

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  04/02/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47374</b></p> <p>Based on observation, interview, and record review, the facility failed to safeguard residents ' privacy and confidentiality, for two of two residents (Residents 1 and 2), when the residents were filmed by a staff member and posted on to social media without the residents or resident representative's consent.</p> <p>The deficient practice had the potential to affect the resident psychosocial well being.</p> <p>Findings:</p> <p>On April 1, 2025, at 9 a.m., an unannounced visit was conducted at the facility to investigate a complaint regarding resident's rights.</p> <p>1. On April 1, 2025, at 11:05 a.m., a concurrent observation and interview with Resident 1 was conducted. Resident 1 was observed alert and was sitting in a wheelchair in the activity room. Resident 1 stated she did not dance anymore and pointed to the wheelchair. Resident 1 further stated she had bad memory and did not remember dancing with the Social Service Director (SSD) or gave permission to post her video on social media.</p> <p>On April 1, 2025, a review of Resident 1's record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included major depressive disease(a persistent feeling of hopelessness, sadness and loss of interest), dementia (a mental disease that interferes with daily functioning) and anxiety (excessive worry, fear or nervousness).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated January 31, 2025, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 04 (severe cognitive impairment).</p> <p>Further review of Resident 1's record indicated there was no documented evidence Resident 1 or Resident 1's representative gave permission for the facility staff to get a video of the resident and post a video on social media.</p> <p>2. On April 1, 2025, at 11:15 a.m., a concurrent observation and interview with Resident 2 was conducted. Resident 2 was observed alert and sitting in a wheelchair singing with the music videos in the activity room. Resident 2 further stated he did not remember dancing with the SSD or gave permission for the SSD to post the video.</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
---	-------	-----------

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  04/02/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 1, 2025, a review of Resident 2's record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included dementia, anxiety, and malignant neoplasm of the prostate (cancer of the gland below the urinary bladder).</p> <p>A review of Resident 2's History and Physical, dated January 20, 2025, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 2's MDS, dated [DATE], indicated a BIMS score of 10 (moderate cognitive impairment).</p> <p>Further review of Resident 2's record indicated there was no documented evidence Resident 2 or Resident 2's representative gave permission for the facility staff to get a video of the resident and post a video on social media.</p> <p>On April 1, 2025, at 11:25 a.m., an interview was conducted with the Social Services Director (SSD). The SSD stated she had a close relationship with both Residents 1 and 2 and often joined the sing along in the activity room. The SSD stated Residents 1 and 2 agreed when asked if the SSD could make a video of them and also understood the residents had short term memory loss. The SSD stated she had not thought of requesting permission from the resident ' s representative to make or post the video on social media.</p> <p>On April 1, 2025, at 2:25 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated the residents ' representatives were not notified before the SSD made and posted the video on social media. The DON stated the resident's representative should have been asked permission to film and post a video of the residents on social media. The DON further stated the residents ' privacy and rights had been violated by not seeking permission.</p> <p>A review of the facility ' s policy and procedure titled, Resident Rights, dated December 2016, indicated, . Employees shall treat all residents with .respect . Federal and state laws guarantee certain basic rights .these rights include .privacy and confidentiality .</p>		

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  04/02/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47374</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure oral care after meals was provided, for one of three sampled residents (Resident 3).</p> <p>This failure had the potential to cause serious health issues and could affect the residents psychosocial well being.</p> <p>Findings:</p> <p>On April 1, 2025, at 9 a.m., an unannounced visit was conducted at the facility to investigate a complaint regarding quality of care.</p> <p>On April 1, 2025, a review of Resident 3's record indicated Resident 3 was admitted to the facility on [DATE], with diagnoses which included major depressive disease (a persistent feeling of hopelessness, sadness and loss of interest), dementia (a mental disease that interferes with daily functioning), encephalopathy (condition where brain function is impaired), sepsis (infection damages the body ' s tissues and organ) and muscle wasting.</p> <p>A review of Resident 3's History and Physical, dated March 2, 2025, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 3's Minimum Data Set (MDS - ar resident assessment tool), dated March 7, 2025, indicated the following:</p> <ul style="list-style-type: none"> <li>- Resident 3 had a Brief Interview for Mental Status (BIMS - a cognitive assessment) score of 06 (severe cognitive impairment);</li> <li>- Resident 3 required totally dependent with oral hygiene; and</li> <li>- Resident 3 would hold food in her cheeks after a meal, and had difficulty swallowing food.</li> </ul> <p>A review of Resident 3's Physician Orders, dated March 1, 2025, indicated Resident 3 had an appointment to a pain clinic on March 27, 2025, at 9:30 a.m.</p> <p>A review of Resident 3's care plan, dated March 6, 2025, indicated, .ADL (Activities of Daily Living) functioning with self-care deficit .requires total assistance in personal hygiene .dental/oral care PRN (as needed) .:</p> <p>On April 1, 2025, at 12:10 p.m., an interview was conducted with the Registered Nurse (RN). The RN stated the CNAs (Certified Nursing Assistants) do oral care on residents with feeding issues, immediately after meals and before bed.</p> <p>On April 1, 2025, at 12:20 p.m., an interview was conducted with CNA 2. CNA 2 stated oral care should be provided to the resident after every meal and before bed.</p> <p>(continued on next page)</p>		

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  04/02/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 1, 2025, at 1:55 p.m., an interview was conducted with CNA 3. CNA 3 stated the CNA should be observant while feeding residents, need to feed the residents very slowly, feel for plumpness in their cheeks and ensure the residents were able to tolerate the thickness of the fluids. CNA 3 stated oral care must be provided to the residents after each meal and before bed. CNA 3 stated they use sponges on stick for oral care, dips it in water and clean all round cheeks, lips, and teeth to remove anything that could have been stucked.</p> <p>On April 1, 2025, at 2:25 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated Resident 3's family member had called the DON to say the resident was being transferred to the acute care facility, as green beans and egg had been found in her mouth at the physician ' s office during the appointment. The DON stated the resident should have had oral care after each meal to assure no food remnants remained.</p> <p>On April 2, 2025, at 10:05 a.m., a phone interview was conducted with CNA 1. CNA 1 stated she fed Resident 3 scrambled eggs and milk for breakfast on March 27, 2025. CNA 1 stated she was informed Resident 3 was about to get picked up for a scheduled physician visit that day. CNA 1 stated she and another CNA, took the resident to her room to clean her and change her clothes, into a pair of black sweatpants and a sweater. CNA 1 stated she did not see any coughing or choking with swallowing her milk or eggs or any sign when her teeth were cleaned prior to transport.</p> <p>On April 2, 2025, at 11:11 a.m., an interview and concurrent document review was conducted with the Nutritional Service Director (NSD). The NSD reviewed menu from March 26 and 27, 2025 and the [NAME] ' s spreadsheet. The NSD stated Resident 3 received dinner March 26, 2025, which included a soft diet with green beans soft, cheese ravioli garlic bread soft , soft ripe and no skin. The NSD stated for breakfast on March 27, 2025, included egg soft fried, oats softened in milk, and soft hash browns. The NSD stated Resident 3 was alert with a 1:1 feeding assistant. The NSD stated Resident 3 did have pocketing of food noted in admission notes.</p> <p>A review of the facility ' s policy and procedure titled, Activities of Daily Living (ADLs), Supporting, dated March 2018, indicated, .residents will be provided with care .residents who are unable to carry out the activities of daily living independently will receive the service .to maintain good .oral hygiene .oral care . appropriate care and services will be provided for residents who are unable to carry out ADL ' s independently .including .oral hygiene .</p>