STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056485	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arlington Gardens Care Center	3688 Nye Avenue Riverside, CA 92505

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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422 Based on interview, and record review, the facility failed to ensure Resident 1's representative was informed of the findings of the investigation related to the incident which occurred while the resident was at a doctor's appointment. Resident 1 had a change of condition while at the doctor's office and had to be transferred to the acute care hospital. This failure had the potential for the family member or representative not to be aware of the circumstances surrounding the concern they had and to have unresolved issues. Findings: On March 5, 2024, at 10:22 a.m., an unannounced visit to the facility was conducted to re-investigate a quality care concern. A review of Resident 1's medical record indicated he was admitted on [DATE], and discharged on [DATE], with diagnoses of hemiplegia, (paralysis of one side of the body), and hemiparesis (weakness of one side of the body), following cerebral infarction (stroke), affecting right dominant side, atrial fibrillation (irregular heart beat), benign prostatic hyperplasia (BPH - enlargement of the prostate), urinary tract infection (infection in the bladder), encounter for surgical aftercare following surgery on the genitourinary system, obstructive and reflux uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow). A review of Resident 1 ' s History and Physical dated October 4, 2023, indicated he had decision making capacity. A review of Resident 1 ' s Nurses Notes dated October 9, 2023, at 10:08 a.m., indicated Pt, [patient] out to a Dr' appointment @1005 with[name of] transportation. Pt is alert and oriented x4 and able to make needs known. V/S [vital signs] stable. Pt has no c/o [complaint of] pain or discomfort at this time. All needs met at this time. (continued on next page)

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: 056485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On March 5, 2024, at 2:09 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated that on October 9, 2023, Resident 1 ' s family member (FM), called and informed her of what had occurred with Resident 1 while at the doctor ' s office, and that he was in the intensive care unit. The DON stated that she investigated the incident, she checked the vital signs of Resident 1 and they were stable. The DON stated she called and spoke with the transporter and called the doctor ' s office, but unable to get a statement. The DON stated she did not recall if she called the FM back with results from her investigation. The DON stated that a grievance would be taken by the director of the department. On March 18, 2024, at 1:30 p.m., a telephone interview was conducted with the DON. The DON stated that a grievance can be reported by telephone or filed with the department director. The DON stated that an investigation would be conducted into the matter. The DON stated that results would be provided to the reporting party and filed with social services. A review of the facility policy titled Grievances/Complaints, Recording and Investigating revised April 2017, indicated .All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). 3. The department director(s) of any named employee(s) will be notified of the nature of the complaint and that an investigation is underway. 4. The investigation and report will include, as applicable: the date and time of the alleged incident; the circumstances surrounding the alleged incident; the location of the alleged incident; the names of any witnesses and their accounts of the alleged incident; the resident ' s account of the alleged incident; the employee ' s account of the alleged incident;accounts of any other individuals involved (i.e., employee ' s supervisor, etc.); and recommendations for corrective action .7. The resident, or person acting on behalf of the resident, will be informed of the findings of the investigation, as well as any corrective actions recommended, within 5 working days of the filing of the grievance or complaint .