

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Extended Care Hospital of Riverside		STREET ADDRESS, CITY, STATE, ZIP CODE  8171 Magnolia Avenue Riverside, CA 92504	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident's water temperatures were maintained at a comfortable level for one of three residents reviewed, (Resident 1) when the resident's and/or resident ' s representatives (RR) complained the hot water took too long to heat in their bathrooms.</p> <p>This failure had the potential for Resident 1 to feel uncomfortable and affect their quality of life.</p> <p>Findings:</p> <p>On May 3, 2024, at 11:54 a.m., an unannounced visit to the facility on a complaint investigation was initiated.</p> <p>A review of Resident 1 ' s medical record indicated he was admitted on [DATE], with diagnoses of malignant neoplasm (a cancerous tumor), of the lung, secondary malignant neoplasm of brain, type 2 diabetes mellitus, diabetes mellitus type 2 (a chronic condition that affects the way the body uses sugar. The body either resists the effects of insulin - a hormone that regulates the movement of sugar into the cells - or doesn't produce enough insulin to maintain normal sugar levels), and atrial fibrillation, (irregular heartbeat).</p> <p>On May 3, 2024, at 12:07 p.m., an interview was conducted with Resident 1. Resident 1 stated that his family member assists with his bed baths. Resident 1 stated that the washcloth was cold.</p> <p>On May 3, 2024, at 12:23 p.m., the hot water was turned on in Resident 1 ' s restroom.</p> <p>On May 3, 2024, at 12:28 p.m., the water temperature was recorded at 85 degrees Fahrenheit in Resident 1 ' s restroom.</p> <p>On May 3, 2024, at 12:30 p.m., the water temperature in Resident 1 ' s restroom was recorded at 95 degrees Fahrenheit.</p> <p>On May 3, 2024, at 1:04 p.m., an interview was conducted with Certified Nursing Assistant, (CNA 1). CNA 1 stated that for some resident restrooms it took longer for the hot water to heat up.</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:  056162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Extended Care Hospital of Riverside		STREET ADDRESS, CITY, STATE, ZIP CODE  8171 Magnolia Avenue Riverside, CA 92504	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 3, 2024, at 1:25 p.m., an interview was conducted with the Maintenance Director (MD). The MD stated that the resident's restroom water temperatures should be between 105 degrees Fahrenheit to 120 degrees Fahrenheit. The MD stated that the water temperature should not take more than five minutes to heat up.</p> <p>On May 3, 2024, at 1:52 p.m., the hot water was turned on in Resident 1 ' s restroom.</p> <p>On May 3, 2024, at 1:58 p.m., the water temperature in Resident 1 ' s restroom was recorded at 89.5 degrees Fahrenheit.</p> <p>On May 3, 2024, at 2:06 p.m., the hot water was turned on in Resident 1 ' s restroom with the Director of Nursing, (DON).</p> <p>On May 3, 2024, at 2:11 p.m., the water temperature in Resident 1 ' s restroom was recorded at 100.6 degrees Fahrenheit.</p> <p>On May 3, 2024, at 2:11 p.m., an interview was conducted with the DON. The DON stated it was taking a while for the hot water to heat up.</p> <p>A review of the facility ' s policy and procedure titled Safe Water Temperatures revised January 19, 2022, indicated .It is the policy of this facility to maintain appropriate water temperatures in resident care areas .</p> <p>A review of California Code Regulations Title 22, 81088 - Fixtures, Furniture, Equipment and Supplies dated January 7, 1991, indicated .(e) Faucets used by clients for personal care such as shaving and grooming shall deliver hot water. (1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C) .</p>