

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Riverside Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 8781 Lakeview Avenue Riverside, CA 92509	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a written notice of bed hold policy (reserving a resident's bed while resident is out of the facility for therapeutic leave or hospitalization) was provided for two of three residents reviewed for hospitalization (Residents 1 and 2) when they were transferred to the general acute care hospital (GACH).</p> <p>This failure had the potential for Residents 1 and 2 to not be informed of their rights to hold the bed while out of the facility and the right to be readmitted back to the facility.</p> <p>Findings:</p> <p>On April 2, 2025, at 9:30 a.m., an unannounced visit was conducted at the facility to investigate an admission, transfer, and discharge rights concern.</p> <p>1. On April 2, 2025, at 10:30 a.m., during a concurrent observation and interview with Resident 1 in his room, he was lying in bed, alert and conversant. Resident 1 stated he was transferred out to the hospital because of a lung problem. Resident 1 stated he could not remember discussing the bed hold policy with a facility staff when he was transferred to the GACH.</p> <p>A review of Resident 1's admission record indicated Resident 1 was initially admitted to the facility on [DATE], and was re-admitted on [DATE], with diagnoses which included chronic obstructive pulmonary disease (COPD-a group of lung conditions that cause breathing difficulties).</p> <p>A review of Resident 1's .H&P (History and Physical) Note, dated December 3, 2024, indicated the resident's decision-making capacity was intact.</p> <p>A review of Resident 1's Nurses Notes, written by a Registered Nurse (RN) dated March 5, 2025, indicated Resident 1 was transferred to the GACH for bacterial pneumonia (lung infection caused by bacteria).</p> <p>A review of Resident 1's BEDHOLD CONSENT, indicated no documented evidence the facility provided the resident a notice of bed hold when the resident was transferred to the GACH on March 5, 2025.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 2, 2025, at 3:10 p.m., during an interview, Registered Nurse (RN) 1 stated Resident 1 was transferred to the GACH after receiving a call from the GACH ED (Emergency Department) MD (Medical Doctor) that Resident 1 had bacterial pneumonia and to send the resident back to the GACH. She stated she discussed the bed hold policy with him but did not know she had to complete the bed hold consent form upon Resident 1's transfer.</p> <p>2. A review of Resident 2's admission record indicated the resident was initially admitted to the facility on [DATE], and re-admitted on [DATE], with diagnoses which included urinary tract infection (a condition when bacteria get into the urinary tract).</p> <p>A review of Resident 2's .H&P Note dated February 4, 2025, indicated the resident's decision-making capacity was intact.</p> <p>A review of Resident 2's Nurses Note dated March 6, 2025, written by RN 2 indicated Resident 2 was transferred to the GACH due to chest pain.</p> <p>A review of Resident 2's BEDHOLD CONSENT, indicated no documented evidence the facility provided the resident a notice of bed hold when the resident was transferred to the GACH on March 6, 2025.</p> <p>On April 6, 2025, at 11:49 a.m., during a telephone interview, RN 2 stated bed hold were discussed to residents upon admission and upon transfer to the GACH. She stated she was not able to discuss bed hold policy to Resident 2. RN 2 stated she thought she only had to include bed hold for seven days in the physician's order. She stated she did not know she had to complete the bed hold consent form upon transfer.</p> <p>On April 6, 2025, at 2:12 p.m., during an interview, the Assistant Director of Nursing (ADON) stated the nurses should be completing the CONFIRMATION OF TRANSFER AND BED HOLD PROVISION portion of the bed hold consent form upon transfer and document it in the progress notes.</p> <p>On April 6, 2025, at 3:25 p.m. during an interview, the Administrator (ADM) stated the nurses were supposed to notify the resident and the family member on the bed hold policy and should have completed the bed hold consent form upon transfer for Residents 1 and 2.</p> <p>A review of the facility's policy and procedure titled Bed-Hold, dated December 2016, indicated .Upon admission, and at time a resident is transferred to a hospital .a facility designee will provide the resident and an immediate family member .written information concerning the option to exercise the bed-hold policy .</p>		