

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  04/25/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47369</p> <p>Based on interview and record review the facility failed to protect the rights of one of three residents (Resident 1) when Resident 1 was not provided routine showers.</p> <p>This failure caused Resident 1 to feel upset with not having his care needs met and had the potential to negatively impact his psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 1 ' s ADMISSION RECORD, indicated, he was admitted to the facility in early 2024 with diagnoses which included muscle weakness.</p> <p>A review of Resident 1 ' s Brief Interview for Mental Status (BIMS) Evaluation, (a tool used to screen for cognitive impairment) indicated, a score of 15, 13-15 points: Intact cognitive response.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment and screening tool which identifies care needs) Section GG-Functional Abilities Self -Care Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self. The area was coded 03. Mobility Tub/shower transfer: The ability to get in and out of a tub/shower. The area was coded 02. The legend indicated, Coding 03. Partial/moderate assistance- Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs and provides less than half the effort. .02. Substantial/maximal assistance- Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>During an interview on 4/25/25, at 2:07 PM, Resident 1 stated he was scheduled to receive showers on Tuesday and Fridays and did not. Resident 1 pointed to a container of disposable wipes on his bedside table and stated he wiped himself with those since he was not offered showers. Resident 1 stated he never refused showers. Resident 1 further stated staff declined to provide him a shower on non-scheduled days because it wasn ' t his shower day.</p> <p>A review of a facility document titled, Resident shower schedule, revised 7/17/24, indicated, Tuesday/Friday night shift [6 PM-6 AM] staff were assigned to provide Resident 1 ' s showers.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  055011	Facility ID:  055011  If continuation sheet Page 1 of 4

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Certified Nurse Assistant (CNA) documentation titled, Task: Did the resident receive a bath or shower? contained the headings: Shower- Bed Bath-Resident not Available-Resident Refused-Not Applicable. The document indicated: 4/8/25-not applicable for 4/15/25 there was no documentation, and 4/22/25 bed bath.</p> <p>During a concurrent interview and record review on 4/25/25, at 2:32 PM, the Director of Staff Development (DSD) confirmed the CNA documentation did not indicate Resident 1 received a shower on 4/8/25, 4/15/25, and 4/22/25. The DSD stated Resident 1 had the right to have showers twice weekly. The DSD further stated there was the potential for Resident 1 to have skin breakdown if he did not receive showers.</p> <p>During an interview on 4/29/25, at 3:22 PM, CNA 4 stated he documented incorrectly when he indicated non-applicable for Resident 1 ' s shower on 4/8/25. CNA 4 further stated Resident 1 preferred a female CNA and would decline when CNA 4 offered him a shower. CNA 4 stated he had reported Resident 1 ' s request for a female CNA to the licensed nurse several times.</p> <p>During an interview on 4/30/25, at 8:50 AM, Licensed Nurse (LN) 2 stated if Resident 1 preferred female staff instead of male staff to perform his showers, the assignment should have been changed to accommodate his needs and make him more comfortable.</p> <p>During an interview on 4/30/25, at 9:45 AM, the ADM verified Resident 1 did not have a care plan to indicate his shower preferences or any special accommodations. The ADM stated Resident 1 ' s shower preferences should have been accommodated to meet his needs.</p> <p>A review of a facility policy titled, Dignity, dated 2/2021, indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. The facility culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs. When assisting with care, residents are supported in exercising their rights allowed to choose when to sleep, eat and conduct activities of daily living [ ADLs, activities related to personal care, ex. showering]</p> <p>A review of a facility job description titled, Certified Nurse Assistant (CNA), dated 3/1/14, indicated, Provide care in a manner that protects and promotes resident rights, dignity, self-determination and active participation. Offer and respect resident choices in matters of daily routine. Demonstrate knowledge of, respect for, the rights, dignity and individuality of each resident in all interactions.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47369</p> <p>Based on observation and interview the facility failed to maintain a safe, clean, comfortable, sanitary and homelike environment for the two unsampled residents (Resident 4 and Resident 5) who shared a bathroom, when their toilet seat was contaminated with residue from a bowel movement (BM).</p> <p>This failure created an unsanitary environment and placed the residents at risk of injury and/or infection.</p> <p>Findings.</p> <p>During an observation on 4/25/25, at 10:24 AM, in the bathroom between Resident 4 and Resident 5 ' s rooms, a clump of brown bowel movement was observed smeared on the toilet seat.</p> <p>During an observation on 4/25/25, at 11:05 AM, housekeeper (HSK) 1 was observed mopping the floor of Resident 4 ' s room.</p> <p>During a concurrent observation and interview on 4/25/25, at 12:04 PM, Housekeeper (HSK) 1 confirmed the toilet in the bathroom shared by Resident 4 and Resident 5 contained smeared BM and there was urine in the toilet bowl. HSK 1 stated she cleaned Resident 4 ' s room earlier in her shift but had not cleaned the bathroom. HSK 1 stated she had planned on cleaning the bathroom later in her shift.</p> <p>During an interview on 4/25/25, at 2:32 PM, the Director of Staff Development (DSD) stated, the toilet in the bathroom shared by Resident 4 and Resident 5 should not have been left soiled. The DSD further stated the toilet should have been cleaned to prevent injury or transmission of infection to the residents who used the bathroom.</p> <p>A review of a facility policy titled, Homelike Environment, revised 2/21, indicated, Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary, and orderly environment.</p> <p>A review of a facility policy titled, Policies and Practices-Infection Control, revised 10/18, indicated, This facilities infection control policies and practices are intended to facilitate maintaining safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for 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>47369</p> <p>Based on observation and interview the facility failed to provide a safe and hazard free environment for one of three sampled residents (Resident 2) when wheelchairs, a recliner, and an overbed table were stored in Resident 2 ' s bedroom.</p> <p>These failures had the potential to obstruct Resident 2 ' s access to his room, personal belongings, and created a potential risk of fall or injury to Resident 2.</p> <p>Findings:</p> <p>A review of Resident 2 ' s ADMISSION RECORD, indicated, he was admitted to the facility in early 2023 with diagnoses which included repeated falls.</p> <p>A review of Resident 2 ' s care plan, revised 12/16/24, indicated, [Resident 2] is at risk for falls r/t [related to] poor safety awareness. If Resident is a fall risk, initiate fall risk precautions.</p> <p>During a concurrent observation and interview on 4/25/25, at 11:34 AM, three standard wheelchairs, one high back wheelchair, an overbed table, and a reclining medical chair were observed inside Resident 2 ' s room on the side closest to the door. Resident 2 ' s bed and belongings were observed on the opposite side of the room. Resident 2 stated the items had been there for a few days to get them out of the hallway.</p> <p>During an observation and interview on 4/25/25, at 2:32 PM, the Director of Staff Development (DSD) confirmed the wheelchairs, and other items should not be stored in Resident 2 ' s room. The DSD stated the items could create a trip or fall hazard for Resident 2.</p> <p>A review of a facility policy titled Safety and Supervision of Residents, dated 4/21, indicated, Our facility strives to make the environment as free from accident hazards as possible. The facility- oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which consists of hazards identified in the environment and individual resident risk factors.</p> <p>A review of a facility policy titled, Homelike Environment, revised 2/21, indicated, , Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary, and orderly environment.</p>		