

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2024
NAME OF PROVIDER OR SUPPLIER  River View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 Scenic Drive Modesto, CA 95355	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47369</p> <p>Based on interview and record review, the facility failed to ensure professional standards of practice were followed for one of seven sampled residents (Resident 1) when Resident 1 did not receive his medication as prescribed, and the physician was not informed the medication was unavailable for administration.</p> <p>This failure may have contributed to Resident 1 ' s increased seizure activity and hospitalization .</p> <p>Findings:</p> <p>A review of Resident 1 ' s ADMISSION RECORD, indicated he was admitted to the facility early 2024, with diagnoses which included epilepsy (a condition involving the brain that makes people more susceptible to having recurrent unprovoked seizures).</p> <p>A review of Resident 1 ' s care plan initiated 3/1/2024, indicated, .The resident has a seizure disorder r/t [related to] epilepsy .Give seizure medication as ordered by doctor .</p> <p>A review of Resident 1 ' s medication administration record (MAR) for May 2024, indicated, .clobazam oral suspension (liquid seizure medication) 2.5 milligrams (mg, unit of weight) per ml (milliliter, unit of measure) give 8 ml by mouth every 12 hours for seizures . The MAR further indicated the number 9 in the boxes for medication administration for the dates of 5/1/24, 5/2/24, 5/3/24, 5/4/24 and the morning dose on 5/5/24. The legend on the MAR indicated 9 = other, see progress notes</p> <p>A review of Resident 1 ' s Progress Notes from 5/1/24 through 5/4/24, indicated:</p> <p>5/1/2024, at 9:56 AM, .cloBAZam .pending delivery .</p> <p>5/1/24, at 11 PM, .cloBAZam not on hand, ordered .</p> <p>5/2/24 at 3:05 AM, .This writer called pharmacy about clobazam, pharmacist said we need a signature from DON [Director of Nurses} as med is a high-cost drug, paperwork left under DON door for signature .</p> <p>5/2/24, 9:38 AM, .cloBAZam .not available, pending delivery .</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
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/2/24, 7:12 PM, .cloBAZam .pending pharmacy .</p> <p>5/3/24, 8:58 AM, .cloBAZam .awaiting delivery from pharmacy .</p> <p>5/3/2024, 7:19 PM, .cloBAZam .pending pharmacy .</p> <p>5/4/2024, 7:05 AM, .cloBAZam .pending delivery .</p> <p>5/4/2024, 7:09 PM, .cloBAZam .pending delivery .</p> <p>A review of Resident 1 ' s Progress Notes, dated, 5/5/24, at 7:30 PM, indicated, .resident was seen by CNA [certified nurse assistant] have [sic] an active seizure at 1900 [7 PM] MD [medical doctor] was made aware was told to monitor resident if any more seizures occurred to send out to [hospital] for further evaluation. At 1910 [7:10 PM] resident had second seizure [ambulance] was called so resident could be sent out to [hospital] at 1918 [7:18 PM] while waiting for [ambulance] to arrive resident had third seizure active bleeding was noted from residence [sic] mouth resident 02 [oxygen] was at 89 [ambulance] arrived and resident left building at 1928 [7:28 PM] .</p> <p>During an interview on 5/22/24, at 12:29 PM, licensed nurse (LN) 1 stated Resident 1 ' s clobazam was not available due to an insurance issue. LN 1 further stated she did not contact the physician when the medication was unavailable because she knew someone was taking care of it.</p> <p>During a concurrent interview and record review on 5/22/24, at 1:51 PM, the Director of Nurses (DON) confirmed Resident 1 ' s progress notes indicated the clobazam was unavailable and the MD was not notified. The DON further stated nursing staff should have contacted the MD the first time the medication was unavailable and followed up due to Resident 1 ' s increased risk of seizure activity.</p> <p>A review of a facility policy and procedure titled, UNAVAILABLE MEDICATIONS, dated 12/2017, indicated, . The facility must make every effort to ensure that medications are available to meet the needs of each resident .Nursing staff shall: .Notify the physician of the situation and explain the circumstances .If the facility nurse is unable to obtain a response from the attending physician, the nurse should notify the nursing supervisor and contact the facility medical director for orders and/or direction . Obtain a new order and cancel/discontinue the order for the non-available medication .</p>		