STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055011	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River View Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 50161 Based on interview and record review, the facility failed to ensure treatment was provided to meet the needs of one of five residents (Resident 1), receiving wound care when: 1. Resident 1 was to be evaluated by a podiatrist (specializes in foot disorders) and interventional radiology (studies and treats disease) within 1-2 weeks following his discharge from the hospital to the facility, and the facility did not arrange for this; 2. The facility did not consult with the physician regarding removal of Resident 1's right foot surgical sutures, which were in place from his admission on 6/7/24 to discharge on 8/1/24; and, 3. The facility did not follow up on a recommendation Resident 1 required an evaluation for further surgery, and Resident 1 was discharged without this communicated. These failures may have contributed to Resident 1 experiencing an infection to his wound and subsequent amputation of his right leg below the knee. Findings: A review of Resident 1's discharge summary from Hospital A indicated, .date of admission: 5/28/24 . discharge date : 6/7/24 .Hospital course .presented to ER [emergency room] with one month history of right big toe and right fifth toe blackish discoloration with associated drainage [liquid which comes out of a wound] Admission diagnosis: Right foot gangrene [death of body tissue due to a lack of blood flow or serious infection] .PAD [peripheral artery disease-when blood vessels become blocked, reducing blood flow] . Discharge diagnosis: Right foot gangrene .partial amputation [Resident 1 had all toes on the right foot removed] .PAD .D/C [discharge] to SNF [skilled nursing facility] .f/u [follow up] with IR [Interventional Radiology] and podiatrist. Further review of Resident 1's discharge summary from Hospital A indicated, .Discharge instructions .Follow up appointments .consulting provider .[IR physician name and number] Specialty: Interventional Radiology . consulting provider .[podiatrist name and number] .follow up in 1-2 weeks . (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055011	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River View Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's facility admission progress note, by licensed nurse (LN) 4, dated 6/7/24, indicated, . Pain .right foot .Pain score: 5 [on a scale of 1 meaning little pain to 10 meaning the worst pain] Vocal complaints of pain .Skin Issue .Surgical wound. Location: Right foot . There was no description of the wound to Resident 1's right foot in the admission note (measurement, description, color of the skin/wound, if there was an odor, temperature of the skin, or if there were sutures [stitches] present). Review of Resident 1's medical record, Nurse's Notes, by the facility's wound care nurse (LN 1), dated 6/10/24, indicated, .Right foot surgical site has sutures, no s/s [signs and symptoms] of infection noted . There was no description of the wound to Resident 1's right foot in LN 1's nurse's note. Further review of Resident 1's Medication Review Report, dated 6/7/24-8/1/24, indicated, .wound consultation .order date 6/13 . A review of Resident 1's medical record, Wound Physician Consultation Note by wound doctor (WD) 1 dated 6/14/24, indicated, .right foot surgical wound .eschar [dead tissue that forms over wounds and can prevent healing] covered .76-100% [of the wound] .not healed .measurements 10x 11x 0 (length, width, depth, in centimeters), exudate [drainage] .none .Right Foot .Orders .Apply: Betadine [liquid-provides infection protection and rapidly kills bacteria commonly responsible for wound and skin infections].Dressing Change . Daily and as needed . Review of Resident 1's medical record, Risk for Infection Care Plan, dated 6/13/24, indicated, .Risk for Infection .Goal .Evaluation for surgical incision . Review of Resident 1's medical record, Skin Wound Note, by LN 3, dated 6/25/24, indicated, .Patient on monitoring for ATB [antibiotic-used to treat infection] medication for .gangrene on R [right] toes. Patient irritable, due to pain, unable to participate in PT [physical therapy] session. Pain medication effective. Patient toes tender to touch, foul smelling odor and moderate drainage observed . Review of Resident 1's medical record, Physician Progress Note, by the Medical Director (MD), dated 7/27/24, indicated .Patient was seen for follow up on pain and multiple issues. Currently maintained on Norco [narcotic pain medication] .appears to be stable .Wound Care is on consult .Monitor vitals .Assessment and Plan .Pain: we will monitor .and adjust pain medication on as needed basis .Wounds: patient is not in . distress, his pain is under control, wound care physician is onboard, continue to follow recommendation, patient has poor wound healing due to multiple different issues . Review of Resident 1's medical record, Wound Physician Consultation Note, by WD 1, dated 7/27/24, indicated, .Visit Report for 7/27/2024 .Right Foot .Surgical Wound .Wound Status .Not Healed .Assessment Notes: Patient needs surgical examination for revision of Right TMA stump . [Trans metatarsal Amputation, surgical removal of part of foot which includes all toes] .Wound Orders .Right Foot .Follow-Up .Re-evaluation in 1-2 weeks .Dressing Change . Daily .and as needed .Consults (recommended) .General Surgery .Plan of care discussed with facility nursing staff .Education provided to facility nursing staff . Review of Resident 1's nursing progress note, dated 7/27/24, indicated .Seen by [WD 1], new orders received for .appt [appointment] with DPM [Podiatrist] when discharged . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055011	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River View Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's MD/NP (medical doctor/nurse practitioner) Progress Note, dated 8/1/24, indicated, . Surgical History: none stated . physical Exam: [no entry] .FOLLOW UP AFTER DISCHARGE: PCP [Primary Care Physician] 1 to 4 weeks. Home health to follow-up care. Care Plan: Continue with the current treatment plan .Patient Instructions: [no entry] . Review of Resident 1's Notice of Proposed Transfer or Discharge, dated 8/1/24, indicated .Reason for Discharge .The Resident's health has improved sufficiently that the resident no longer needs services provided by the facility . Review of the record indicated the document was signed by the Director of Nursing (DON) and the Social Services Director (SSD) on 8/1/24. Review of Resident 1's medical record, .Skilled Evaluation, dated 8/1/24, indicated, .Right Pedal Pulse .+1 weak/thready [indicates diminished circulation] .Number of Sutures .11 .Painful .Yes-episodic pain . Review of Resident 1's medical record, Nurse's Note, dated 8/1/24, indicated, .Resident discharged home at 1600 (4:00 p.m.) via transport, writer gave patient teaching regarding medication and discharge orders . In a concurrent interview and record review on 9/11/24, at 3:04 p.m., the Social Services Director (SSD) stated if a resident needed podiatry to see them regarding wounds, then the nursing staff would be responsible for scheduling and follow-up. The referral would come in from the admission orders or the MD, and then was communicated to nursing administration and the Assistant Director of Nurses (ADON). The SSD stated the ADON was responsible for ensuring residents received follow-up appointments. The SSD stated she had told Family Member (FM) 1, Resident 1 had met his goals, and the plan was home health. The SSD stated FM 1 felt Resident 1 still required someone to care for him and FM 1 stated he would need to be completely capable of self-care because his mom was not able to help him with his care. The SSD stated she knew he was seen by a wound doctor at the facility and stated there was no referral for follow up for surgery or a podiatry consult made for him on discharge. The SSD stated her part was to make sure everything was in place for residents for discharge and for their continuity of care. The SSD stated it would have been important for her to know that Resident 1 needed a follow-up for surgical revision. The SSD stated she was not aware Residents 1's wound doctor recommended a surgical consult and stated it should have been noted on the home health packet and on the discharge plan of care which went home with Resident 1. The SSD stated this was important, so the resident was aware of their follow-up needs. In a concurrent interview and record review on 9/11/24 at 4:04 p.m., the ADON reviewed Resident 1's hospital discharge orders and stated the hospital discharge orders dated 6/7/24 indicated Resident 1 was to be seen by a podiatrist and have IR within one to two weeks from his discharge from the hospital but this was not done. The ADON stated Resident 1 had a wound doctor, but this was not the same as a Doctor of Podiatry. The ADON stated the risk to Resident 1 not receiving care from a podiatrist would be further damage to his foot. The ADON stated it was her expectation the order for podiatry follow up should have been placed in Resident 1's orders and he should have been seen within 1-2 weeks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055011	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River View Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a continued interview and record review, the ADON reviewed the wound doctor's progress note, dated 7/27/24, and acknowledged Resident 1 needed a surgical consult for revision of his right foot. The ADON stated LN 1 should have followed up with the NP (Nurse Practitioner) or the MD and inform them of WD 1's recommendation and added it should also have been communicated with the administrative team such as herself or the DON. The ADON stated LN 1 should have received an order from the NP or MD based on WD 1's recommendation and placed the order in Resident 1's record. The ADON confirmed there was no record to show LN 1 placed a call to the MD or NP. The ADON stated the doctor and facility should review wound doctor progress notes prior to discharge, and stated it was necessary to explain all instructions to the resident at discharge so family could follow up. The ADON stated if she had known about the wound doctor's recommendation, she would have met with social services to discuss whether it was appropriate for him to be discharged . In an interview on 9/11/24, at 4:55 p.m., with the [NAME] Clerk (WC), the WC stated she puts orders in resident's electronic record and helps to make medical follow-up appointments such as podiatry appointments. The WC stated there were no notes in Resident 1's profile regarding a referral for any doctor's appointments and stated she did not make any follow-up podiatry or surgical consult appointments for him. In a concurrent phone interview and record review on 9/12/12, at 12:11 p.m., the NP confirmed Resident 1 had stitches on his wound, and it was covered in black eschar. The NP stated she did not look at or assess Resident 1's surgical wound during his discharge assessment on 8/1/24. The NP stated she went over Resident 1's discharge paperwork but did not look at his foot. The NP stated if stitches were not addressed and left in the wound, they would get embedded in the skin and skin would grow on top of the stitches and it could impact healing. The NP stated she thought WD 1 was taking care of Resident 1's stitches as part of his wound care. In a phone interview on 9/12/24, at 12:33 p.m., the Podiatrist Surgeon (PS) stated he performed Resident 1's surgery at Hospital A on 5/31/24, for removal of all toes on his right foot due to gangrene. The PS stated he expected Resident 1's follow up to be arranged in his local area and the facility should have contacted the surgeon for clarification. The PS stated the crucial time to follow up was a week after discharge from the hospital, and explained this was important for Resident 1 due to his compromised condition. In a phone interview on 9/12/24 at 1:22 p.m., the PS stated he had no record of the facility ever contacting his office regarding follow up care for Resident 1. In a concurrent interview and record review on 9/12/24 at 2:26 p.m., LN 1 stated he was with WD 1 when he saw Resident 1 on 7/27/24 and confirmed he did not notify Resident 1's physician or NP about the recommendation for surgical revision. LN 1 stated he did not call them because they would be at the facility the next day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055011	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River View Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a concurrent phone interview and record review on 9/12/24, at 3:27 p.m., the NP stated she checked Resident 1's discharge orders from Hospital A and confirmed he had orders for follow up for IR and podiatry. The NP stated her expectation was for facility staff to schedule his IR and podiatry follow-up appointments. The NP stated she would have considered the need for a .surgical revision of right TMA stump . a change of condition for Resident 1 and would have wanted to be notified by the LN. The NP stated if she had known she would have done something about it such as labs, and x-rays, and stated she would have held Resident 1's discharge, assessed his surgical wound, and consulted with the MD. In a concurrent interview and record review on 9/12/24, at 4:05 p.m., the MD stated he was told by the nurse that Resident 1 had declined a podiatry appointment. The MD stated he did not remember looking at Resident 1's surgical wound. The MD stated he was not sure if Resident 1 was given the option to be seen by any podiatrist and stated the wound doctor was managing his sutures, and he deferred to whatever the wound doctor recommended. The MD stated he was not aware of the recommendation made by WD 1 for surgical revision of Resident 1's foot. The MD stated he would have expected to be informed, as that was a possible change of condition. The MD stated he would have wanted to follow up with the wound doctor to clarify the urgency and stated depending on how WD 1 replied, he would have sent Resident 1 back to the hospital right away. Review of a facility Job Description, titled Treatment Nurse -SNF or Sub -acute Department: Nursing,, dated 3/1/14, indicated, . The primary function of the Treatment Nurse is to insure effective and efficient nursing care is provided as prescribed by the physician and as required by the facility's policies and procedures . Must possess the ability to plan, organize, develop, implement and interpret the programs, goals, objectives and policies and procedures that are necessary for providing quality care .Make written and oral reports/recommendations to the attending physician, Medical Director or the DON concerning the status and care of the residents .Initiate requests for consultation or referral .Examine the resident and his/her records and chart and discriminate between normal and abnormal findings in order to know when to refer resident to physician for evaluation .Confer with the DON and/or other licensed personnel regarding skin disorders . Consult with IDT team concerning assessment evaluations and assist in planning and developing the skin care treatment .