

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER RIVERGATE TERRACE		STREET ADDRESS, CITY, STATE, ZIP 14141 PENNSYLVANIA RIVERVIEW, MI 48193	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews the facility failed to administer prescribed water boluses for one of five residents reviewed for quality of care, resulting in the resident (R#102) not receiving any water boluses, nor have her intake amount monitored as prescribed. Findings include: During a telephone conversation on 7/21/2020, Resident #102's family member said the resident did not receive her water boluses as prescribed by the doctor. She said the resident was receiving antibiotics for a urinary tract infection [MEDICAL CONDITION], and had kidney stones during this time and the doctor wanted to make sure the resident was drinking enough water to flush out her kidneys. According to the medical record, R#102 admitted to the facility with multiple [DIAGNOSES REDACTED]. The resident was treated for [REDACTED]. On 6/9/2020, the resident had an ultrasound and a X-ray of the abdomen, and was diagnosed with [REDACTED]. On 6/25/2020, R#102 had a cystoscopy at the hospital. On 6/29/2020, the physician's orders [REDACTED]. Document % taken. A review of R#102's care plan for 'Urinary Tract Infection' was updated on 6/30/2020 to include the following intervention, 240 cc (cubic centimeters) of water QID, four times a day for hydration. Document % (percentage) taken. There was no documentation to support that R#102 was administered any of the prescribed water boluses, nor any documentation of percentage taken. On 7/21/2020, a review of R#102's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for June of 2020 and July of 2020 revealed there was no order for the administration of the 240 cc of water QID . The order had not been transcribed onto the MAR or the TAR. There was no documentation to indicate percentage of water intake anywhere in the medical record. On 7/22/2020 at approximately 7:30 AM, the Nurse Practitioner (NP) was interviewed by telephone and asked about R#102's water bolus order, and documentation for percentage of intake amount. The NP said she would review the medical record. At 9:00 AM the NP said there is no documentation to support the physician's orders [REDACTED]. The NP said R#102 had been diagnosed with [REDACTED]. The water bolus was ordered to ensure the resident had enough water to flush the kidneys and bladder. On 7/22/2020 at approximately 9:20 AM, Nurse 'A' reviewed R#102's medical record and confirmed that the physician's orders [REDACTED]. Nurse A said the order should have been on the MAR. Nurse A said the order for the additional 240 cc of water was placed on the dietary ticket for the kitchen to provide during meals, but not to monitor the intake amount. A review of R#102's most recent diet order on 5/13/2020, reads as follows:regular diet, regular texture, thin consistency, Bland diet no fried or spicy foods There is no mention of additional fluids. On 7/22/2020 at 10:20 AM, Dietary Technician, staff D, revealed a meal tray ticket for R#102 dated on 7/7/2020. The meal tray ticket had the following documentation on it 240 ML (milliliters) of water per family request. Staff D said the kitchen staff were placing a glass of water on the resident's tray, for all three meals. Staff D said that the kitchen staff would not record the percentage of amount consumed. They would not be monitoring for that. Staff D said that it would be a nursing order to record the amount of water a resident actually consumed. On 7/22/2020 at 10:50 AM, the Kitchen Manager reviewed the dietary tray and 'water bolus' orders for R#102 and confirmed that the physician's orders [REDACTED]. On 7/22/2020 at approximately 1:30 PM, The Assistant Director of Nursing, (ADON), said she had taken the 'water bolus' order from the physician on 6/29/2020, and recorded it in the resident's medical record. The ADON reviewed R#102's medical record and could not locate any documentation to support the order was transcribed to the MAR, or the TAR. There was no additional documentation to support that R#102 had received the prescribed water boluses or monitoring of the residents intake amount. On 7/22/2020 at approximately 1:45 PM, the Administrator was interviewed and confirmed that the physician's orders [REDACTED].</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.