

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Riverside Village Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17040 Arnold Dr. Riverside, CA 92518	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41459</p> <p>Based on observation, interview, and record review the facility failed to provide a comfortable environment, for five of 13 sampled residents (Residents 4, 5, 6, 7, and 8) when the airconditioning (AC) unit was not working and the resident's room temperatures exceeded 81degrees Fahrenheit. In addition, the facility failed to report an unusual occurrence of disruption of services when the facility's airconditioning unit was not working.</p> <p>These failures resulted in discomfort for Residents 4, 5, 6, 7, and 8 and had the potential to for the residents to experience dehydration (loss of body fluids), heat stress (condition where the body is under stress from overheating), and heat stroke (when the body cannot control its temperature);</p> <p>Findings:</p> <p>On August 6, 2024, at 9:55 a.m., during the initial tour, standing narrow fans were moving from side to side both in the hallways and in the resident's rooms. Large and small stationary fans were observed placed in the resident rooms and in the hallways.</p> <p>On August 6, 2024, at 10:02 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated the facility has an HVAC (outdoor air conditioning unit that houses a compressor [supplies clean air] that pumps refrigerant [chemical that absorbs heat and transfers it to cool air] to an evaporator system [removes heat from the area] for cooling the facility), which she was not very familiar with how it works. The DON stated that some rooms were more affected than others.</p> <p>On August 6, 2024, at 10:48 a.m. an interview was conducted with Licensed Vocational Nurse (LVN 1). LVN 1 stated rooms [ROOM NUMBERS] have been hot lately.</p> <p>On August 6, 2024, at 11:13 a.m., an interview was conducted with the Maintenance Director (MD). The MD stated they were waiting for fuses on some air conditioning units to be fixed, the rooms most affected were rooms 15, 17, 22, and 30. The MD stated he had not been tracking temperatures in the resident rooms while the AC was not functioning.</p> <p>On August 6, 2024, at 11:45 a.m., an interview was conducted with Resident 7. Resident 7 stated the room would get hot and they have a fan on the floor but it doesn't cool off the room enough, she would stay in the T.V. (television) room or activities due to her room getting so hot. Resident 7 stated there were fans, but with the oxygen concentrators it would stay hot.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 7's Admission Record - (clinical record with demographic information), indicated Resident 7 was admitted to the facility on [DATE], with a diagnosis of peripheral vascular disease (narrowed blood vessels reduce blood follow to limbs), cellulitis of left lower limb (bacterial skin infection), malignant neoplasm of ovary (cancer of ovary).</p> <p>On August 6, 2024, at 11:49 a.m., an interview was conducted with Resident 6. Resident 6 stated she would stay in the T.V. room or dining room due her room being hot.</p> <p>A review of Resident 6's Admission Record, indicated, Resident 6 was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease (COPD -lung disease making it difficult to breathe), malignant neoplasm of the bronchus/lung (cancer of the lung), and respiratory failure (not enough oxygen in you body).</p> <p>On August 6, 2024, at 12 p.m., an interview was conducted with Resident 8. Resident 8 stated, my room gets the morning and afternoon sun, it does get hot, the fan helps, but it would still be warm.</p> <p>A review of Resident 8's Admission Record, indicated Resident 8 was admitted to the facility on [DATE], with a diagnosis of fractures of ribs (cracks to the rib cage), heart failure (the heart does not pump blood as well as it should), and kidney failure (lose the ability to remove waste).</p> <p>On August 6, 2024, at 12:14 p.m., an interview was conducted with the DON. The DON stated she had requested a temperature gun (a non-contact device that measures the temperature of an object) from the MD. The MD cannot find the facility temperature gun.</p> <p>On August 6, 2024, at 12:22 p.m., an interview was conducted with the DON. The DON was unable to answer when asked how were they checking the temperatures in the hallways and in the resident's rooms when the wall thermostats were not working and the facility did not have a temperature gun.</p> <p>On August 6, 2024, at 1:15 p.m., an interview was conducted with the Administrator (ADMIN). The ADMIN stated he heard there was a complaint about the increased heat in a resident ' s room. The ADMIN stated the AC units supplying the four rooms 15, 17, 22, and 30 needed fuses. The ADMIN was asked if he reported the issue with the air conditioner to CDPH, the ADMIN stated, I probably could have done that.</p> <p>On August 6, 2024, at 2:00 p.m., an interview was conducted with the DON, she was asked if the issue with the air conditioning should be reported to CDPH. The DON stated, I don't know, the administrator deals with the air conditioning.</p> <p>On August 6, 2024, at 3:20 p.m., a concurrent observation and interview was conducted with the DON. rooms [ROOM NUMBER] had portable air conditioners placed in the rooms with temperature readings as follows:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER] was 79 degrees Fahrenheit (F - unit of measurement); - room [ROOM NUMBER] was 77 degrees Fahrenheit; and - room [ROOM NUMBER] did not have portable air conditioner turned on at this time with room temperature at 80.3 degrees F. <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On August 6, 2024, at 3:20 p.m., the following rooms were observed with the following temperatures conducted with the DON.</p> <ul style="list-style-type: none"> - room [ROOM NUMBER]; 85.4 degrees F; and - room [ROOM NUMBER]; 85.5 degrees F. <p>A review of the policy and procedure titled, Homelike Environment, revised February 2021 indicated, .and safe temperatures (71-degree F - 81-degree F) .</p> <p>A review of the undated policy and procedure titled, Extreme Weather - Heat or Cold, indicated, .with local emergency management and state survey agencies regarding nursing home situation status, critical issues, and resource requests .distribute appropriate comfort equipment throughout the nursing home (e.g., portable fans and blankets), as needed .provide increased hydration and implement cooling or warming measures as indicated .</p>