

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 02/05/2025
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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on interview and record review, the facility failed to ensure staff discussed the decisions and the rationale regarding issues or concerns raised by the Resident Council (a group of residents who come together to discuss concerns, make suggestions, and advocate for improvements in their living environment).</p> <p>This failure had the potential to feel that their voices were not heard which could result in dissatisfaction and a decline in quality of life.</p> <p>Findings:</p> <p>On January 22, 2025, at 5:25 p.m., during an interview with Resident 1, she stated the dining room/activity room closes at 7 p.m. and reopens at 9 a.m. Resident 1 further stated the access to the patio and vending machine is only available thru the dining room.</p> <p>On January 22, 2025, at 5:40 p.m., during an interview with Certified Nurse Assistant (CNA) 1, he stated the dining room closes at 6:15 p.m. and the key is held by the Registered Nurse Supervisor (RNS).</p> <p>On January 22, 2025, at 5:40 p.m., during an interview with the Dietary Service Supervisor (DSS), she stated the dining room is closed right after dinner time and the key is held by the Registered Nurse Supervisor (RNS).</p> <p>On January 22, 2025, at 6:55 p.m., during an interview with Resident 2, he stated the dining room closes at 7 p.m Resident 2 further stated that the activity room is the only place available to sit, relax, and socialize with other residents.</p> <p>On January 22, 2025, at 7:45 p.m., during an interview with Resident 3, he stated he wanted to go out to the patio to get fresh air. Resident 3 stated, he attempted multiple times since his admission but was unable to do so because the dining room was closed.</p> <p>On January 22, 2025, at 7:55 p.m., during an interview with Resident 4, she stated she wanted to buy soda at night but was unable to because the dining room was closed.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 22, 2025, at 8:10 p.m., during an interview with the Registered Nurse Supervisor (RNS), she stated they were instructed to lock the dining room at 7 p.m. and she is the one who holds the key.</p> <p>On January 22, 2025, at 8:30 p.m., during an interview with the Assistant Director of nursing (ADON), she stated the staff were not supposed to lock the dining room, but only to keep it closed.</p> <p>On February 3, 2025, at 2:16 p.m., the Dietary Services Supervisor (DSS) was interviewed. The DSS stated, she had heard residents discussing and complaining about the dining room being closed at night. The DSS further stated that she informed the department heads about these concerns during the morning meetings.</p> <p>A review of facility document titled, RESIDENT COUNCIL DEPARTMENTAL RESPONSE FORM, dated December 18, 2024, indicated, .Issues Identified by Resident Council .Resident ' s expressed concern of dinning (sic) room door being closed .facility resolved by giving RN (Registered Nurse) key and communicated with staff. The door will remain open breakfast lunch and dinner .</p> <p>Further review of the facility document Resident Council Departmental Response Form, dated December 18, 2024, indicated there was no documentation that the solutions and their rationale were discussed with the Resident Council.</p> <p>On February 5, 2025, at 3:03 p.m., the Administrator was interviewed. The Adm stated, the residents had brought up concerns about the dining room being closed at night during a Resident Council meeting. The Adm stated, the team developed solutions to address the issue, these solutions were not shared or discussed with the Resident Council. The Adm stated that the information should have been disseminated to ensure residents were informed.</p> <p>A review of Resident 1 's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included aftercare following surgery of the digestive system (group of organs that work together to digest and absorb nutrients from the food you eat).</p> <p>Resident 1 's History and Physical Examination, dated December 5, 2025, indicated Resident 1 has the capacity to make decisions.</p> <p>A review of Resident 2 's Admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included schizophrenia (mental condition).</p> <p>Resident 2 's History and Physical Examination, dated November 30, 2024, indicated Resident 2 has the capacity to make decisions.</p> <p>A review of Resident 3 's Admission Record indicated Resident 3 was admitted to the facility on [DATE], with diagnoses which included left total knee replacement.</p> <p>Resident 3 's History and Physical Examination, dated January 20, 2025, indicated Resident 3 has the capacity to make decisions.</p> <p>A review of Resident 4 's Admission Record indicated Resident 4 was admitted to the facility on [DATE], with diagnoses which included diabetes (high blood sugar).</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 4 's History and Physical Examination, dated December 29, 2024, indicated Resident 4 has the capacity to make decisions.</p> <p>A review of the facility policy and procedure titled, Resident Council Meetings, dated December 19, 2023, indicated, .The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the Council .</p>