

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 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)
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197</p> <p>This citation pertains to intake numbers MI00123762 and MI00124050.</p> <p>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.</p> <p>Findings included:</p> <p>Resident #2</p> <p>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.</p> <p>Resident #4</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #4 admitted to the facility on [DATE] and readmitted on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 13 out of 15 which represents Resident #4 was cognitively intact.</p> <p>Resident #8</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #8 admitted to the facility on [DATE] with a readmitted date of 3/24/21. Brief Interview for Mental Status (BIMS) reflected a score of 14 out of 15 which represents Resident #8 was cognitively intact.</p> <p>Resident #9</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #9 admitted to the facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 0 out of 15 which represents Resident #9 had severe cognitive impairment.</p> <p>(continued on next page)</p>

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
---	-------	-----------

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 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)		
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility provided a copy of the Resident Trust Receipt dated 9/18/21 that reflected the following withdrawals:</p> <p>Resident #2 \$27.40 for gum, and bird seed. Resident #2 nor staff signed for the withdrawal.</p> <p>Resident #4 \$25.41 for tobacco. Resident #4 did not sign for the withdrawal.</p> <p>Resident #8 \$5.69 for coffee mate. Resident #8 did not sign for the withdrawal.</p> <p>Resident #9 \$31.80 for vapes. Resident #9 did not sign for the withdrawal.</p> <p>Resident #1</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Resident #3</p> <p>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.</p> <p>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.</p> <p>Resident #5</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #5 admitted to the facility on [DATE] and readmitted on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 9 out of 15 which represents Resident #5 had moderate cognitive impairment. According to the Face Sheet Resident #5 was his own responsible party.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Resident #6</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #6 admitted to the facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which represents Resident #6 was cognitively intact.</p> <p>During an interview on 11/10/21 at 10:20 AM, Resident #6 stated that she gave her debit card to staff to do her personal shopping.</p> <p>Resident #7</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #7 admitted to the facility on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 14 out of 15 which represents Resident #7 was cognitively intact.</p> <p>During an interview on 11/10/21 at 9:15 AM, Resident #7 stated that he gave his debit card to staff to do his personal shopping.</p> <p>During an interview and record review on 11/10/21 at 8:15 AM, the above information was shared with the Nursing Home Administrator (NHA) who stated a new process for resident shopping and resident trust fund accounts was put into place on 11/9/21. The NHA stated debit or credit cards will no longer be used and all transactions will be run through the Resident Trust Fund. The NHA provided a copy of the Procedure for handing out resident money/shopping for residents. The document reflected, Both Facility Designate and resident will sign the receipt and resident will be given money .Receipts will be signed by resident or staff member who received funds. When resident receives good(s) from shopping that was done as requested a signed receipt will be signed by both the residents and the employee to verify goods and money is correct. Only cash will be accepted for shopping for residents.</p>		

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 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)		
<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197</p> <p>This citation pertains to intake numbers MI00123762 and MI00124050.</p> <p>Based on interview and record review, the facility failed to prevent misappropriation by a staff member for Resident #1, reviewed for misappropriation. This deficient practice resulted in an immediate jeopardy when a staff member misappropriated funds from Resident #1 who then owed a large outstanding balance to the facility, sustaining mental anguish, and the risk for involuntary discharge; and failed to report the embezzlement to the State Agency, law enforcement, conduct an investigation and audit to ascertain whether the staff member embezzled from other residents.</p> <p>Findings include:</p> <p>Resident #1</p> <p>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.</p> <p>A review of 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 patient pay amount of \$2,297 each month for February and March 2021 and \$2,337 each month for April through November 2021. The statement reflected a full payment was made for January 2021 and only partial payments made from February to September 2021 and no payments made from October and November 2021 leaving a balance of \$11,475 owing.</p> <p>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.</p> <p>Review of 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.</p> <p>Review of the Mini-Mental State Examination dated 9/9/2021 assessed by SW S revealed a score of 13 out of 30 which represents moderate dementia.</p> <p>Review of the MDS dated [DATE], assessed by SW J, revealed Resident #1 had a BIMS of 8 out of 15 which represents Resident #1 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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 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 (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.</p> <p>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 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 said 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.</p> <p>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 thousands of dollars stolen from him by one of the workers in the 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 that he had money stolen from him, reviewed with DON (Director of Nursing) who states that this is factual information (not a delusion). Resident's case is being investigated and Police are involved .</p> <p>During an interview on 11/5/21 at approximately 3:15 PM, Nurse D stated that recently Resident #1 has been 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 cut it up so now he can't use it to get his money.</p> <p>During an interview on 11/5/21 at approximately 3:20 PM, CNA E stated that Resident #1 is upset daily. CNA E stated that Resident #1 told her that Former BOM J took his money and his debit card and he can't use it now.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/3/21 at 3:40 PM, the Nursing Home Administrator (NHA) stated Resident #1's family member K came to the facility on [DATE] and said that he did not think (name of the Former BOM J) has been paying Resident #1's whole bill. When asked if the allegation of the Former BOM J not paying the full patient pay amount for Resident #1 was reported to the State Agency, police, and investigated at the facility level, the NHA stated, No, I thought it was a family issue. The NHA stated he assumed that Resident #1's family member K had reported it to the police.</p> <p>During a record review and interview on 11/10/21 at approximately 2:45 PM with the Regional BOM M and the NHA, the Regional BOM M reviewed the patient pay collection notes with this surveyor. Except for one the initial note all of the documentation was entered by the Former BOM J. The Former BOM J documented from 4/7/21 - 7/8/21 and left her position in August of 2021 and went to another position within the company. When asked why the notes dropped off after 7/8/21 when there continued to be an outstanding balance to collect, the Regional BOM M stated that the Former BOM J should have made a note at least weekly until the balance was caught up but didn't. The patient pay amount records reflected the payments were received and documented by the Former BOM J. The Regional BOM M confirmed that it appears that the Former BOM J was bringing in payments in check and cash and applying them herself to the patient pay account for Resident #1. The NHA stated the facility does not have a policy or procedure for conflicts of interest with staff managing resident finances but in the future the facility would have another process for relatives to ensure there are no further conflicts.</p> <p>The facility was notified of Immediate Jeopardy (IJ) at F-602 on 11/5/21 at 12:50 PM was identified on 11/5/21 and began on 10/12/21, due to the facility's failure to report embezzlement and misappropriation of resident funds to the State of Michigan, and law enforcement, and failed to start an investigation. This deficient practice resulted in the Former BOM J systematically and continuously embezzling funds from Resident #1's bank account and not applying the full payment to the patient pay account since February 2021, along with Resident #1 verbalizing he is very upset that he has had thousands of dollars stolen from him. This deficient practice placed all residents at serious risk for the likelihood of ongoing abuse and misappropriation when the facility failed to investigate the reason that Resident #1 was suddenly going into arrears on his account and when made aware on 10/12/21, failed to report the embezzlement to the State Agency, law enforcement, conduct an investigation and audit to ascertain whether the Former BOM J embezzled from other residents.</p> <p>Immediacy was removed on 11/9/21 when the facility had the following in place:</p> <p>Removal Plan</p> <p>Tag Cited: F 602</p> <p>Issue cited: Facility failed to report embezzlement or misappropriation of resident funds to the State of Michigan and law enforcement agency as well as the administrator failed to start an investigation.</p> <p>Identification of Resident affected or likely to be affected:</p> <p>While all residents have the potential to be affected, the affected area was identified to be isolated to one patient (Resident #1).</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Beginning 11/5-The Administrator Completed rounds in the facility/ checking to ensure no other residents were affected by this deficient practice.</p> <p>Beginning 11/5- The Nursing Home Administrator made a report to the State of Michigan and local law enforcement agency.</p> <p>Beginning 11/5- All staff were re-educated on Abuse including misappropriation of resident funds.</p> <p>Beginning 11/5-Resident #1 balance of \$11,475 was written off by the [NAME] President of Operations.</p> <p>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.</p> <p>Actions to Prevent Occurrence/Reoccurrence</p> <p>Upon receiving notice of resident misappropriation of funds, the facility took the following action:</p> <p>Beginning 11/5- Resident #1 was assessed by the charge nurse and physician VIA tele-health and noted no other concerns.</p> <p>Beginning 11/5-The Facility reviewed the Abuse policy including misappropriation of resident funds was reviewed and deemed appropriate</p> <p>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.</p> <p>Beginning 11/5- The Social worker called the legal guardian or emergency contact for each resident who is not alert and asked if any patient was abused or had any misappropriation of resident funds no new concerns were identified.</p> <p>Beginning 11/5 the regional director of operations gave the nursing home administrator a 1:1 education reviewing the abuse policy and procedures as well as reporting all allegations of abuse to the State of Michigan as well as reporting it to the local law enforcement as well as investigating all allegations of abuse.</p> <p>Beginning 11/5 after the nursing home administrator spoke with the patient and family the root cause analysis revealed patient is the friend of the former business office manager who was supposed to be paying the patient pay amount monthly per the resident request.</p> <p>Beginning 11/5 the corporate business office manager/designee will ensure any patients with a Patient pay amount is paid directly to the corporate business office manager or Administrator and will be provided a receipt of each transaction.</p> <p>(continued on next page)</p>		

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 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)
<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>Beginning 11/5 the regional director of operations will audit the center 10% of the current resident population twice a week for 4 weeks than monthly/prn to ensure any allegation of abuse is investigated and reported to the State of Michigan as well as the local law enforcement. Results will be reviewed and discussed in QA.</p> <p>Beginning 11/5 (Name of Former BOM J) was terminated and no longer works for the company at all. (Name of Former BOM J) was initially suspended on 10/12 due to prior investigation from the company.</p> <p>Beginning 11/5 administrator called the police to make a formal report.</p> <p>Beginning 11/5 it was determined (name of Former BOM J) only possessed a certificate of completion for 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.</p> <p>Beginning on 11/9 education was provided to the new interim BOM with addendums made to the plan.</p> <p>During an interview and record review on 11/10/21 at 8:15 PM, the NHA provided an addendum with staff education to the removal plan with the date initiated of 11/9/21 related to the Resident Trust Fund Policy and handling of resident funds and confirmed the last removal plan item was started on 11/9/21 instead of 11/8/21.</p> <p>Although the IJ was removed on 11/9/21, the facility remained out of compliance at a scope of isolated and severity of Actual harm with the potential for more than minimal harm that is not Immediate Jeopardy due to 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.</p>

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 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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197</p> <p>This citation pertains to intake numbers MI00123762 and MI00124050.</p> <p>Based on interview and record review, the facility failed to implement the abuse policy to report to the State agency, local law enforcement and promptly investigate an allegation of misappropriation for Resident #1 reviewed for abuse. This deficient practice resulted in misappropriation by a staff member from Resident #1 who then owed a large outstanding balance to the facility, sustained mental anguish, and risked involuntary discharge.</p> <p>Findings include:</p> <p>Resident #1</p> <p>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.</p> <p>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 patient pay amount of \$2,297 each month for February and March 2021 and \$2,337 each month for April through November 2021. The statement reflected a full payment was made for January 2021 and only partial payments made from February to September 2021 and no payments made from October and November 2021 leaving a balance of \$11,475 owing.</p> <p>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 BOM J) had stolen money from him and the police know about it.</p> <p>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.</p> <p>Review of the Mini-Mental State Examination dated 9/9/2021 assessed by SW S revealed a score of 13 out of 30 which represents moderate dementia.</p> <p>According to the MDS dated [DATE], assessed by SW J revealed Resident #1 had a BIMS of 8 out of 15 which represents Resident #1 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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 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 (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.</p> <p>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 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 meet them at the facility to discuss this complaint. Resident #1's family member K said 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.</p> <p>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 thousands of dollars stolen from him by one of the workers in the 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 that he had money stolen from him, reviewed with DON (Director of Nursing) who states that this is factual information (not a delusion). Resident's case is being investigated and Police are involved .</p> <p>During an interview on 11/5/21 at approximately 3:15 PM, Nurse D stated that recently Resident #1 has been 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 cut it up so now he can't use it to get his money.</p> <p>During an interview on 11/5/21 at approximately 3:20 PM, CNA E stated that Resident #1 is upset daily. CNA E stated that Resident #1 told her that Former BOM J took his money and his debit card and he can't use it now.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/3/21 at 3:40 PM, the Nursing Home Administrator (NHA) stated Resident #1's family member K came to the facility on [DATE] and said that he did not think (name of the Former BOM J) has been paying Resident #1's whole bill. When asked if the allegation of the Former BOM J not paying the full patient pay amount for Resident #1 was reported to the State Agency, police, and investigated at the facility level, the NHA stated, No, I thought it was a family issue. The NHA stated he assumed that Resident #1's family member K had reported it to the police.</p> <p>During a record review and interview on 11/10/21 at approximately 2:45 PM with the Regional BOM M and the NHA, the Regional BOM M reviewed the patient pay collection notes with this surveyor. Except for one the initial note all of the documentation was entered by the Former BOM J. The Former BOM J documented from 4/7/21 - 7/8/21 and left her position in August of 2021 and went to another position within the company. When asked why the notes dropped off after 7/8/21 when there continued to be an outstanding balance to collect, the Regional BOM M stated that the Former BOM J should have made a note at least weekly until the balance was caught up but didn't. The patient pay amount records reflected the payments were received and documented by the Former BOM J. The Regional BOM M confirmed that it appears that the Former BOM J was bringing in payments in check and cash and applying them herself to the patient pay account for Resident #1. The NHA stated the facility does not have a policy or procedure for conflicts of interest with staff managing resident finances but in the future the facility would have another process for relatives to ensure there are no further conflicts.</p>		

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 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197</p> <p>This citation pertains to intake numbers MI00123762 and MI00124050.</p> <p>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.</p> <p>Findings include:</p> <p>Resident #1</p> <p>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.</p> <p>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 patient pay amount of \$2,297 each month for February and March 2021 and \$2,337 each month for April through November 2021. The statement reflected a full payment was made for January 2021 and only partial payments made from February to September 2021 and no payments made from October and November 2021 leaving a balance of \$11,475 owing.</p> <p>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.</p> <p>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.</p> <p>Review of the Mini-Mental State Examination dated 9/9/2021 assessed by SW S revealed a score of 13 out of 30 which represents moderate dementia.</p> <p>According to the MDS dated [DATE], assessed by SW J revealed Resident #1 had a BIMS of 8 out of 15 which represents Resident #1 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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 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 (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.</p> <p>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 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 meet them at the facility to discuss this complaint. Resident #1's family member K said 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.</p> <p>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 thousands of dollars stolen from him by one of the workers in the 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 that he had money stolen from him, reviewed with DON (Director of Nursing) who states that this is factual information (not a delusion). Resident's case is being investigated and Police are involved .</p> <p>During an interview on 11/3/21 at 3:40 PM, the Nursing Home Administrator (NHA) stated Resident #1's family member K came to the facility on [DATE] and said that he did not think (name of the Former BOM J) has been paying Resident #1's whole bill. When asked if the allegation of the Former BOM J not paying the full patient pay amount for Resident #1 was reported to the State Agency, police, and investigated at the facility level, the NHA stated, No, I thought it was a family issue. The NHA stated he assumed that Resident #1's family member K had reported it to the police.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review and interview on 11/10/21 at approximately 2:45 PM with the Regional BOM M and the NHA, the Regional BOM M reviewed the patient pay collection notes with this surveyor. Except for one the initial note all the documentation was entered by the Former BOM J. The Former BOM J documented from 4/7/21 - 7/8/21 and left her position in August of 2021 and went to another position within the company. When asked why the notes dropped off after 7/8/21 when there continued to be an outstanding balance to collect, the Regional BOM M stated that the Former BOM J should have made a note at least weekly until the balance was caught up but didn't. The patient pay amount records reflected the payments were received and documented by the Former BOM J. The Regional BOM M confirmed that it appears that the Former BOM J was bringing in payments in check and cash and applying them herself to the patient pay account for Resident #1. The NHA stated the facility does not have a policy or procedure for conflicts of interest with staff managing resident finances but in the future the facility would have another process for relatives to ensure there are no further conflicts.</p>		

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 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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197</p> <p>This citation pertains to intake numbers MI00123762 and MI00124050.</p> <p>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 in misappropriation by a staff member from Resident #1 who then owed a large outstanding balance to the facility, sustaining mental anguish, the risk for involuntary discharge and ascertain whether other residents were affected.</p> <p>Findings include:</p> <p>Resident #1</p> <p>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.</p> <p>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 patient pay amount of \$2,297 each month for February and March 2021 and \$2,337 each month for April through November 2021. The statement reflected a full payment was made for January 2021 and only partial payments made from February to September 2021 and no payments made from October and November 2021 leaving a balance of \$11,475 owing.</p> <p>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.</p> <p>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.</p> <p>Review of the Mini-Mental State Examination dated 9/9/2021 assessed by SW S revealed a score of 13 out of 30 which represents moderate dementia.</p> <p>According to the MDS dated [DATE], assessed by SW J revealed Resident #1 had a BIMS of 8 out of 15 which represents Resident #1 had moderate cognitive impairment.</p> <p>(continued on next page)</p>

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 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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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 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 (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.</p> <p>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 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 meet them at the facility to discuss this complaint. Resident #1's family member K said 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.</p> <p>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 thousands of dollars stolen from him by one of the workers in the 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 that he had money stolen from him, reviewed with DON (Director of Nursing) who states that this is factual information (not a delusion). Resident's case is being investigated and Police are involved .</p> <p>During an interview on 11/5/21 at approximately 3:15 PM, Nurse D stated that recently Resident #1 has been 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 cut it up so now he can't use it to get his money.</p> <p>During an interview on 11/5/21 at approximately 3:20 PM, CNA E stated that Resident #1 is upset daily. CNA E stated that Resident #1 told her that Former BOM J took his money and his debit card and he can't use it now.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/3/21 at 3:40 PM, the Nursing Home Administrator (NHA) stated Resident #1's family member K came to the facility on [DATE] and said that he did not think (name of the Former BOM J) has been paying Resident #1's whole bill. When asked if the allegation of the Former BOM J not paying the full patient pay amount for Resident #1 was reported to the State Agency, police, and investigated at the facility level, the NHA stated, No, I thought it was a family issue. The NHA stated he assumed that Resident #1's family member K had reported it to the police.</p> <p>During a record review and interview on 11/10/21 at approximately 2:45 PM with the Regional BOM M and the NHA, the Regional BOM M reviewed the patient pay collection notes with this surveyor. Except for one the initial note all of the documentation was entered by the Former BOM J. The Former BOM J documented from 4/7/21 - 7/8/21 and left her position in August of 2021 and went to another position within the company. When asked why the notes dropped off after 7/8/21 when there continued to be an outstanding balance to collect, the Regional BOM M stated that the Former BOM J should have made a note at least weekly until the balance was caught up but didn't. The patient pay amount records reflected the payments were received and documented by the Former BOM J. The Regional BOM M confirmed that it appears that the Former BOM J was bringing in payments in check and cash and applying them herself to the patient pay account for Resident #1. The NHA stated the facility does not have a policy or procedure for conflicts of interest with staff managing resident finances but in the future the facility would have another process for relatives to ensure there are no further conflicts.</p>		

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 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31197</p> <p>This citation pertains to intake numbers MI00123762 and MI00124050.</p> <p>Based on interview and record review, the facility failed to respond to a change in competency for 2 residents, (Resident #1 and #5) reviewed for competency. The deficient practice resulted in Resident #1 having misappropriation to occur and the potential for Resident #5 to have misappropriation to occur.</p> <p>Findings include:</p> <p>Resident #1</p> <p>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.</p> <p>Review of the MDS dated [DATE] revealed Resident #1 had a BIMS of 13 out of 15 which represents Resident #1 was cognitively intact. This assessment was completed by the Former BOM J.</p> <p>Review of the MDS dated [DATE] revealed Resident #1 had a BIMS of 11 out of 15 which represents Resident #1 had moderate cognitive impairment and a decline since the previous assessment. This assessment was completed by the Former BOM J.</p> <p>Review of the MDS dated [DATE] revealed Resident #1 had a BIMS of 12 out of 15 which represents Resident #1 had moderate cognitive impairment and stable from previous assessment. This assessment was completed by the Former BOM J.</p> <p>Review of the progress note 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.</p> <p>Review of the Mini-Mental State Examination dated 9/9/2021 assessed by SW S revealed a score of 13 out of 30 which represents moderate dementia. A BIMS was not done at this time to compare to nor was any referral made to the physician to evaluate for competency and/or guardianship.</p> <p>Review of the MDS dated [DATE], assessed by SW J revealed Resident #1 had a BIMS of 8 out of 15 which represents Resident #1 had moderate cognitive impairment.</p> <p>Review of the Report of Physician or Mental Health Professional dated 11/2/21 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.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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 patient pay amount of \$2,297 for February and March 2021 and \$2,337 for April to November 2021. The statement reflected a full payment was made for January 2021 and only partial payments made from February to September 2021 and no payments made from October and November 2021 leaving a balance of \$11,475 owing.</p> <p>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 BOM J) had stolen money from him and the police know about it.</p> <p>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.</p> <p>Resident #5</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed Resident #5 admitted to the facility on [DATE] and readmitted on [DATE]. Brief Interview for Mental Status (BIMS) reflected a score of 9 out of 15 which represents Resident #5 had moderate cognitive impairment. According to the Face Sheet Resident #5 was his own responsible party.</p> <p>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.</p> <p>This surveyor requested a policy or procedure that supported this practice, and none was provided for review prior to the exit of this survey.</p> <p>During an interview on 11/10/21 at 10:15 AM, Resident #5 was asked about his patient pay amount. When asked if he paid his own patient pay amount at the facility, Resident #5 stated, Yes. When asked how he does that, Resident #5 stated, It comes to my trust account here and I pay it. When asked if he was aware of any outstanding balance, Resident #5 stated, No.</p> <p>Review of the Resident Statement dated 9/30/21 reflected a total balance due of \$35,155.00 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 patient pay amount of \$1,069 each month. There were no payments recorded for August, October, or November 2021. The Statement reflected an outstanding balance of \$5,114.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/10/21 at 3:00 PM, the Director of Nursing (DON) was asked if the physician had evaluated Resident #5's competency level, given his low BIM's score of 9 and his large outstanding balance. The DON stated that competency evaluations are done by the physician, and she would look into it. No further information was provided prior to the exit of this survey to review regarding this issue.</p>		