STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055042	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Vista Healthcare & Wellness Centre	9020 Garfield Street Riverside, CA 92503

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accurate documentation and monitoring parameters for the antipsychotic medication Quetiapine (an antipsychotic medication used to treat psychiatric conditions) for one of three residents reviewed (Resident 1).This failure had the potential to delay identification of adverse side effects associated with antipsychotic medication use, including changes in condition, excessive sedation, abnormal movements, and falls.Findings: On April 2, 2026, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included psychosis (a condition or symptom in which a person has difficulty distinguishing what is real from what is not real) and bipolar disorder (a mental health disorder characterized by significant changes in mood, energy, activity level, and ability to function). A review of Resident 1's physician record dated August 14, 2025, indicated the following: - QUEtiapine Fumarate Oral Tablet 25 MG (milligram) Quetiapine Fumarate Give 0.5 tablet by mouth at bedtime for BIPOLAR DISORDER. -Monitor for side effects of antidepressant medication due to use of QUETIAPINE every shift dry mouth, blurred vision, constipation, urinary retention, hypotension [low blood pressure], appetite changes, headache, insomnia [difficulty in sleeping] dyspepsia [indigestion], weight changes. Further review indicated the physician order did not include appropriate monitoring parameters specific to Quetiapine, an antipsychotic medication. A review of Resident 1's care plan dated August 21, 2025, indicated .The resident uses psychotropic medication (Quetiapine) for Behavior management .Interventions .Monitor/document/report PRN (as needed) any adverse reactions of PSYCHOTROPIC medications: unsteady gait, tardive dyskinesia (movement disorder characterized by involuntary, repetitive, and uncontrollable body movements) .(shuffling gait, rigid muscles, shaking) . A review of Resident 1's electronic Medication Administration Record (eMAR) for the month of August 2025, indicated the monitoring parameters referenced side effects associated with an antidepressant medication rather than monitoring specific to Quetiapine or antipsychotic medications. On April 2, 2026, at 11:01 a.m., during an interview with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the facility practice required licensed nurses to monitor residents receiving psychotropic medications for behaviors and adverse side effects every shift and document the monitoring in the eMAR. On April 2, 2026, at 1:45 p.m., during a concurrent interview and record review with the Director of Nursing (DON), the DON stated receiving antipsychotic medications such as Quetiapine should be monitored for adverse side effects specific to the medication. The DON stated Resident 1's monitoring documentation referenced antidepressant medication monitoring rather than antipsychotic medication monitoring. The DON stated the licensed nurses should have verified the monitoring parameters and clarified the order with the physician. The DON stated antipsychotic medications such as Quetiapine require monitoring for adverse side effects specific to antipsychotic medications, which differ from monitoring parameters for antidepressant medications. The DON further stated that inaccurate monitoring parameters could delay the identification of adverse side effects associated with antipsychotic medication use. A review of the policy and procedure titled Physician Orders, dated August 21, 2020, indicated, .To have a process to verify that all physician orders are complete and (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	accurate .The licensed nurse will confirm that physician orders are clear, complete and accurate as needed .