

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Citrus Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 9025 Colorado Avenue Riverside, CA 92503	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a safe and appropriate discharge for one of three residents reviewed for discharge (Resident) 1 when the resident's identified care needs and required caregiver support were not coordinated through the Interdisciplinary Team (IDT - consists of Director of Nursing, Social Services, and Rehabilitation) prior to discharge to home. The facility discharged the resident without confirming that necessary caregiver support and services were arranged to meet the resident's care needs. This failure resulted in the resident returning to the facility the day following discharge and had the potential to result in unmet needs and harm. Findings: Resident 1 was admitted to the facility on [DATE], with diagnoses including muscle weakness and unsteadiness on feet. Resident 1 was discharged on January 14, 2026, and returned to the facility on January 15, 2026. A review of Resident 1's Discharge Plan Documentation, dated January 12, 2026, indicated the resident required assistance with household tasks (meal preparation, bill paying, and simple cleaning, transfers from bed to chair, and walking. A review of Resident 1's Nurses Progress Notes, indicated the following: -Dated January 14, 2026, .Resident is to DC (discharge) home today. She was accompanied by 2 person transportation and picked up approx (approximately) 1645 (4:45 p.m.). -Dated January 15, 2026, indicated .Resident was discharged home on 1/14/26 with IHSS services. A wellness call was placed today by SSD (Social Service Director) spoke with resident's daughter (name of daughter), who reported that the IHSS hours approved were less than the family anticipated and are not sufficient to meet the residents care needs. (Name of daughter) also reported that she has recently learned of a personal medical condition, which is limiting her ability to assist with her mom's care. A review of Resident 1's Occupational Therapy OT Discharge Summary, dated January 15, 2026, indicated .Feeding.Minimal help required.Personal Hygiene. Minimal help required.Bathing.Minimal help required.Dressing.Minimal help required.Toilet Use.Minimal help required.Transfers.Moderate help required. A review of Resident 1's Physical Therapy PT Discharge Summary, dated January 15, 2026, indicated .D/C Location.Patient discharged to home w/support (with support)/(A) from others.Assistance/Support to be provided = Community Assistance, AM (morning) assistance/caregiver available, PM (afternoon) assistance/caregiver available. On January 16, 2026, at 2 p.m., an interview with the Social Service Director (SSD) was conducted. The SSD stated Resident 1 reported having In House Separated Services (IHSS) in place prior to discharge and the resident's daughter would assist with care at home. The SSD stated she relied on the resident's statement regarding availability of IHSS services and did not contact the resident's daughter to confirm caregiver availability or ability to provide care. On January 16, 2026, at 3:30 p.m., an interview with the Director of Nursing (DON) was conducted. The DON stated discharge planning typically reviewed by the IDT. The DON stated, the resident's daughter identified as the resident's caregiver, was not present during the discharge planning discussion. The DON stated, the resident was discharged on January 14, 2026, and returned to the facility on January 15, 2026, the day following discharge. The DON further stated, if the caregiver hours were insufficient, the resident's care needs would not be met in the home setting. The DON stated, Resident 1 was not (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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>capable of caring for herself and required a caregiver. On January 20, 2026, at 10:20 a.m., an interview with the Director of Rehabilitation (DOR) was conducted. The DOR stated Resident 1 required minimal to moderate assistance with activities of daily living and required caregiver support at home. The DOR stated that if a family member were to provide care, training would be required prior to discharge. The DOR stated Resident 1's caregiver was not provided caregiver training. The DOR further stated Resident 1 required caregiver support during daytime and nighttime hours and that she was not asked regarding caregiver hours prior to discharge. On March 3, 2026, at 1:37 p.m., an interview with the SSD was conducted. The SSD stated she discussed the discharge plan with the resident but did not include the daughter. The SSD stated Resident 1 told her she will inform her daughter. The SSD stated there was no discussion with the IDT regarding caregiver hours, caregiver training or the level assistance required at home. On March 3, 2026, at 4:26 p.m., an interview with the DON was conducted. The DON stated nursing and rehabilitation should have coordinated discharge needs with Social Services, including caregiver training and required hours, to ensure services were in place prior to discharge. A review of the facility policy and procedure titled Discharge Summary and Plan, dated December 2016, indicated, .When a resident's discharge is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment . Every resident will be evaluated for his or her discharge needs and will have an individualized post-discharge plan the post discharge plan will be developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and will include .the degree of caregiver/support person availability, capacity and capability to perform required care .how those factors will be addressed .</p>		