

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  12/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40000</b></p> <p>Based on interview and record review, the facility failed to ensure appropriate staff assistance was provided during transfer according to the plan of care, for one of five residents (Resident A).</p> <p>This failure resulted to Resident A to experience physical pain and had the potential for the residents to sustain injury.</p> <p>Findings:</p> <p>On December 17, 2024, at 9:45 a.m., an unannounced visit was conducted at the facility to investigate a complaint of quality of care and a facility reported allegation of abuse.</p> <p>On December 17, 2024, at 11:40 a.m., an interview and concurrent record review was conducted with the Rehabilitation Program Manager (RPM). The RPM stated Resident A had weakness and flaccid (no strength) on the left side. The RPM stated Resident A required moderate to maximum assistance with transfers, and the recommendation was to have two person assist with all transfers, and a mechanical lift being the safest option. The RPM stated Resident A had left sided pain since her stroke, her left arm and leg were sensitive. The RPM reviewed Resident A ' s therapy notes and stated if Resident A complained of right shoulder pain and left hip pain, she would have been turned on her left side, if the right arm was pulled over, by turning the resident onto her weakened side, this could have cause her the discomfort she complained about.</p> <p>On December 17, 2024, at 1:20 p.m., an interview was conducted with Resident A. Resident A stated she was still having right shoulder pain and pain was being managed. Resident A stated CNA 1 came inside Resident A's room to give the resident a shower. Resident A stated she told CNA 1 she was going to need more than one person to transfer her to the shower chair. Resident 1 stated CNA 1 grabbed her right arm, and left leg and dragged her to the edge of the bed, she began to fall out of the bed, as she was falling. Resident A stated CNA 1 left her to get two staff members to help. Resident A stated a male CNA helped CNA 1, and finally got her back to bed. Resident A stated CNA 1 should have arranged help before moving her, and she did not use the mechanical lift. Resident A stated she had leg pain after the incident, and CNA 1 kept pushing on her hip to get her from the bed to the chair. Resident A stated CNA 1 should have moved her legs off the bed first, then pivot her before trying to stand her up.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On December 17, 2024, at 3:30 p.m., Resident A ' s medical record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (a blood vessel to the brain is blocked), hemiplegia (muscle weakness or partial paralysis on one side of the body) and hemiparesis (muscle weakness or paralysis affecting one side of the body the arm, leg, and facial muscles) left non-dominant side.</p> <p>A review of Resident A's care plan, revised on July 16, 2024, indicated, .Resident requires assistance from staff for bed mobility related to weakness and decreased strength. Unable to turn and reposition self in bed without physical assistance from staff .</p> <p>A review of Resident A ' s Minimal Data Set (MDS- a federally mandated resident assessment tool), dated November 11, 2024, indicated, .Functional Abilities-sit to stand, chair/bed to chair transfer, and tub/shower transfer all .Dependent-helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity .</p> <p>A review of Resident A ' s Progress Note, dated December 8, 2024, at 4 p.m., indicated, .patient reported to attending .she is experiencing pain over rt. (right) shoulder area .also reported pain over left hip area .per patient ' s account the pain started after staff member moved her on the edge of the bed grabbing her rt (right) shoulder and moving her left lower extremity (leg) forcibly over the edge of the bed on 12-6-24 (December 6, 2024) at night time .</p> <p>On December 17, 2024, at 4:29 p.m., an interview was conducted with the DON. The DON stated according to CNA 1, she was trying to get Resident A from the bed to the shower chair, was unable to get Resident A up, and provided bed bath instead. The DON stated the police spoke with all three CNAs on shift the night of the incident on December 6, 2024, the CNAs told the police CNA 1 did not ask for help with Resident A during the evening shift, and CNA 1 stated she did not use the mechanical lift for Resident A.</p> <p>On December 18, 2024, at 8:50 a.m., an interview was conducted with the RN. The RN stated it is best to get two persons to assist for safety when transferring a resident. The DSD stated it is always best to consult the chart and/or the therapy department for recommendations if a resident ' s transfer ability is not known. The RN stated Resident A needed two person assistance to get up.</p> <p>On December 2024, at 10:25 a.m., an interview was conducted with the Director of Staff Development (DSD). The DSD stated she encourages the CNAs to walk room to room and give report, if a staff member does not know how to transfer a resident, they should ask a nurse or another CNA who has had the resident before, residents do not always know what their true ability is. The DSD stated she requires the nursing staff to have a partner when using the mechanical lift in transferring the resident for safety.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On December 18, 2024, at 11:40 a.m., an interview was conducted with CNA 2. CNA 2 stated she was working the PM shift (3 p.m. to 11 p.m.) on December 6, 2024, and she did not have Resident A that evening. CNA 2 stated CNA 1 was assigned to Resident A, and CNA 1 did not ask for help to move or transfer Resident A. CNA 2 stated she has been Resident A ' s CNA before and she always gets someone to assist her if she needs to move or transfer the resident, she does not think Resident A is able to stand very well, and when moving Resident A she uses the mechanical lift for the most part. CNA 2 stated she is small and because of her size she was not able to move Resident A without assistance. CNA 2 stated Resident A had a lot of weakness on her one side, and for the safety of the resident two people are needed.</p> <p>A review of the facility ' s policy titled Activities of Daily Living (ADLs), Supporting, dated March 2018, indicated .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently .appropriate support and assistance with .Mobility (transfer and ambulation .A resident ' s ability to perform ADLs will be measured using clinical tools, including the MDS .Interventions to improve or minimize a resident ' s functional abilities will be in accordance with the resident ' s assessed needs, preference, stated goals and recognized standards of practice .</p>		