

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 07/02/2025
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to keep one of five residents reviewed (Resident 1) belongings safe from theft or loss after the resident passed away in the facility. This failure resulted in Resident 1's belongings being lost and not available to the family. Findings: On [DATE], at 10:20 a.m., an unannounced visit was conducted to investigate an allegation of missing personal items. On [DATE], Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included cerebrovascular disease (loss of blood flow to part of the brain), cerebral infarction (where part of the brain tissue dies due to a lack of blood supply), anemia (not have enough healthy red blood cells), and palliative care (similar to hospice, medical care focused on improving the patient's and their family's quality of life by managing symptoms and stress related to the serious illness). On [DATE], at 1:20 p.m., a concurrent interview and record review was conducted with the Social Worker (SW). The SW stated after Resident 1 expired (passed away) at the facility, his family called on [DATE], to report the following belongings missing: one radio/CD player; one jazz CD, one pair of pajama pants and one pair of reading glasses. The SW stated Resident 1 had an inventory of his belongings completed on admission. Resident 1's record, titled Inventory of Personal Effects, dated [DATE], indicated Resident 1 had one pair of brown pajamas and one pair of glasses. The SW stated the facility searched for Resident 1's belongings, but did not find the items. The SW stated the facility lost Resident 1's belongings. The SW also stated facility staff should update the belongings list of a resident when new items are brought in by family. The SW stated the facility staff did not update Resident 1's admission belongings list. The SW stated the belongings could have sentimental value for the family of Resident 1. On [DATE], at 3:50 p.m., an interview with the Director of Nursing (DON) was conducted. The DON stated facility should update the admission belongings list when the family brings in new items. The DON stated the lost belongings can have sentimental value for the grieving family of the deceased resident. The facility policy and procedure titled, Personal Property, revised August, 2022, indicated, .Resident belongings are treated with respect by facility staff, regardless of perceived value. The resident's personal belongings and clothing are inventoried and documented upon admission and updated as necessary .The facility policy and procedure titled, Investigating Incidents of Theft and/or Misappropriation of Resident Property, revised [DATE], was reviewed. The policy indicated, .Residents have the right to be free from exploitation, theft and/or misappropriation of personal property .</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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