

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 10/09/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505</p> <p>Based on interview and record review, the facility failed to ensure the transfer was appropriate and necessary for one out of three sampled residents (Resident 1), when Resident 1 was transferred to the general acute care hospital (GACH) without documented justification on how needs could not be met at the facility.</p> <p>This failure has the potential to negatively affect resident's needs due to unnecessary transfer.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including fracture (a break or a crack in a bone) of unspecified parts of lumbosacral spine (lower part of the spine) and pelvis (the bones between the lower abdomen and upper thighs).</p> <p>A review of Resident 1's Notice of Transfer/ Discharge Form, dated, September 6, 2024, indicated, .The transfer or discharge is necessary for your welfare and your needs cannot be met in the facility .</p> <p>A review of Resident 1 ' s Interact Transfer Form V5, dated September 6, 2024, indicated, .transfer to hospital per MD order for proper placement .</p> <p>A review of progress notes did not indicate any documented evidence from the resident's physician of the rationale on why Resident 1's need could not be met at the facility, and the rationale on why resident was transferred to the hospital for proper placement.</p> <p>A review of the progress notes titled Interdisciplinary Team (IDT) Notes, dated September 6, 2024, indicated, .Resident is awake and alert, verbally responsive and able to make needs known .Psychotropic regimen of Fluoxetine continued as ordered; no adverse reactions or complications to note. Resident was admitted with pelvic surgical incision, right hip surgical site and skin discoloration to left torso and left lateral knee and left ankle monitor .</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On September 10, 2024, at 12:10 p.m., during an interview with the Director of Nursing (DON), the DON stated the resident mentioned to the Administrator that he felt not mentally stable, and he needed help. The DON stated the resident was admitted with pelvic fracture and rib fractures but was transferred to the GACH due to the resident verbalizing he needed help.</p> <p>On September 10, 2024, at 12:43 p.m., during an interview, the Administrator (Admin) stated Resident 1 informed him that he had some mental health things that he was dealing with and needed help. The Admin stated the physician gave an order to transfer the resident to the GACH.</p> <p>A review of the facility policy and procedure titled, Transfer or Discharge, Facility-Initiated, dated October 2022, indicated, .Once admitted to the facility, residents have the right to remain in the facility, and not be transferred or discharged unless .the transfer or discharge is necessary for the resident's welfare and the resident's need cannot be met in this facility .the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by this facility .Facility -initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation .Documentation of Facility-Initiated Transfer or Discharge. 1. When the resident is transferred or discharged from the facility, the following information is documented in the medical record: a. The basis for the transfer or discharge; (1) If the resident is being transferred or discharged because his or her needs cannot be met at the facility, documentation will include: a) the specific resident needs that cannot be met; b.) this facility's attempt to meet those needs; and c.) the receiving facility's service (s) that are available to meet those needs .Should the resident be transferred or discharged for nay of the following reasons, the basis for the transfer or discharge is documented in the resident's clinical record by the resident's attending physician .the transfer or discharge is necessary for the resident's welfare, and the resident's needs cannot be met in the facility .</p>