

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Riverwalk Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Harrison Street 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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their weight management policy for one of five residents (Resident 2), when Resident 2 was not weighed weekly after severe weight loss was noted on January 8, 2025.</p> <p>This failure had the potential to lead to continued unmonitored weight loss which could negatively impact Resident 2's health condition.</p> <p>Findings:</p> <p>On April 29, 2025, at 8:45 a.m., an unannounced visit was conducted at the facility to investigate a quality care concern.</p> <p>A review of Resident 2's, admission Record, indicated the resident was admitted to the facility on [DATE], and re-admitted to the facility on [DATE], with diagnoses which included muscle wasting and atrophy (a breakdown of muscle tissue).</p> <p>A review of Resident 2 's, Weights and Vitals Summary, indicated the following:</p> <p>12/10/2024 139 lbs., (pounds)</p> <p>01/08/2025 122 lbs., (17 lbs. weight loss in a month); and</p> <p>02/04/2025 109 lbs. (13 lbs. weight loss in a month).</p> <p>A review of eInteract SBAR summary for Providers, dated February 2, 2025, indicated, .The change in Condition .Food and/or fluid intake .Weight: W 122.0 lb. &ndash; 1/8/2025 .</p> <p>A review of the weight and vital summary did not indicate documentation of weekly weight monitoring after the resident had a weight loss of 17 lbs. on January 8, 2025, and 13 lbs. on February 4, 2025.</p> <p>On April 29, 2025, at 2 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated that, per policy, Resident 2 should have been weighed, at least, weekly after the severe weight loss from December 2024-January 8, 20252025, was observed.</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>A review of the facility ' s policy titled, Weight Assessment and Intervention, indicated, .The nursing staff will measure resident weights on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly thereafter .Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation .</p>		