 PM, the Nursing Home Administra ty on [DATE] and said that he did not to ble bill. When asked if the allegation of tt #1 was reported to the State Agency thought it was a family issue. The NHA	tor (NHA) stated Resident #1's hink (name of the Former BOM J) the Former BOM J not paying the police, and investigated at the a stated he assumed that Resident PM with the Regional BOM M and with this surveyor. Except for one J. The Former BOM J documented nother position within the company. It to be an outstanding balance to made a note at least weekly until elected the payments were received that it appears that the Former erself to the patient pay account for dure for conflicts of interest with staff

			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021	
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZI	P CODE	
		Saint Louis, MI 48880		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197			
Residents Affected - Few	This citation pertains to intake num	bers MI00123762 and MI00124050.		
	Based on interview and record review, the facility failed to report an allegation of misappropriation to the State Agency for Resident #1 reviewed for reporting. This deficient practice resulted in Resident #1's misappropriation to go under reported and investigated by the State Agency.			
	Findings include:			
	Resident #1			
	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #1 facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 8 out of 15 whi Resident #1 had moderate cognitive impairment. According to the Face Sheet Resident #1 was responsible party.			
	The Notes reflected, Your account involuntary discharge. The Stateme patient pay amount of \$2,297 each through November 2021. The state payments made from February to \$2.000.	according to the Resident Statement dated 9/30/21 reflected a total balance due of \$11,475 to the facility. The Notes reflected, Your account is three months PAST DUE and must be brought current to avoid involuntary discharge. The Statement with a print date of 11/10/21 provided by the facility reflected the latient pay amount of \$2,297 each month for February and March 2021 and \$2,337 each month for April prough November 2021. The statement reflected a full payment was made for January 2021 and only part layments made from February to September 2021 and no payments made from October and November 021 leaving a balance of \$11,475 owing.		
	During an interview on 11/2/21 at 1:30 PM, this surveyor attempted to interview Resident #1 about his outstanding bill at the facility but Resident #1 was not able to answer specific questions pertaining to the outstanding balance only to say that (name of Former (business office manager (BOM) J) had stolen money from him and the police know about it.			
	According to the progress noted dated 9/9/21 at 7:47 AM authored by Social Worker (SW) S reflected, The family is concerned about (name of Resident #1) having his debit card, I did a mini mental health assessment and afterwards talked to his (name of family member) about the need to have guardianship established.			
	Review of the Mini-Mental State Ex of 30 which represents moderate d	ramination dated 9/9/2021 assessed by ementia.	SW S revealed a score of 13 out	
	According to the MDS dated [DATE which represents Resident #1 had	E], assessed by SW J revealed Resider moderate cognitive impairment.	nt #1 had a BIMS of 8 out of 15	
	(continued on next page)			

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

AND PLAN OF CORRECTION 23: NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center For information on the nursing home's plan to (X4) ID PREFIX TAG SU (Ea F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Du me par it. V food				
Riverside Healthcare Center For information on the nursing home's plan to (X4) ID PREFIX TAG F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Du me par it. V foo am asl	i) provider/supplier/clia entification number: 5324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021	
(X4) ID PREFIX TAG F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Du me pay it. V foo am asl			STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Du me par it. V foo am asl	correct this deficiency, please cont	act the nursing home or the state survey	agency.	
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Du me parit. V food am asl	IMMARY STATEMENT OF DEFIC ich deficiency must be preceded by f	IENCIES full regulatory or LSC identifying informati	on)	
Du the add del the fact he related for more my Registro Restation of the state involves and the full fact #1"	eview of the Report of Physician of ni-Mental Exam on 9/9/21) reflect esently able to make informed deterors and the properties of the pro	or Mental Health Professional dated 11 red, 6. I believe the individual, due to the cisions in the following areas: check all res, handling personal financial affairs, 5/21 at 9:10 AM, Former BOM J stated or BOM J stated, The deal was if I sper is some money. I've been suspended. I money was used for, the Former BOM the debit card to withdraw cash from the debit card the state of the debit card the debit state of the debit card the facility. Resident #1's family member K stated the debit that the debit card the facility. Resident state workers in the facility. Resident state had money stolen from him, reviewed the folion of the Nursing Home Administrates on [DATE] and said that he did not the bill. When asked if the allegation of #1 was reported to the State Agency, hought it was a family issue. The NHA	Interpretation of the patient of the	

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 235324

If continuation sheet Page 13 of 20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P 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 con	tact 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)		on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the NHA, the Regional BOM M revithe initial note all the documentation from 4/7/21 - 7/8/21 and left her powhen asked why the notes droppe collect, the Regional BOM M stated the balance was caught up but didnand documented by the Former BOBOM J was bringing in payments in Resident #1. The NHA stated the factorial transfer in the stated transfer in th	ew on 11/10/21 at approximately 2:45 Filewed the patient pay collection notes on was entered by the Former BOM J. I sition in August of 2021 and went to an d off after 7/8/21 when there continued it that the Former BOM J should have root. The patient pay amount records reful J. The Regional BOM M confirmed in check and cash and applying them he acility does not have a policy or proceed the future the facility would have another the state of th	with this surveyor. Except for one The Former BOM J documented tother position within the company. To be an outstanding balance to made a note at least weekly until lected the payments were received that it appears that the Former erself to the patient pay account for ure for conflicts of interest with staff

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			on)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Saint Louis, MI 48880 Splan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) Respond appropriately to all alleged violations. "NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 31197 This citation pertains to intake numbers MI00123762 and MI00124050. Based on interview and record review the facility failed to prevent, investigate and correct alleged misappropriation for Resident #1 reviewed for thorough investigation. This deficient practice resulted misappropriation by a staff member from Resident #1 who then owed a large outstanding balance to facility, sustaining mental anguish, the risk for involuntary discharge and ascertain whether other resi were affected. Findings include: Resident #1 Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #1 admitted facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 8 out of 15 which reproduced in the party. According to the Resident Statement dated 9/30/21 reflected a total balance due of \$11,475 to the factor that the party of the party. According to the Resident Statement dated 9/30/21 reflected a total balance due of \$11,475 to the factor pay amount of \$2.25 each month for 4 through November 2021. The statement reflected a full payment was made for January 2021 and on payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made from Everburary to September 2021 and no payments made		gate and correct alleged and correct and correct alleged and correct and c
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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Report of Physician Mini-Mental Exam on 9/9/21) reflect presently able to make informed delive, consenting to supportive servimedical treatment. During a telephone interview on 11 member to Resident #1. The Form payment .I never denied I owed hir it. When asked what Resident #1's food, cigarettes, and snacks. I used amount). He'd complain about paying asked if Former BOM J ever used it is did. During a telephone interview on 11 the facility on 10/11/21 and discove addition to that Resident #1's family debit card back from the Former Both the police and meet them at the fact facility eventually retrieved the che he had the bank cancel the card. Relative of Resident #1's and assist Former BOM J would call each momonth. Resident #1's family memb my money. Record review of an outside psych reflected, Resident states that he hof dollars stolen from him by one of stolen over the last 17-18 months are Resident states he is upset that he states that this is factual information involved. During an interview on 11/5/21 at a upset and verbal about it. Nurse D \$18,000. Nurse D stated Resident Former BOM J cut it up so now he	or Mental Health Professional dated 11 sted, 6. I believe the individual, due to the cisions in the following areas: check a ces, handling personal financial affairs, 1/5/21 at 9:10 AM, Former BOM J state or BOM J stated, The deal was if I spen in some money. I've been suspended. I money was used for, the Former BOM J state debit card to withdraw cash from ing by checkbook because he'd say I just for personal use, the Former BOM J stated the debit card to withdraw cash from ing by checkbook because he'd say I just for personal use, the Former BOM J stated the stated that 1 owed over \$10,000 or y member K was having a difficulty get DM J. Resident #1's family member K stated the ckbook from Former BOM J but was undersident #1's family member K stated the with paying his bills. Resident #1 and the police are involved. Resident shad money stolen from him, reviewed in (not a delusion). Resident's case is be approximately 3:15 PM, Nurse D stated states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains daily #1 also complains that he no longer has the states that Resident #1 complains that he no longer has the states that Resident #1 complains that the police are involved.	/2/21 (over 7 weeks after the hese described conditions, is not all that apply, determining where to and authorizing or refusing that she was a distant family and his money just make the didn't steal his money, but I used I J stated, I would buy him pop, the ATM to pay his bill (patient pay list paid it. He was confused. When stated, Yes, I never denied that I week at the patient pay account. In thing Resident #1's checkbook and stated that on 10/12/21 he called that the family member K said the hable to get the debit card back, so he Former BOM J was a distant the spaid and had \$60 left over for the grus She's (Former BOM J) taking the by Nurse Practitioner (NP) O seet because he has had thousands ates that his money has been tates he is very upset about this with DON (Director of Nursing) who eing investigated and Police are that recently Resident #1 has been that Resident #1 has been that Resident #1 is upset daily. CNA

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/3/21 at 3 family member K came to the facilit has been paying Resident #1's who full patient pay amount for Residen facility level, the NHA stated, No, I #1's family member K had reported During a record review and interviet the NHA, the Regional BOM M revithe initial note all of the documenta from 4/7/21 - 7/8/21 and left her po When asked why the notes droppe collect, the Regional BOM M stated the balance was caught up but did and documented by the Former BOBOM J was bringing in payments in Resident #1. The NHA stated the factorial resident #1.	8:40 PM, the Nursing Home Administra ty on [DATE] and said that he did not to ole bill. When asked if the allegation of tt #1 was reported to the State Agency thought it was a family issue. The NHA	tor (NHA) stated Resident #1's hink (name of the Former BOM J) the Former BOM J not paying the police, and investigated at the a stated he assumed that Resident PM with the Regional BOM M and with this surveyor. Except for one J. The Former BOM J documented nother position within the company. It to be an outstanding balance to made a note at least weekly until lected the payments were received that it appears that the Former erself to the patient pay account for lure for conflicts of interest with staff

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's p	plan to correct this deficiency, please conf	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Provide medically-related social services to help each resident achieve the highest possible quality		e highest possible quality of life. DNFIDENTIALITY** 31197 ange in competency for 2 ractice resulted in Resident #1 e misappropriation to occur. vealed Resident #1 admitted to the re of 8 out of 15 which represents heet Resident #1 was his own out of 15 which represents e Former BOM J. out of 15 which represents revious assessment. This out of 15 which represents assessment. This assessment was Norker (SW) S reflected, The id a mini mental health he need to have guardianship of SW S revealed a score of 13 out time to compare to nor was any iship. #1 had a BIMS of 8 out of 15 which 1/2/21 reflected, 6. I believe the enformed decisions in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	
	IDENTIFICATION NUMBER: 235324	A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's p	plan to correct this deficiency, please cont	act the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying informati	on)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Notes reflected, Your account involuntary discharge. The Stateme patient pay amount of \$2,297 for Fe statement reflected a full payment v February to September 2021 and n \$11,475 owing.	nt dated 9/30/21 reflected a total balan is three months PAST DUE and must be ent with a print date of 11/10/21 provide abruary and March 2021 and \$2,337 fo was made for January 2021 and only p o payments made from October and N	be brought current to avoid by the facility reflected the r April to November 2021. The artial payments made from ovember 2021 leaving a balance of
	outstanding bill at the facility but Re	ssident #1 was not able to answer spec t (name of Former BOM J) had stolen	rific questions pertaining to the
	member to Resident #1 as well. The payment .I never denied I owed him it. When asked what Resident #1's food, cigarettes, and snacks. I used complain about paying by checkbook.	75/21 at 9:10 AM, Former BOM J stated the Former BOM J stated, The deal was the some money. I've been suspended. I the money was used for, the Former BOM If the debit card to withdraw cash from the took because he'd say I just paid it. He woonal use, the Former BOM J stated, Y	if I spend his money just make the didn't steal his money, but I used J stated, I would buy him pop, the ATM to pay his bill. He'd as confused. When asked if
	Resident #5		
	facility on [DATE] and readmitted or	mum Data Set (MDS) dated [DATE] re n [DATE]. Brief Interview for Mental Sta t #5 had moderate cognitive impairme le party.	atus (BIMS) reflected a score of 9
	statement reflected, I (name of Res	ed statement that was signed by Resident #5) is authorizing management to ATM by using my debit card whose pland also to do shopping for me.	eam of Riverside Healthcare
	This surveyor requested a policy or prior to the exit of this survey.	procedure that supported this practice	, and none was provided for review
	asked if he paid his own patient pay	10:15 AM, Resident #5 was asked about amount at the facility, Resident #5 stames to my trust account here and I pay #5 stated, No.	ated, Yes. When asked how he
	The Notes reflected, Your account involuntary discharge. The Stateme patient pay amount of \$1,069 each	dated 9/30/21 reflected a total balance is three months PAST DUE and must be the with a print date of 11/10/21 provide month. There were no payments recordected an outstanding balance of \$5,17	be brought current to avoid by the facility reflected the ded for August, October, or
	(continued on next page)		

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER Riverside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1149 West Monroe Rd Saint Louis, MI 48880	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/10/21 at evaluated Resident #5's competen The DON stated that competency 6	3:00 PM, the Director of Nursing (DON cy level, given his low BIM's score of 9 evaluations are done by the physician, ior to the exit of this survey to review r	N) was asked if the physician had and his large outstanding balance. and she would look into it. No