

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Riverside Behavioral Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4580 Palm Avenue Riverside, CA 92501	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51063</p> <p>Based on interview and record review, the facility failed to ensure for one of two sampled residents (Resident 1), Resident 1 received necessary supervision and monitoring, as required by the physician for every 15-minute checks following a downgrade from 1:1 monitoring.</p> <p>This failure resulted in lack of observation and documentation and had the potential to result in aggression and harm towards other residents without timely staff intervention.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record dated March 18, 2025, indicated Resident 1 was admitted on [DATE], with diagnoses which included schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>A review of Resident 1's progress notes dated March 13, 2025, indicated, .may come off of 1:1 monitoring per (name of physician) and remain on q15 min behavior watch .</p> <p>A review of Resident 1's document titled 1:1 with staff EVERY 15 MINUTE MONITORING, dated March 13, 2025, indicated, there was no documentation Resident 1 was monitored from 1:30 p.m. to 11:45 p.m.</p> <p>On March 18, 2025 at 3:05 p.m., during a concurrent interview and record review of Resident 1's 1:1 with staff EVERY 15 MINUTE MONITORING form with RN 1, RN 1 stated, there was no documentation completed for Resident 1's monitoring on March 13, 2025 from 1:30 p.m. to 11:45 p.m. RN 1 stated she was unsure why it was blank and the documentation should have been completed.</p> <p>On March 18, 2025 at 3:25 p.m., during a concurrent interview and record review of Resident 1's 1:1 with staff EVERY 15 MINUTE MONITORING form with LVN 1, LVN 1 stated, there was no documentation completed for Resident 1's monitoring on March 13, 2025, from 1:30 p.m. to 11:45 p.m. LVN 1 stated Resident 1's monitoring had been changed from 1:1 to every 15 minutes.</p> <p>On March 18, 2025 at 4:05 p.m., during a concurrent interview and record review of Resident 1's 1:1 with staff EVERY 15 MINUTE MONITORING form with the ADON, the ADON stated the staff should have been made aware of Resident 1's monitoring and Resident 1 should have been monitored throughout the day. The ADON stated, on March 13, 2025, Resident 1 should have been monitored every 15 minutes and the monitoring should have been documented.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 21, 2025 at 9:36 a.m., during an interview with CNA 1, CNA 1 stated when a resident is placed on 1:1 monitoring, the RN or charge nurse notifies the staff and provides a blue form. CNA 1 stated, when a resident is downgraded to every 15-minute monitoring, a yellow form was used. CNA 1 stated she was responsible for Resident 1 on March 13, 2025, during the morning shift, and she had not been informed of the change from 1:1 to every 15 minutes monitoring. CNA 1 stated, 15-minute monitoring should have been documented.</p> <p>On March 21, 2025 at 10 a.m., an interview with CNA 2 was conducted. CNA 2 stated she was responsible for Resident 1 during the afternoon shift on March 13, 2025. CNA 2 stated, she did not recall being informed of the downgrade from 1:1 to every 15-minute monitoring. CNA 2 stated she did not remember monitoring Resident 1 every 15 minutes. CNA 2 stated, 15-minute monitoring should have been documented, as staff were expected to record the resident's location and activity at the time of observation, such as whether the resident was awake or sleeping.</p> <p>A review of the facility's policy and procedure titled, Behavior Assessment and Monitoring: Behavior Watch, dated January 2018, indicated, .Staff will be assigned to assess and observe the client's behavior and document on the Behavior Watch monitoring record every 15 minutes .</p>