

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 06/05/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of physical abuse to the California Department of Public Health (CDPH) within two hours after the allegation was made, for one of six sampled residents (Resident A).</p> <p>This failure had the potential to result in psychosocial harm to Resident A and other residents in the facility.</p> <p>Findings:</p> <p>A review of Resident A's admission record indicated, Resident A was admitted to the facility on [DATE], with diagnoses which included osteomyelitis (inflammation of the bone tissue).</p> <p>A review of Resident A's Minimum Data Set (MDS - an assessment tool) dated May 9, 2025, indicated Resident A had a Brief Interview for Mental Status (BIMS - [screeener for mental and cognitive status] score of 12 (moderate cognitive impairment).</p> <p>A review of Resident A's Social Service Progress Note, dated May 27, 2025, at 3 p.m., indicated, .This resident (Resident A) is alert able to make needs known .On 5/27/25 [sic] This resident believes ithad been 8 or 8:30 pm, .verbal altercation took place with (Resident B). States he was talking to staff not yelling when he noticed (Resident B) hovering over his side of the bed leaning forward at eye level telling him I told you to keep it down Mother F***** the resident stated that he raised his arm to (Resident B) face telling him 'your not going to tell me what to do' .per resident (Resident B) then grabbed his wrist .</p> <p>On June 3, 2025, at 11:12 a.m., the Administrator was interviewed. The Administrator stated, when an abuse allegation was identified, the staff were expected to report it to him, as the abuse coordinator and to the Director of Nursing (DON) immediately. The administrator stated, the abuse allegation should have been reported to CDPH within two hours.</p> <p>On June 3, 2025, at 3:53 p.m., the Social Service Director (SSD) was interviewed. The SSD stated, on May 27, 2025, at around 11 a.m., she became aware of the altercation between Residents A and B (approximately eleven hours after the incident occurred).</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 3, 2025, at 4:20 p.m., Resident B was interviewed. Resident B stated, Resident A, his roommate, woke him up around 12 a.m. and raised his arm as if to hit him, but there was no physical contact.</p> <p>On June 3, 2025, at 4:23 p.m., Resident A was observed and interviewed. Resident A stated, Resident B was trying to kill him. Resident A stated, Resident B told him to tone down his voice, twisted his arm, and tried to hit him. Resident A stated I was not safe that night. Resident A stated, the incident happened on May 26, 2025, at around 8:30 p.m. Resident A was observed with two scabbed marks about 3 mm in size and the other about 5 mm in size, located approximately two inches above the wrist.</p> <p>On June 5, 2025, at 2:24 p.m., the Licensed Vocational Nurse (LVN) was interviewed. The LVN stated, while exiting another resident's room, she heard a heated argument on May 27, 2025, after 12 a.m. The LVN stated, when she spoke with Resident A, the resident informed her that Resident B had scratched his right hand. The LVN stated, she informed the RN Supervisor and told her to report it to the DON. The LVN stated, this was an allegation of abuse and should have been reported immediately.</p> <p>A review of the facility policy and procedure titled, Abuse, Neglect and Exploitation, dated December 19, 2022, indicated .Reporting/Response .Reporting all alleged violations .Immediately, but no later than 2 hours after the allegation is made .</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Preadmission Screening and Resident Review (PASARR- a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care) Level I screening accurately reflected the presence of diagnosed mental disorders for one of three sampled residents (Resident A).</p> <p>This failure had the potential to result in the inappropriate admission of residents who may not meet the criteria for nursing facility placement, and in the resident not receiving the appropriate services for their diagnosed mental health conditions.</p> <p>Findings:</p> <p>A review of Resident A's admission Record indicated Resident A was admitted to the facility on [DATE], with diagnoses which included bipolar disorder (mental disorder) and anxiety disorder.</p> <p>A review of Resident A's PASARR Level 1 screening, dated May 20, 2025, indicated .Level 1 negative for SMI (serious mental illness) .Section III- SMI .Does the individual have a serious diagnosed mental disorder such as depressive disorder [persistent feeling of sadness or loss of interest] , anxiety disorder [excessive worry], panic disorder [sudden episodes of intense fear or discomfort], schizophrenia/schizoffective disorder [chronic severe mental disorder], or symptoms of psychosis [loss of contact with reality], delusions [false fixed belief that are not based on reality], and/or mood disturbance? - No .</p> <p>On June 5, 2025, at 1:30 p.m., during a concurrent interview and review of Resident A's PASARR with Minimum Data Set Nurse (MDSN)1, MDSN 1 stated, she missed the diagnoses and she should have answered yes to the question in Section III. MDSN 1 further stated, when PASARR screening are completed incorrectly, there is a potential the resident could be admitted even if they may not be appropriate for this facility.</p> <p>On June 5, 2025, at 2:10 p.m., during a concurrent interview and review of Resident A's PASARR with MDSN 2, she stated the diagnoses of bipolar disorder could have significantly changed the PASARR result from Level 1 Negative to Level 1 Positive.</p> <p>A review of the facility policy and procedure titled Resident Assessment-Coordination with PASARR Program, dated December 19, 2022, indicated, .PASARR Level 1- initial pre-screening that is completed prior to admission i. Negative Level I Screen- permits admission to proceed and ends the PASARR process . ii. Positive Level I Screen- necessitates a PASARR Level II evaluation prior to admission .</p>		