

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  09/06/2024
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 - Some</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 complaint can be substantiated that the facility failed to ensure the temperature was between 71- and 81-degrees Fahrenheit for 46 of 96 residents.</p> <p>This failure caused residents to be uncomfortable and had a potential for heat related illnesses in a vulnerable population.</p> <p>Findings:</p> <p>On September 6, 2024, at 5:58 p.m., an unannounced visit to the facility on a complaint investigation was initiated.</p> <p>On September 6, 2024, at 6:13 p.m., an interview was conducted with the Maintenance Director, (MAD). The MAD stated that earlier this morning approximately midnight, he was called in due to a breaker fuse going bad. The MAD stated that the generator power went on, and they have been working on replacing the fuse all day.</p> <p>On September 6, 2024, at 6:15 p.m., an observation of room temperatures was conducted with the MAD:</p> <p>a. room [ROOM NUMBER] (has two residents)- 82 degrees Fahrenheit;</p> <p>b. Rooms 25 (has three residents), 26 (three residents), 27 (three residents), 28 (three residents), 30 (three residents), 31 (three residents), 32 (two residents), 34 (two residents), 37 (three residents)- 83 degrees Fahrenheit;</p> <p>c. Rooms 29 (two residents), 33 (three residents), 35(two residents), 39(three residents), 40 (three residents), 41(three residents)-84 degrees Fahrenheit; and</p> <p>d. room [ROOM NUMBER] (three residents)- 85 degrees Fahrenheit.</p> <p>On September 6, 2024, at 6:23 p.m., a concurrent observation and interview was conducted with Resident 1. Resident 1 was observed sitting at the edge of her bed, eating dinner. Resident 1 had perspiration on her face and chest. Resident 1 stated the room was hot, and she was uncomfortable. Resident 1 stated that the room temperature had been uncomfortable since 4 p.m.</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On September 6, 2024, at 6:42 p.m., a concurrent observation and interview was conducted with Resident 2. Resident 2 was sitting at the edge of his bed, eating his dinner. His oxygen was on by nasal cannula. Resident 2 stated we should be compensated, we should not have to be this hot.</p> <p>A review of Resident 1 ' s medical records indicated she was admitted on [DATE], with diagnoses of encounter for surgical aftercare following surgery.</p> <p>A review of Resident 1 ' s History and Physical dated June 26, 2024, indicated she had the capacity to make decisions.</p> <p>A review of Resident 2 ' s medical records indicated he was admitted on [DATE], with diagnoses of acute respiratory failure, (a serious condition that develops quickly without warning when the lungs can ' t get enough oxygen into the blood), chronic congestive heart failure, (the heart cannot pump or fill adequately), acute pulmonary edema, (a condition where fluid accumulates in lung tissues), acute kidney failure, (occurs when the kidneys suddenly become unable to filter waste products from the blood), peripheral vascular disease, (condition in which arteries outside the heart become narrowed or blocked), and cardiomegaly, abnormal enlargement of the heart). Resident 2 was self-responsible for making decisions.</p> <p>A review of the facility ' s policy and procedure titled Loss of Heating or Cooling revised December 19, 2022, indicated .It is the policy of this facility to take immediate actions when the facility ' s heating or cooling systems are inoperable in order to maintain temperatures within the facility at 71-81 F .</p>		