STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents who have trust accounts (a bank account utilized to manage residents' finances) managed by the facility received quarterly statements, for five of five residents reviewed (Resident 7, 9, 10, 11, and 12).This failure had the potential to prevent residents and/or resident's representatives from verifying resident account balances, identifying potential discrepancies, and tracking interest earned.Findings:On April 16, 2026, at 2:46 p.m., Resident 7 was observed alert, oriented, and watching TV. Resident 7 stated he did not have a bank account nor did he receive mail at the facility.On April 16, 2026, at 2:50 p.m., Resident 9 was observed alert, oriented in bed viewing her cell phone. Resident 9 stated that her Social Security checks are sent directly to the facility. Resident 9 stated she has a share-of-cost (monthly amount a Medi-Cal recipient must pay out-of-pocket for care before Medi-Cal begins covering expenses) obligation but was unable to specify the amount. Resident 9 stated the facility did not provide her with quarterly statements to track deposits and withdrawals.On April 16, 2026, at 3:00 p.m., Resident 10 was observed alert, oriented, and playing chess with another resident in the dining room. Resident 10 stated he had not received quarterly statements for a trust account.On April 16, 2026, at 4:03 p.m., Resident 11 was observed in bed alert and oriented watching TV. Resident 11 stated he was unaware if he had a trust account. Resident 11 stated he had not received a quarterly trust account statement. On April 16, 2026, at 4:13 p.m., Resident 12 was observed in bed covered with a blanket alert, nonresponsive, and uninterviewable.On May 4, 2026, at 8:39 a.m., a phone interview was conducted with Resident 12's RP. The RP stated since her mother's admission into the facility she he had never received quarterly statement for Resident 12's trust account. On April 20, 2026, Resident 7's medial record was reviewedThe admission record indicated Resident 7 was re-admitted to the facility on [DATE], with diagnoses which included Dementia (decline in mental ability), Schizophrenia (severe brain disorder) and Bipolar (extreme mood swings).The BIMS (Brief Interview for Mental Status-standardized tool used to screen cognitive impairment) score for Resident 7 dated April 16, 2026, indicated a score of 07 severe cognitive impairment. A review of the document provided by the facility Business Office Manager (BOM) titled, (Named Facility) Trust - Transaction History, indicated Resident 7's trust account with the facility was opened November 26, 2025.On April 20, 2026, Resident 9's medical record was reviewed.The admission record indicated Resident 9 was readmitted to the facility on [DATE], with diagnoses which included , Schizophrenia, Bipolar, and Major Depressive Disorder (persistent feeling of sadness).The history and physical dated July 31, 2025, indicated Resident 9 had the capacity to make decisions.A review of the document provided by the facility BOM titled, (Name of Facility) Care Trust - Transaction History, indicated Resident 9 opened a trust account with the facility on August 1, 2024.On April 20, 2026, Resident 10's medical record was reviewed.The admission record indicated Resident 10 was admitted into the facility on July 8, 2016, with diagnoses which include Dementia, and Psychotic Disorder (loss of touch with reality).The history and physical dated March 7, 2025, indicated Resident 10 had fluctuating capacity to understand and make decisions.A review of the document provided by the facility BOM titled, (Named (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility) Trust General Notes Report, indicated Resident 10 opened a trust account with the facility on November 30, 2018.The BIMS score for Resident 10 dated April 3, 2026, indicated a score of 14 cognitively intact.On April 20, 2026, Resident 11's medial record was reviewed.The admission record indicated Resident 11 was readmitted to the facility on [DATE], with diagnoses which include Metabolic Encephalopathy (brain dysfunction), and Dementia.The history and physical dated March 12, 2025, indicated Resident 11 had the capacity to make decisions.A review of the document provided by the facility BOM titled, (Named of Facility) Care Trust - Transaction History, indicated Resident 11 opened a trust account with the facility September 15, 2025.On April 20, 2026, Resident 12's medical record was reviewed.The admission record indicated Resident 12 was re-admitted to the facility on [DATE], with diagnoses which included Metabolic Encephalopathy, Dementia, and Altered Mental Status (change in baseline cognition from mild confusion to coma).The admission record also indicated that Resident 12's daughter was her Responsible Party (RP- primary point of contact that manages the resident's finances).The BIMS score for Resident 12 dated February 9, 2026, indicated a score of 0 severe cognitive impairment. A review of the document provided by the facility DON titled, (Named of Facility) Trust - Transaction History, indicated Resident 12 opened a trust account with the facility September 1, 2024.On April 20, 2026, at 9:27 a.m., a concurrent interview and record review was conducted with the BOM. The BOM stated the facility process for providing resident's or the RP with quarterly trust account statements are by demand request (formal request made by the resident or RP) only. The BOM stated since his start of employment with the facility (February 17, 2026), the business office had never provided quarterly trust account statements to the residents or the RP.On April 24, 2026, at 12:34 p.m. an interview was conducted with the Administrator (ADM). The ADM stated quarterly statements are automatically mailed to the residents or the RP from the facility business office. The ADM stated the facility did not have a procedure in place to ensure that the residents or the RP received quarterly trust statements. The ADM further stated he verified with the corporate office Director of Accounts Receivable that the resident or RP should have been receiving quarterly trust accounts statements and was not sure why the BOM was not mailing out the quarterly trust account statements.Policies were requested for resident trust accounts and quarterly statements. The requested policies were not provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident's representative (RP - primary point of contact that manages the resident's finances) for one of 5 residents reviewed (Resident 12), when Resident 12's trust account (a bank account utilized to manage residents' finances) balance approached the Supplemental Security Income (SSI) resource limit.This failure had the potential to place Resident 12 at risk of losing Medicaid (government program covering long-term care for low-income residents, including room and board, nursing care, therapies, and medications) eligibility.Findings:On April 20, 2026, Resident 12's medical record was reviewed.The admission record indicated Resident 12 was re-admitted to the facility on [DATE], with diagnoses which included Metabolic Encephalopathy (brain dysfunction), Dementia (decline in mental ability), and Altered Mental Status (change in baseline cognition from mild confusion to coma).The admission record also indicated that Resident 12's daughter was her RP.The BIMS (Brief Interview for Mental Status- standardized tool used to screen cognitive impairment) for Resident 12 dated February 9, 2026, indicated a score of 0 (severe cognitive impairment).A review of the document titled, (Name of Facility) Trust - Transaction History, dated April 6, 2026, indicated Resident 12's trust account balance was $14,545.99.On April 22, 2026, at 3:03 p.m., a phone interview was conducted with the Director of Accounts Receivable (DAR). The DAR stated residents that have a trust account balance greater than $2000 are at risk of losing their Medi-cal/Social Security (SSI) benefits (Medicaid program covering long-term care for low-income residents, including room and board, nursing care, therapies, and medications). The DAR stated the facility process for resident trust accounts greater than $2,000 is to notify the resident or the resident's representative that a spend down (the process of reducing an individual's excessive income) needs to occur so that the balance of the resident's trust account does not affect the residents eligibility for Medicaid /SSI benefits. The DAR stated it is the facility process for the Business Office Manager (BOM) to speak with the resident and/or RP to inform them of the necessary spend down amount to continue to be eligible for Medicaid/SSI benefits. The DAR stated as of April 22, 2026, Resident 12's trust account balance was $14,545.99. The DAR stated there was no documented evidence that the BOM had notified Resident 12's RP of Resident 12's trust account balance. The DAR stated the facility should have notified Resident 12's RP of Resident 12's trust account balance and the potential of losing eligibility for Medicaid /SSI benefits.On April 24, 2026, at 11:19 a.m., a concurrent interview and record review was conducted with the BOM. The BOM stated any trust account with an amount greater than $2000 is at risk of losing Medi-Cal and Social Security benefits. The BOM stated the facility process for trust accounts over $2,000 would be to arrange an IDT (Interdisciplinary - a collaborative group of healthcare professionals who work together to create, implement, and review comprehensive, person-centered care plan for residents) Team Meeting with the resident and/or RP to discuss the residents trust account balance, reason for the spend down, and amount of the spend down. The BOM stated Resident 12's trust account balance as of April 24, 2026, was $14,545.99. The BOM stated there was no documented evidence Resident 12's RP had been notified of Resident 12's trust account balance. The BOM stated the RP should have been notified of Residents 12's trust account balance and possible need to spend down.On May 4, 2026, at 9:32 a.m., a phone interview was conducted with Resident 12's RP. Resident 12's RP stated she never knew Resident 12's trust account carried a balance and thought Resident 12's social security income was absorbed for Resident 12's room and board at the facility. The RP stated the facility had never informed her of Resident 12's trust account balance and/or how the balance may affect Resident 12's eligibility for Medi-Cal and Social Security benefits.Policies were requested for notification of account balance and eligibility account limits for Medi-Cal/Social Security. The requested policies were not provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the personal funds for four of five residents reviewed (Resident 7, 10, 11, and 12) were not charged for services covered by their Medi-Cal (California need-based program covering long-term room, board, and nursing care for eligible residents who meet specific income/asset limits) healthcare benefits.This failure resulted in an improper reduction of Residents 7, 10, 11, and 12 personal funds.Findings:On April 20, 2026, Resident 7's medical record was reviewed.The admission record indicated Resident 7 was re-admitted to the facility on [DATE], with diagnoses which included Dementia (decline in mental ability), Schizophrenia (severe brain disorder) and Bipolar (extreme mood swings).The BIMS (Brief Interview for Mental Status- standardized tool used to screen cognitive impairment) score for Resident 7 dated April 16, 2026, indicated a score of 07, severe cognitive impairment. A review of the document provided by the facility Business Office Manager (BOM) titled, (Name of Facility) Trust - Transaction History, dated December 31, 2025, indicated Resident 7's trust account (a bank account utilized to manage residents' finances) received a debit for Private Room & Board for the month of January 2026 in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response (a real-time electronic response sent by insurance payers confirming a patient's coverage status) dated January 1, 2026, indicated Resident 7 had Medi-cal covered benefits for the month of January 2026.A review of the document provided by the facility BOM titled, (Name of Facility) Payer Setup Information, (the formal process of identifying the primary payer and setting up billing parameters to align with requirements for reducing denied claims and managing cash flow) dated January 1, 2026, indicated Resident 7 was billed as Private Pay for the month of January 2026.A review of the document provided by the facility BOM titled, (Name of Facility) Activity Report, (financial document that tracks the inflows and outflows of financial resources over a specific period) dated January 2, 2026, at 11:40 a.m., indicated Resident 7's trust account was debited $16,197.50 for Private Room & Board for the month of January 2026.On April 20, 2026, Resident 10's medical record was reviewed.The admission record indicated Resident 10 was admitted into the facility on July 8, 2016, with diagnoses which include Dementia, and Psychotic Disorder (loss of touch with reality).The history and physical dated March 7, 2025, indicated Resident 10 had fluctuating capacity to understand and make decisions.The BIMS score for Resident 10 dated April 3, 2026, indicated a score of 14 cognitively intact.A review of the document provided by the facility BOM titled, (Name of Facility) Trust - Transaction History, for December 31, 2026, indicated Resident 10's trust account received a debit for Private Room & Board for the month of January 2026 in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response dated January 1, 2026, indicated Resident 10 had Medi-cal covered benefits for the month of January 2026.A review of the document provided by the facility BOM titled, (Name of Facility) Payer Setup Information, for January 1, 2026, indicated Resident 10 was billed as Private Pay for the month of January 2026.On April 20, 2026, Resident 11's medial record was reviewed.The admission record indicated Resident 11 was readmitted to the facility on [DATE], with diagnoses which include Metabolic Encephalopathy (brain dysfunction), and Dementia.The history and physical dated March 12, 2025, indicated Resident 11 had the capacity to make decisions.A review of the document provided by the facility BOM titled, (Name of Facility) Trust - Transaction History, dated December 31, 2025, indicated Resident 11's trust account received a debit for Private Room & Board for the month of January 2026 in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response dated January 1, 2026, indicated Resident 11 had Medi-cal covered benefits for the month of January 2026.A review of the provided by the facility BOM titled, (Name of Facility) Activity Report, dated January 2, 2026, at 11:40 a.m., indicated Resident 11's trust account (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was debited $16,197.50 for Private Room & Board for the month of January 2026.On April 20, 2026, Resident 12's medical record was reviewed. The admission record indicated Resident 12 was re-admitted to the facility on [DATE], with diagnoses which included Metabolic Encephalopathy, Dementia, and Altered Mental Status (change in baseline cognition from mild confusion to coma).The admission record also indicated that Resident 12's daughter was her Responsible Party (RP- primary point of contact that manages the resident's finances).The BIMS score for Resident 12 dated February 9, 2026, indicated a score of 0 severe cognitive impairment. A review of the document provided by the facility BOM titled, (Name of Facility) Trust - Transaction History, for December 31, 2025, indicated Resident 12's trust account received a debit for Private Room & Board for the month of January 2026 in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response, dated January 1, 2026, indicated Resident 12 had Medi-cal covered benefits for the month of January 2026.A review of the document provided by the facility BOM titled, (Name of Facility) Payer Setup Information, for the following dated January 1, 2026, indicated Resident 12 was billed as Private Pay for the month of January 2026.A review of the document provided by the facility BOM titled, (Name of Facility) Care Activity Report, dated January 2, 2026, at 11:40 a.m., indicated Resident 12's trust account was debited $16,197.50 for Private Room & Board for the month of January 2026.On April 24, 2026, at 11:19 a.m., a concurrent interview and record review was conducted with the BOM.The BOM stated the facility process for residents health insurance is when a resident enters the facility; the facility recommends that the resident enroll in Medi-Cal as a secondary insurance so that the resident is not responsible for private pay rates when their Medicare insurance runs out of covered days. The BOM stated that Medi-Cal is used for long term custodial billing and Medicare is used for three day or more hospital admissions. The BOM stated Medicare only covers 100 days of long term custodial care once a resident has been discharged from a three night or more hospital admission. The BOM stated once the Medicare 100 days expires the resident needs to have Medi-Cal (secondary insurance) in place to cover the cost of a long term custodial stay. The BOM stated if the resident does not have Medi-Cal when their Medicare 100 days expires the resident will be switched from Medicare to private pay, holding the resident financially responsible for the cost of their long term stay.The BOM stated a resident is only transferred to private pay when the resident does not have a secondary insurance. The BOM stated on January 1, 2026, Resident 7 was switched from Medi-Cal to private pay. The BOM stated there was documented evidence that Resident 7 had billable secondary (Medi-Cal) insurance benefits for the month of January 2026 that would have covered Resident 7's January 2026 long term stay. The BOM stated Resident 7 should not have been changed from Medi-Cal to private pay when Resident 7 had a billable secondary insurance. The BOM stated Resident 7's trust account should not have been charged $16,197.50 for Private Room & Board when resident 7 was eligible for Medi-Cal benefits. The BOM stated on January 1, 2026, Resident 10 was switched from Medi-Cal pay to private pay. The BOM stated there was documented evidence that Resident 10 had billable secondary (Medi-Cal) insurance benefits for the month of January 2026 that would have covered Resident 10's January 2026 long term stay. The BOM stated Resident 10 should not have been changed from Medi-Cal to private pay when Resident 10 had a billable secondary insurance. The BOM stated Resident 10's trust account should not have been charged $16,197.50 for Private Room & Board for the month of January 2026 when Resident 10 was eligible for Medi-Cal benefits. The BOM stated on January 1, 2026, Resident 11 was switched from Medi-Cal pay to private pay. The BOM stated there was documented evidence that Resident 11 had billable secondary (Medi-Cal) insurance benefits for the month of January 2026 that would have covered Resident 11's January 2026 long term stay. The BOM stated Resident 11 should not have been changed from Medi-Cal to private pay when Resident 11 had a billable secondary insurance. The BOM stated Resident 11's trust account should not have been charged $16,197.50 for Private Room & Board when resident 11 was eligible for Medi-Cal benefits. The BOM stated on January 1, 2026, Resident 12 was switched from Medi-Cal pay to private pay. The BOM stated there was documented evidence that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 12 had billable secondary (Medi-Cal) insurance benefits for the month of January 2026 that would have covered Resident 12's January 2026 long term stay. The BOM stated Resident 12 should not have been changed from Medi-Cal to private pay when Resident 12 had a billable secondary insurance. The BOM stated Resident 12's trust account should not have been charged $16,197.50 for Private Room & Board for the month of January 2026 when Resident 12 was eligible for Medi-Cal benefits. On April 24, 2026, at 12:34 p.m., a concurrent interview and record review was conducted with the Administrator (ADM). The ADM stated residents are not supposed to be charged for Medi-Cal covered benefits. Resident 7, 10, 11, and 12's records were reviewed. The ADM stated Resident 7, 10, 11, and 12 should not have been switched to private pay to cover Medi-Cal covered benefits.A review of the document provided by the facility BOM titled, California Standard admission Agreement for Skilled Nursing Facilities and Intermediate Care Facilities, undated, indicated .page 9.YOU SHOULD BE AWARE THAT NO FACILITY THAT PARTICIPATES IN THE MEDI-CAL PROGRAM MAY REQUIRE ANY RESIDENT TO REMAIN IN PRIVATE PAY STATUS FOR ANY PERIOD OF TIME BEFORE CONVERTING TO MEDI-CAL COVERAGE.Policies for Medi-Cal billing were requested. The policies were not provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a secure environment for personal funds for four of five residents reviewed (Residents 7, 10, 11, and 12), when the facility changed the residents to private pay and removed $16,197.50 from the residents trust account (a bank account utilized to manage residents' finances) on [DATE], for Private Room & Board without the residents and/or Responsible Party (RP- primary point of contact that manages the resident's finances) consent.This failure had the potential for the residents and/or RP to experience mental anguish and/or confusion regarding the balance in their trust account.Findings:On [DATE], Resident 7's medical record was reviewed.The admission record indicated Resident 7 was re-admitted to the facility on [DATE], with diagnoses which included Dementia (decline in mental ability), Schizophrenia (severe brain disorder) and Bipolar (extreme mood swings). The admission record further indicated Resident 7 was self-responsible.The BIMS (Brief Interview for Mental Status- standardized tool used to screen cognitive impairment) score for Resident 7 dated [DATE], indicated a score of 07 severe cognitive impairment. A review of the document provided by the facility Business Office Manager (BOM) titled, (Named of Facility) Trust - Transaction History, dated [DATE], indicated Resident 7's trust account received a debit for Private Room & Board for the month of [DATE] in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response (a real-time electronic response sent by insurance payers confirming a patient's coverage status) dated [DATE], indicated Resident 7 had Medi-cal (California need-based program covering long-term room, board, and nursing care for eligible residents who meet specific income/asset limits) covered benefits for the month of [DATE].A review of the document provided by the facility BOM titled, (Name of Facility) Payer Setup Information, (the formal process of identifying the primary payer and setting up billing parameters to align with requirements for reducing denied claims and managing cash flow) dated [DATE], indicated Resident 7 was billed as Private Pay for the month of [DATE]. The document further indicated on February 1, 2026, Resident 7 was changed from being billed private pay to billing Medi-Cal-IEHP (IEHP-Inland Empire Health Plan).A review of the document provided by the facility BOM titled, (Name of Facility) Activity Report, (financial document that tracks the inflows and outflows of financial resources over a specific period) dated [DATE], at 11:40 a.m., indicated Resident 7's trust account was debited $16,197.50 for Private Room & Board for the month of [DATE].There was no documented evidence that Resident 7 was notified and consented to being changed to private pay when the facility removed $16,197.50 from the residents trust account on [DATE].On [DATE], Resident 10's medical record was reviewed.The admission record indicated Resident 10 was admitted into the facility on [DATE], with diagnoses which include Dementia, and Psychotic Disorder (loss of touch with reality). The admission record further indicated Resident 10 was self-responsible.The history and physical dated [DATE], indicated Resident 10 had fluctuating capacity to understand and make decisions.The BIMS score for Resident 10 dated [DATE], indicated a score of 14 cognitively intact.A review of the document provided by the facility BOM titled, (Name of Facility) Trust - Transaction History, dated [DATE], indicated Resident 10's trust account received a debit for Private Room & Board for the month of [DATE] in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response dated for the months of [DATE], and February 1, 2026, indicated Resident 10 had Medi-cal covered benefits for the months of [DATE] and February 2026.A review of the document provided by the facility BOM titled, (Name of Facility) Payer Setup Information, dated [DATE], and February 2026, indicated Resident 10 was billed as Private Pay for the month of [DATE]. The document further indicated on February 1, 2026, Resident 10 was changed from being billed private pay to billing Medi-Cal-IEHP.There was no documented evidence that Resident 7 was notified and consented to being changed to private pay when the facility removed $16,197.50 from the residents trust account on [DATE].On [DATE], Resident 11's medial record was reviewed.The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	admission record indicated Resident 11 was readmitted to the facility on [DATE], with diagnoses which include Metabolic Encephalopathy (brain dysfunction), and Dementia. The admission record further indicated Resident 11 was self-responsible.The history and physical dated [DATE], indicated Resident 11 had the capacity to make decisions.A review of the document provided by the facility BOM titled, (Name of Facility) Trust - Transaction History, dated [DATE], indicated Resident 11's trust account received a debit for Private Room & Board for the month of [DATE] in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response dated [DATE], indicated Resident 11 had Medi-cal covered benefits for the month of [DATE].A review of the provided by the facility BOM titled, (Name of Facility) Activity Report, dated [DATE], at 11:40 a.m., indicated Resident 11's trust account was debited $16,197.50 for Private Room & Board for the month of [DATE].There was no documented evidence that Resident 11 was notified and consented to being changed to private pay when the facility removed $16,197.50 from the residents trust account on [DATE].On [DATE], Resident 12's medical record was reviewed.The admission record indicated Resident 12 was re-admitted to the facility on [DATE], with diagnoses which included Metabolic Encephalopathy, Dementia, and Altered Mental Status (change in baseline cognition from mild confusion to coma).The admission record also indicated that Resident 12's daughter was her RP.The BIMS score for Resident 12 dated February 9, 2026, indicated a score of 0 severe cognitive impairment. A review of the document provided by the facility BOM titled, (Name of Facility) - Trust Transaction History, dated [DATE], indicated Resident 12's trust account received a debit for Private Room & Board for the month of [DATE] in the amount of $16,197.50.A review of the document provided by the facility BOM titled, Eligibility Response, dated [DATE], and February 1, 2026, indicated Resident 12 had Medi-cal covered benefits for the month of [DATE] and February 2026.A review of the document provided by the facility BOM titled, (Name of Account) Payer Setup Information, dated [DATE], indicated Resident 12 was billed as Private Pay for the month of [DATE]. The document further indicated on February 1, 2026, Resident 10 was changed from being billed private pay to billing Medi-Cal-IEHP.A review of the document provided by the facility BOM titled, (Name of Facility) Activity Report, dated [DATE], at 11:40 a.m., indicated Resident 12's trust account was debited $16,197.50 for Private Room & Board for the month of [DATE].There was no documented evidence that Resident 12's RP was notified and consented to being changed to private pay when the facility removed $16,197.50 from the residents trust account on [DATE].On [DATE], at 10:08 a.m., an observation was conducted of Resident 12. Resident 12 was observed alert and uninterviewable.On [DATE], at 10:32 a.m., an observation and interview was conducted with Resident 7. Resident 7 was observed alert, oriented, and in the facility back dining room sitting in a wheelchair watching television. Resident 7 stated he did not have a bank account with the facility. Resident 7 stated that if he did have a bank account and someone withdrew a large amount of money without his knowledge he would report it to the bank and law enforcement.On [DATE], at 10:36 a.m., an observation and interview was conducted with Resident 10. Resident 10 was observed alert, oriented, and in the facility back dining room sitting at a table near the door playing chess with staff. Resident 10 stated he was not sure if he had a bank account with the facility. Resident 10 stated If someone took my money from my bank account without me knowing it would anger me.On [DATE], at 10:42 a.m., an observation and interview was conducted with Resident 11. Resident 11 was observed alert, oriented, and in the facility front dining room sitting in a wheelchair watching TV. Resident 11 stated he was not sure if he had a bank account with the facility. Resident 11 stated if he did have a bank account he would be pissed if someone took money from his account.On [DATE], at 3:03 p.m., a phone interview was conducted with the Accounts Receivable Director (ARD). The ARD stated Residents 10, 11, and 12 had a billable Medi-Cal benefit in the month of [DATE]. The ADR stated Resident 7, 10, 11, and 12's trust account was debited $16,197.50 on [DATE], for Private Room & Board for the month of [DATE], and there was no documented evidence that Resident 7, 10, and 11 were notified and/or consented to their trust account being debited $16,197.50 for the month of [DATE]. The ADR stated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	there was no documented evidence that Resident 12's RP was notified and/or consented to Resident 12's trust account being debited $16,197.50 for the month of [DATE].The ADR stated Resident 7, 10, and 11 did not request to be changed from billable Medi-Cal to Private Pay for the month of [DATE], it was the decision of the facility. The ADR stated Resident 12's RP did not request for Resident 12 to be changed from billable Medi-cal to Private Pay for the month of [DATE], it was also the decision of the facility.On [DATE], at 11:19 a.m., a concurrent interview and record review was conducted with the BOM. The BOM stated the facility process for transferring a resident to private pay only occurred when the resident did not have secondary insurance (Medi-Cal). The BOM stated if the resident did not have Medi-Cal as a secondary insurance when their Medicare days expired the resident will be switched from Medicare to private pay holding the resident financially responsible for the cost of their long term stay.The BOM stated on [DATE], Residents 7, 10, 11, and 12 were switched from Medi-Cal pay to private pay. The BOM stated there was documented evidence that Resident 7, 10, 11, and 12 had billable secondary (Medi-Cal) insurance benefits for the month of [DATE]. The BOM stated Resident 7, 10, 11, 12's trust account should not have been charged $16,197.50 for Private Room & Board when the residents were eligible for Medi-Cal benefits. The BOM stated there was no documented evidence that Resident 7, 10, and 11 were notified and/or consented to being changed to private pay for the month of [DATE]. The BOM further stated there was no documented evidence Resident 12's RP was notified and/or consented to being changed to private pay for the month of [DATE].The BOM further stated there was no documented evidence that Resident 7, 10, 11, and 12's RP consented to a withdrawal from their trust account in the amount of $16,197.50 for Private Room & Board for the month of [DATE].On [DATE], at 12:34 p.m., a concurrent interview and record review was conducted with the Administrator (ADM). The ADM stated residents are not supposed to be charged for Medi-Cal covered benefits. A review of Resident 7, 10, 11, and 12's financial records were conducted. The ADM stated the residents should not have been switched to private pay to cover Medi-Cal covered benefits. The ADM stated there was no documented evidence that Residents 7, 10, 11, or 12's RP consented to being changed to private pay for the month of [DATE]. The ADM further stated there was no documented evidence that Resident 7, 10, 11, and 12's RP consented to their trust accounts being debited $16, 197.50 for Private Room & Board for the month of [DATE]. The ADM further stated there should be no charges for Medi-Cal covered benefits when the resident is Medi-cal eligible.On [DATE], at 9:32 a.m., a phone interview was conducted with Resident 12's RP. Resident 12's RP stated she never knew Resident 12's trust account carried a balance and thought Resident 12's social security income was absorbed for Resident 12's room and board at the facility. The RP stated she had never been notified by the facility or consented to Resident 12's being changed to provide pay for the month of [DATE]. Resident 12's RP further stated she was never informed by the facility that Resident 12's trust account carried balance and had never consented to Resident 12's trust account being debited for private pay.On [DATE], a review of the facility census for the dates [DATE]; [DATE]; [DATE]; [DATE]; [DATE]; [DATE], indicated the following:-On [DATE], Resident 7 was in a three bed room, Resident 10 was in a three bedroom with two roommates, Resident 11 was a three bedroom with two roommates, and Resident 12 was in a three bedroom with two roommates;-On [DATE], Resident 7 was in a three bed room, Resident 10 was in a three bedroom with two roommates, Resident 11 was a three bedroom with two roommates, and Resident 12 was in a three bedroom with two roommates.-On [DATE], Resident 7 was in a three bed room, Resident 10 was in a three bedroom with two roommates, Resident 11 was a three bedroom with two roommates, and Resident 12 was in a three bedroom with two roommates;-On [DATE], Resident 7 was in a three bedroom with two roommates, Resident 10 was in a three bedroom with two roommates, Resident 11 was a three bedroom with two roommates, and Resident 12 was in a three bedroom with two roommates;-On [DATE], Resident 7 was in a three bedroom with two roommates, Resident 10 was in a three bedroom with two roommates, Resident 11 was a three bedroom with two roommates, and Resident12 was in a three bedroom with two roommates; and-On [DATE], Resident 7 was in a three (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555330	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Postacute Care	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	bed room with two roommates, Resident 10 was in a three bedroom with two roommates, Resident 11 was a three bedroom with two roommates, and Resident 12 was in a three bedroom with two roommates.A review of the facility policy and procedure titled, Abuse Prevention Program, dated [DATE], indicated .Our residents have the right to be free from.misappropriation of resident property.As part of the resident abuse prevention, the administration will.Protect our residents from abuse by anyone.