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	05/15/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to notify the resident representative (RR, a person who is responsible for another person's medical and/or financial decisions) for one of three sampled residents (Resident 1) regarding a change in Resident 1's new lab tests (blood test to screen for or diagnose illness) and new medication orders. This failure resulted in Resident 1's RR being uninformed of a change in Resident 1's medical treatment and did not allow the RR to participate in medical care decision making.Findings: A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses which included cognitive communication deficit (impaired communication due to a brain injury). During an interview on 5/15/26 at 10:45 AM with Family Member (FM) 1, FM 1 stated they visited Resident 1 daily and spent several hours of the day in Resident 1's room. FM 1 further stated they received minimal communication from the facility staff. FM 1 stated they were not informed of new lab tests or medication orders for Resident 1. FM 1 further stated they discovered there were new orders when they read the discharge medication list at home after Resident 1 had been discharged from the facility. FM 1 stated they should have been informed of the new medication orders and of any follow up that was needed. During a review of Resident 1's clinical progress notes titled, Nurses Notes, dated 5/7/26 at 5:44 PM, the note indicated, NP [nurse practitioner] reviewed labs and new orders received and placed in [electronic health record]. Levothyroxine [medication used to replace thyroid hormone] .daily.CBC [complete blood count, lab test] in one week, Vitamin D levels [lab test to determine Vitamin D deficiency] in 3 months. During an interview on 5/15/26 at 1:21 PM with the Director of Nurses (DON), the DON stated it was her expectation that Resident 1's RR would have been informed when the new orders were received. The DON further stated the RR needed to know what medications were ordered, how to administer the medications correctly, and what side effects to monitor for. During an interview on 5/15/26 at 1:36 PM with Licensed Nurse (LN) 1, LN 1 stated she received the order for levothyroxine and lab tests on 5/7/26. LN 1 further stated she did not inform the RR because Resident 1 was going home the next day. LN 1 stated she usually informed the RR because they needed to be informed any time there was a new order. A review of a facility policy titled, Change in Resident's Condition or Status, revised 2/2021, indicated, .Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and /or status.Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments.

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation and interview the facility failed to ensure a clean, comfortable, and home-like environment for a census of 89 when: 1. Room W had peeling paint on the wall behind the trash can, 2. Room X had a shelf across from bed B, where personal items were stored, with a broken front edge with jagged edges, 3. Room Y had peeling paint on the closet doors and adjacent wall, the air vent had black discoloration around the perimeter, an electric outlet cover was pulling away from the wall, the bathroom sink was detached from the wall, an area of the bathroom wall had an approximate 10 inch by 8 inch unpainted area covered with white spackle, 4. Room Z had multiple areas of peeling, flaking paint along the wall behind the head of the bed and, 5. The back hall shower room had peeling plaster behind the shower head; the non-skid tape on the floor was torn and peeling, and the wood on the outside of the door near the handle was splintering. The front hall shower room had dust and debris on the ceiling air vent, the shower curtain had rust stains and the water pipe on the ceiling had rust along the length of it. These failures had the potential to negatively affect the residents' physical and psychosocial well-being. Findings: 1. During a concurrent observation and interview on 5/15/26 at 9:14 AM in room W with Resident 4, the wall behind the trash can was noted with peeling paint along the length of the wall. Resident 4 stated the wall was not pretty to look at. 2. During a concurrent observation and interview on 5/15/26 at 9:21 AM in room X with Resident 5, a broken segment, approximately 6 inches (unit of measurement) long and 1 inch wide, with jagged edges, was observed on the front of a shelf holding personal belongings. Resident 5 stated she had been in the room since September of 2025, and the shelf had been broken since then. 3. During a concurrent observation on 5/15/26 at 9:27 AM in room Y with Resident 6, Resident 6 stated the window in his room was filthy and the wall and closet looked dirty. The resident further stated the room felt dirty and needed to be cleaned and updated. Peeling paint was observed on the closet doors and adjacent wall. The wall vent had a black discoloration around the perimeter. The bathroom sink was pulling away from the wall and an approximate 10 inches by 8 inches area of the wall was unpainted and coated in white spackle. 4. During an observation on 5/15/26 at 10:15 AM in room Z, with Resident 7, the paint was observed peeling and flaking away from the wall behind the head of the bed. Resident 7 stated he did not like the way it looked and he would not have peeling paint in his house. During a concurrent observation and interview on 5/15/26 at 1:07 PM with the Director of Nurses (DON), the DON confirmed the following: -The back hall shower room, behind the shower head, had an area approximately 12 inches long of plaster peeling; the non-skid tape on the floor was torn and peeling, and the wood on the outside of the door near the handle was splintering. -The front hall shower room ceiling vent was observed with dust and debris, the shower curtain had rust stains from the shower hooks and the water pipe on the ceiling had rust along the length of it. -The DON further confirmed Room W, Room X, Room Y and Room Z required upkeep and repairs. The DON confirmed the observed areas did not provide a homelike environment for the residents. During an interview on 5/15/26 at 2:01 PM with the Infection Preventionist (IP), the IP stated the dust and debris around the air vents in the front shower room and room Y, the rust on the pipe and shower curtain in the front shower room, the sink pulling away from the wall in room Y, and the plaster missing around the shower head in the back hall shower room, created a susceptibility for bacterial growth which could lead to the potential for infection to the staff and residents. A review of a facility policy and procedure (P&P) titled, Homelike Environment, revised 2/2021, 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. A review of a facility P&P titled, Policies and Practices-Infection Control, revised 10/2018, indicated, .This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	help prevent and manage transmission of diseases and infections.The objectives of our infection control policies and practices are to.maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.