

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 12/12/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50598</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection prevention and control practices for a census of 91 residents when:</p> <p>Urinals (a urine collection container), wash basins, kidney basins (used for tooth brushing), personal grooming items, and bedpans (a container to collect stool and/or urine for a person while in bed), were not labeled and stored in a sanitary manner.</p> <p>This failure increased the risk of infectious diseases to spread for residents in the facility.</p> <p>Findings:</p> <p>During an observation of a shared bathroom on 12/12/24 at 11:24 AM, there were two cups, one placed into the other, with a toothbrush and a small tube of toothpaste on the side of the faucet not labeled to identify which resident it belonged to.</p> <p>During an observation of a shared bathroom on 12/12/24 at 11:26 AM there was a kidney basin with a toothbrush wrapped in paper towel with no labeling placed on top of the paper towel dispenser.</p> <p>During an observation of a shared bathroom on 12/12/24 at 11:29 AM, there was a wash basin on the floor, not labeled to identify which resident it belonged to.</p> <p>During an observation of a shared bathroom on 12/12/24 at 11:30 AM, there was a kidney basin with a toothbrush, toothpaste, and other items without labeling, placed on top of the paper towel dispenser.</p> <p>During an observation of a shared bathroom on 12/12/24 at 11:31 AM, there was a wash basin on the floor, and a kidney basin on the paper towel dispenser both unlabeled.</p> <p>During an observation of a shared bathroom on 12/12/24, at 11:56 AM, there were two urinals one placed into the other with a kidney basin placed on top of them. All three items were placed on top of the paper towel dispenser. In the same bathroom there was a bedpan on the floor with a piece of paper towel inside of it. All items were unlabeled.</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: 055011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation of a shared bathroom on 12/12/24 at 12:45 PM, there was a wash basin in a clear bag on the floor with a kidney basin inside of the wash basin. There was no labeling to identify which resident these belonged to.</p> <p>During an observation on 12/12/24 at 12:47 PM, there was a kidney basin on top of the paper towel dispenser and a kidney basin placed next to the sink faucet with items in it, and both basins were unlabeled.</p> <p>During a concurrent observation and interview on 12/12/24, at 1:27 PM with Certified Nurses Assistant (CNA) 1, and CNA 2, in a shared bathroom on the [NAME] side of the facility, there was a commode bucket on the floor under the sink. A bedpan was on top of the bucket and a wash basin was placed partially inside and on top of the bedpan. CNA 1 stated the items were not labeled and CNA 1 did not know who they belonged to. CNA 1 stated not labeling these items placed residents at risk for cross contamination. CNA 2 stated the facility ' s process was to label the items, clean them after use, and place them in a bag in the resident ' s personal area.</p> <p>During an interview on 12/12/24, at 2:45 PM, with the Infection Preventionist (IP), when asked about the facility ' s process with bedpans, urinals, and personal care items, the IP stated prior to using the item the staff were expected to write the resident ' s room number, first name, and last initial on it. After the item was used, the staff were to clean it, and place it in a bag where the resident ' s personal belongings were kept, not in shared bathroom spaces. The IP stated the condition of the bathrooms did not meet her expectations and the items not being labeled or stored appropriately placed the residents at risk for infection and cross contamination from urine and/or stool.</p> <p>During an interview on 12/12/24, at 3:08 PM with the Director of Nursing (DON), the DON stated the used bedpans, urinals, wash basins, and kidney basins should be cleaned, dried, placed in a bag, and stored in the resident ' s personal area. The DON also indicated the condition these items were found in affected the cleanliness of the resident ' s room. The DON explained it was important that the items were labeled so that staff knew who they belonged to and used them for the correct resident.</p> <p>During an interview on 12/12/24, at 3:44PM, with the Administrator (ADM), the ADM stated the bathrooms had a dirty physical appearance and posed a significant infection control risk to the residents. The ADM expressed the condition of the bathrooms did not meet the facility ' s expectations.</p> <p>A review of a facility provided document titled, Infection and Prevention Control Program, dated 10/2018, indicated, Policy .The elements of the infection prevention control program consist of coordination/oversight policies/procedures .prevention of infection .The infection prevention control committee .review will include . assessment of staff compliance with existing policies and regulations.</p> <p>A review of a facility provided document titled, Bedpan/urinal/offering/Removing, dated 2/2018, indicated, After Assisting the Resident .Clean the bedpan or urinal. Wipe dry with a clean paper towel. Discard the paper towel .store the bedpan or urinal per facility policy. Do not leave it in the bathroom or on the floor.</p>		