

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Riviera Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8203 Telegraph Rd Pico Rivera, CA 90660	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) wore a cranial helmet (prescribed to residents to protect the head after undergoing a craniotomy [surgery that removes a portion of bone from the skull]) as ordered by the physician.</p> <p>This failure placed Resident 1 at risk for injuries, delayed healing and dehiscence (partial or complete separation of the edges of the resident's surgical incision).</p> <p>Findings:</p> <p>During an observation on 6/12/2025 at 7:40 a.m. in Resident 1's room, Resident 1 was observed without a cranial helmet on.</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted on [DATE] with diagnoses including intracerebral hemorrhage (bleeding into the brain tissue), person injured in motor vehicle accident (MVA), traumatic brain injury (TBI- a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head), epilepsy (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), and psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).</p> <p>During a review of Resident 1's Physician Orders dated 5/5/2025, the Physician Orders indicated Resident 1 was ordered to always wear a cranial helmet, except during shower times.</p> <p>During a review of Resident 1's Care plan related to Resident 1's alteration in neurological status due to intracerebral hemorrhage, post motor vehicle accident dated 5/5/2025, the Care plan nursing interventions indicated to ensure Resident 1 had his cranial helmet on at all times except during shower times.</p> <p>During a review of Resident 1's History and Physical (H&P) dated 5/6/2025, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. The H&P indicated Resident 1 had a history of craniotomy with a surgical wound and staples (surgical closure device) on his head.</p> <p>During a review of Resident 1's Progress Note dated 5/6/2025, the Progress Note indicated Resident 1 was admitted with a surgical incision on the left side of the head measuring 32 centimeters (cm- metric unit of measurement, measures length), by 0.3 cm with 67 staples in place.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Minimum Data Set (MDS &ndash; a resident assessment tool) dated 5/10/2025, the MDS indicated Resident 1 had severe cognitive (ability to think and reason) impairment, exhibited behavioral symptoms (i.e. hitting or scratching self, disrobing, or verbal symptoms like disruptive sounds). The MDS indicated Resident 1 was dependent (staff does all the effort, resident does none of the effort) for activities of daily living such as dressing above the waist and personal hygiene.</p> <p>During a review of Resident 1's Change of Condition (COC) dated 5/20/2025, the COC indicated Resident 1's surgical incision on his head had drainage and redness. The COC indicated Resident 1 had episodes of picking on his surgical site with his hands. The COC indicated Resident 1's physician ordered to administer Doxycycline (an antibiotic [medicine that stop or prevent infection]) 100 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount) for dehiscence on the left side of the head surgical site.</p> <p>During a concurrent observation and interview on 6/12/2025 at 7:50 a.m. with Certified Nursing Assistant (CNA 1) in Resident 1's room, Resident 1 was not wearing a cranial helmet. CNA 1 stated Resident 1 should be wearing a helmet at all times when not showering. CNA 1 stated he did not know where Resident 1's helmet was located and did not know how long Resident 1 was not wearing his helmet.</p> <p>During a concurrent observation and interview on 6/12/2025 at 8:10 a.m. with Licensed Vocational Nurse (LVN) 4, in Resident 1's room, Resident 1 was observed not wearing a cranial helmet. LVN 4 was unable to locate Resident 1's cranial helmet. LVN 4 stated all nursing staff were responsible for ensuring Resident 1 kept his helmet on.</p> <p>During an interview on 6/12/2025 at 1:15 p.m. with LVN 4, LVN 4 stated Resident 1's cranial helmet protected Resident 1's skull and surgical incision. LVN 4 stated Resident 1's flailing behavior, cognitive impairment, surgical history of craniotomy, and medical history of TBI placed the resident at risk of head and brain injuries. LVN 4 stated Resident 1 needed to always wear his cranial helmet when not showering to prevent head and brain injuries.</p> <p>During a concurrent interview and record review on 6/12/2025 at 2:21 p.m. with Registered Nurse (RN 1), Resident 1's COC dated 5/20/2025, and Progress Notes dated 5/23/2025 were reviewed. RN 1 stated the COC indicated Resident 1 removed his helmet and scratched the surgical wound on his left scalp, which caused the wound to dehisce. RN 1 stated Resident 1 required antibiotics and wound care to prevent infection. RN 1 stated all nurses must ensure Resident 1 is wearing his helmet and should never leave Resident 1 alone without his cranial helmet. RN 1 stated the Progress Note indicated facility staff were unable to contact MD 2 after Resident 1's appointment to update Resident 1's orders and plan of care. RN 1 stated the Progress Notes did not indicate any follow up with MD 2 within the past 20 days, from 5/23/2025 to 6/12/2025. RN 1 stated Resident 1 was at risk of delayed care and inappropriate orders due to the facility's lack of communication.</p> <p>During a concurrent interview on 6/13/2025 at 11:15 a.m., with Resident 1's Physician (MD 1), MD 1 stated Resident 1's surgical wound needed to always be offloaded (reducing or removing pressure on the wound site to promote healing) and protected by the cranial helmet to decrease the probability of the wound dehiscing.</p>		