

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 07/30/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47369</p> <p>Based on interview and record review, the facility failed to provide a safe environment for one of three sampled residents (Resident 2), when a blanket was caught in the wheel of a chair used to transport Resident 2 from the shower, causing the chair to stop abruptly and tip forward.</p> <p>This failure resulted in Resident 2's fall on 7/25/24, with a fracture to her left medial malleolus (bony bump on the inner side of the ankle) and left fibula (leg bone between the knee and ankle), increased pain, and decreased mobility, with the potential for skin breakdown and other negative health outcomes.</p> <p>Findings:</p> <p>A review of Resident 2's clinical record, ADMISSION RECORD, indicated Resident 2 was admitted to the facility in 2022 with diagnoses which included bilateral (affecting both sides) osteoarthritis of the knee (disease that causes joint pain and stiffness) and age-related osteoporosis (a condition in which bones become weak and brittle).</p> <p>A review of Resident 2's clinical record, Minimum Data Set [MDS-a resident assessment tool which identifies care needs] dated 6/13/24, indicated, .Section J- Health Conditions .Pain Management .at any time in the last 5 days, has the resident .A. Received a scheduled pain medication regimen? . The documentation indicated, 0 [for No]</p> <p>.B. Received PRN pain medication OR was offered and declined? . The documentation indicated, 0 [for No]</p> <p>.C. Received non- medication intervention for pain? . The documentation indicated, 0 [for No]</p> <p>.Pain Presence .Have you had pain or hurting at any time in the last 5 days? . The documentation indicated, 0 [for No].</p> <p>A review of Resident 2's clinical record, MDS dated [DATE], in section C, Brief Interview for Mental Status (BIMS) Evaluation, indicated a score of 15, which suggested Resident 2's memory was intact.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's clinical record, Progress Notes, dated 7/25/24, at 3:35 PM, indicated .resident had a fall on hallway during transport on shower chair to room after shower around 1530 [3:30 PM]. Per CNA [Certified Nurse Assistant] she saw resident going forward and she grabbed her upper body and assisted her to the ground meanwhile her left leg got cough [sic] on the shower chair, another staff member helped to get leg down, writer hear the yelling of resident and assisted resident and assessed, per resident her left knee down to her ankle were in pain, with the assistance of other staff members patient was assisted to her wheelchair and taken to room . A call was made to MD [Medical Doctor] who gave order for stat [urgent] X-ray .</p> <p>A review of Resident 2's clinical record, Progress Notes, dated 7/25/24, at 8:04 PM, indicated, .Post Fall Evaluation .Fall Details: Date/Time of Fall: 07/25/2024 3:15 PM Fall was witnessed .Activity at time of fall: being transported in shower chair [transport chair] Reason for fall was evident. Reason for fall: shower blanket got wrapped in transport chair and caused resident to fall forward .Pain: Vocal complaints of pain .left knee. Pain score 8 [a scale of 0-10 used to measure pain. 7-10 is considered severe] .</p> <p>A review of Resident 2's care plan dated 7/25/24, indicated . [Resident 2] has had an actual fall with serious injury .contributing factors .During transport in shower chair with bath blankets possibly dragging on floor . Monitor/document/report .to MD for s/sx [signs and symptoms] Pain, bruises, Change in mental status, New onset: confusion, sleepiness, inability to maintain posture, agitation .</p> <p>A review of resident 2's clinical record, Progress Notes, dated 7/25/2024, at 9:59 PM, indicated .resident arrived back from [hospital name] . At approximately 2110 [9:10 PM] . Discharge diagnosis closed fracture [fracture where the skin remains intact with no protrusion of bone] of proximal [upper] end of left fibula . sprain of left ankle . Resident arrived to facility with a left knee immobilizer in place as well as an ace bandage [stretchable cloth used to wrap around a sprain to provide gentle pressure and reduce swelling] wrapped around left ankle . Resident stated her pain remains at an 8 .</p> <p>A review of Resident 2's care plan dated 7/26/2024, indicated . [Resident 2] has actual/potential for acute pain r/t [related to] Closed fracture of proximal left fibula .Sprain of left ankle .Residents pain will be alleviated with interventions .Administer . norco [a narcotic pain reliever] .as per orders .give 1/2 hour before treatments or care .</p> <p>A review of Resident 2's care plan dated 7/26/2024, indicated .The resident has potential for impairment to skin integrity of the (left leg) r/t immobilizer use .Monitor left leg skin for any changes .</p> <p>A review of Resident 2's x-ray reports dated 7/29/24, indicated .Subacute [beginning to heal] fracture of the proximal left fibula .Avulsion fracture [occurs when a small chunk of bone attached to a tendon or ligament gets pulled away from the main part of the bone] of the left medial malleolus. The age of the fracture is indeterminate (not clearly known) .</p> <p>During an interview on 7/30/2024, at 11:42 AM, in Resident 2's room, Resident 2 stated at the time of the fall she was being transferred in a shower chair, from the shower room to her bedroom. Resident 2 further stated she had a blanket covering her and the blanket became caught under a wheel which caused the chair to stop abruptly and pitch her forward. Resident 2 stated she landed on her knees and hands.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/30/24, at 2:50 PM, CNA 2 stated at the time of the fall she had been transferring Resident 2 in the shower chair, from the shower room to her bedroom. CNA 2 further stated she had placed bath blankets over the front and the back of Resident 2. CNA 2 stated during transport the chair suddenly tilted forward, and CNA 2 reached out to catch Resident 2 who fell on to her knees.</p> <p>A review of Resident 2's clinical record, Order Listing Report, indicated:</p> <p>.Norco Oral Tablet 5-325 MG [milligrams-a unit of measure] .Give 1 tablet by mouth every 6 hours as needed for pain management .Order Date 7/18/24 DC [discontinued] Date 7/26/2024 .</p> <p>.HYDROcodone [narcotic pain reliever]-Acetaminophen [non-narcotic pain reliever] Tablet [brand name for norco] 5-325 MG .Give 1 tablet by mouth every 6 hours as needed for pain management .Order Date 7/25/24 DC Date 7/26/2024 .</p> <p>.Norco Oral Tablet 5-325 MG .Give 1 tablet by mouth every 6 hours for pain management .Order Date 7/26/24 DC Date 7/29/2024 .</p> <p>.Norco Oral Tablet 5-325 MG Give 1 tablet by mouth every 8 hours .Order Date 7/29/24 .DC Date 7/30/2024 .</p> <p>.tramadol HCL [narcotic pain reliever] Oral Tablet 50 MG Give 1 tablet by mouth every 8 hours as needed for breakthrough pain/moderate pain .Order Date 7/29/2024 .</p> <p>A review of Resident 2's Medication Administration Record (MAR) for July 2024 indicated .MONITOR FOR PAIN 0-3 = MILD 4-6=MODERATE 7-10=SEVERE every shift-Order Date-3/10/2023 . The pain levels were documented as follows:</p> <p>From July 1-18 the MAR indicated pain levels of zero on both AM (day shift) and PM (evening) shift (12-hour shifts)</p> <p>On July 19 the AM shift documented a pain level of 7.</p> <p>From July 19 PM shift- July 23, the MAR indicated levels of zero</p> <p>On July 24 the MAR indicated a level of 8 on the PM shift</p> <p>On July 25 the MAR indicated a level of 8 on PM shift</p> <p>On July 26 the MAR indicated a level of 6 on the AM shift and 4 on the PM shift.</p> <p>On July 27 the MAR indicated a level of 5 on the AM shift and an 8 on the PM shift</p> <p>On July 28 the MAR indicated a level of 6 on the AM shift and a 7 on PM shift</p> <p>On July 29 the MAR indicated a level of 7 on the AM shift and of 8 on the PM shift</p> <p>On July 30 the MAR indicated a level of 8 on the AM shift and 7 on the PM shift.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy titled Accidents and Incidents-Investigating and Reporting, dated July 2017, indicated .All accidents or incidents involving residents .shall be investigated and reported to the Administrator .supervisor shall promptly initiate and document investigation of the accident or incident . Incident/Accident reports will be reviewed by the Safety Committee for trends related to accident or safety hazards in the facility and to analyze any individual resident vulnerabilities .</p> <p>Based on interview and record review, the facility failed to provide a safe environment for one of three sampled residents (Resident 2) when a blanket was caught in the wheel of a chair used to transport Resident 2 from the shower, causing the chair to stop abruptly and tip forward.</p> <p>This failure resulted in Resident 2's fall on 7/25/24, with a fracture to her left medial malleolus (bony bump on the inner side of the ankle) and left fibula (leg bone between the knee and ankle), increased pain, and decreased mobility, with the potential for skin breakdown and other negative health outcomes.</p> <p>Findings:</p> <p>A review of Resident 2's clinical record, ADMISSION RECORD, indicated Resident 2 was admitted to the facility in 2022 with diagnoses which included bilateral (affecting both sides) osteoarthritis of the knee (disease that causes joint pain and stiffness) and age-related osteoporosis (a condition in which bones become weak and brittle).</p> <p>A review of Resident 2's clinical record, Minimum Data Set [MDS-a resident assessment tool which identifies care needs] dated 6/13/24, indicated, .Section J- Health Conditions .Pain Management .at any time in the last 5 days, has the resident .A. Received a scheduled pain medication regimen? . The documentation indicated, 0 [for No]</p> <p>.B. Received PRN pain medication OR was offered and declined? . The documentation indicated, 0 [for No]</p> <p>.C. Received non- medication intervention for pain? . The documentation indicated, 0 [for No]</p> <p>.Pain Presence .Have you had pain or hurting at any time in the last 5 days? . The documentation indicated, 0 [for No].</p> <p>A review of Resident 2's clinical record, MDS dated [DATE], in section C, Brief Interview for Mental Status (BIMS) Evaluation, indicated a score of 15, which suggested Resident 2's memory was intact.</p> <p>A review of Resident 2's clinical record, Progress Notes, dated 7/25/24, at 3:35 PM, indicated .resident had a fall on hallway during transport on shower chair to room after shower around 1530 [3:30 PM]. Per CNA [Certified Nurse Assistant] she saw resident going forward and she grabbed her upper body and assisted her to the ground meanwhile her left leg got cough [sic] on the shower chair, another staff member helped to get leg down, writer hear the yelling of resident and assisted resident and assessed, per resident her left knee down to her ankle were in pain, with the assistance of other staff members patient was assisted to her wheelchair and taken to room . A call was made to MD [Medical Doctor] who gave order for stat [urgent] X-ray .</p> <p>(continued on next page)</p>		

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