

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 01/02/2026
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on interview and record review, the facility failed to ensure, for one of one resident, Resident 1, the baseline care plan (BCP- initial, person-centered care guide developed within 48 hours of a resident's admission) included interventions to prevent and/or minimize falls. This failure had the potential to result in Resident 1 to have repeated falls and fall related injury. Findings: A review of Resident 1's admission Record dated January 2, 2026, indicated he was admitted the facility on April 30, 2025, with diagnoses which included repeated falls. A review of Resident 1's Admission/readmission Evaluation Assessment dated April 30, 2025, indicated the reason for Resident 1's admission to the facility included status post fall (experienced a fall previously), the resident had left sided weakness, was non-ambulatory and required assistance with transfer and dressing. A review of Resident 1's Fall Risk Observation/Assessment dated April 30, 2025, indicated the resident was a high risk for falls. A review of Resident 1's Baseline Care Plan Person-Centered Care Planning dated April 30, 2025, did not indicate that the resident had a history of falls and did not include any intervention for falls. A review of Resident 1's Nurse's Note dated May 3, 2025, indicated the resident was found on the floor at 10:00 p.m., and the resident reported he was trying to reach for his clothes by himself, he hit his shoulder and his head. Resident 1 was transferred to the general acute hospital at 10:45 p.m. Further review of Resident 1's medical record indicated the resident did not return to the facility. On January 2, 2026, at 2:17 p.m., during a concurrent interview with Licensed Vocational Nurse (LVN) 1 and record review of Resident 1's medical record, LVN 1 stated a BCP is initiated as soon as a resident is admitted to the facility so the staff will know what they have to do to care for the resident. If a resident had a history of falls, she would include interventions such as placing call light within reach and bed in low position. LVN 1 stated Resident 1's BCP did not indicate any interventions to address falls. On January 2, 2026, at 3:14 pm., during an interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), the DON stated a BCP is initiated so that the staff would know how to care for a resident. The ADON reviewed Resident 1's BCP and stated the BCP did not indicate that the resident had a history of falls and did not indicate any interventions to prevent the resident from falling, and it should have been added to make the staff aware that the resident is at risk for falling. A review of the facility's policy and procedure titled, Care Plans - Baseline dated March 2022, indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality of care and must include the minimum healthcare information necessary to properly care for the resident.</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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