

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  09/09/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to monitor emotional distress after an abuse and neglect allegation, for one of three residents reviewed (Resident 1), when the resident alleged abuse and neglect by the nursing staff at the General Acute Hospital (GACH). This failure could result in staff not recognizing Resident 1's emotional distress and being unable to provide necessary psychosocial support. Findings: On September 9, 2025, at 11:14 a.m., an unannounced visit was conducted at the facility to investigate. On September 9, 2025, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included postlaminectomy syndrome (a condition characterized by persistent or recurrent pain and other symptoms after a laminectomy surgery [a surgical procedure that involves removing part or all of the lamina, which are the bony arches that cover the spinal cord]), diabetes mellitus (abnormal blood sugar), and fibromyalgia (a chronic condition characterized by widespread pain, fatigue, and other symptoms). A review of Resident 1's Progress Notes, dated July 29, 2025, at 10:28 a.m., indicated, . admission H&amp;P (History and Physical). Patient has capacity to make medical decisions. A review of Resident 1's Progress Notes, dated August 18, 2025, indicated, .spoke to resident TX (Treatment) Nurse regarding her report to Tx Nurse about feeling neglected in the emergency room at the hospital over the weekend. Resident stated she felt the nurse in the emergency room at (name of hospital) was very dismissive towards her and did not give her the care that she needed while she was there. Further review of Resident 1's record, indicated there was not follow up monitoring of resident's psychosocial condition after the resident reported the allegation against the GACH. On September 9, 2025, at 2:48 p.m., during an interview conducted with Licensed Vocational Nurse (LVN) 1, LVN 1 stated residents were to be monitored for 72 hours after a change of condition (COC). On September 9, 2025, at 5:14 p.m., during an interview conducted with the Administrator (ADM), the ADM stated Resident 1 reported an allegation of neglect while at the emergency room of the GACH. The ADM stated 72-hour monitoring should have been implemented and documented when Resident 1 reported an allegation of neglect. A review of the facility's policy and procedure titled, Change in a Resident's Condition or Status, dated May 2017, indicated, .The nurse will notify the resident's Attending Physician or physician on call when there has been a(an).significant change in the resident's physical/emotional/mental condition. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure meal substitutes were offered to the residents when the food intake was below 50% (percent), for one of three residents reviewed (Resident 2).This failure had the potential for Resident 2 to have weight loss and affect the resident's overall health condition.Findings:On September 9, 2025, at 11:14 a.m., an unannounced visit was conducted at the facility to investigateOn September 9, 2025, Resident 2's record was reviewed. Resident 2 was admitted to the facility on [DATE], with diagnoses which included gastroenteritis (an inflammation of the stomach and intestines that causes an upset stomach ) and protein-calorie malnutrition (a condition resulting from insufficient intake of protein and calories to meet the body's needs).A review of Resident 2's Weight and Vitals Summary, indicated the following weights:-August 16, 2025; 114.8 lbs. (pounds - unit of measurement);-August 19, 205; 111 lbs. ;-August 27, 2025; 104 lbs.; 7 lbs. weight loss in a week; 6.3% in a week;-September 3, 2025; 106 lbs.; 2 lbs. weight gain in a week.A review of Resident 2's Document Survey Report, for the month of August and September 2025, indicated Resident 2 had food intake below 50% (percent) and was not offered substitute/alternative menu on the following dates:-August 17, 2025; Lunch (L)-August 19, 2025; breakfast (BF), lunch (L), dinner (D);-August 20, 2025; BF, D;-August 22, 2025; BF, L;-August 23, 2025; L;-August 24, 2025; L, D;-August 25, 2025; BF, L, D;-August 26, 2025; L;-August 27, 2025; BF, L;-August 28, 2025; BF, L;-August 29, 2025; L;-August 30, 2025, BF-August 31, 2025; BF, L, D;-September 1, 2025; L;-September 3, 2025; L;-September 4, 2025; BF, L, D;-September 5, 2025; BF, L, D; and-September 6, 2025; BF, L, D.On September 16, 2025, at 10:22 a.m., during an interview with the Director of Nursing (DON), the DON stated that the facility offers an alternative menu for residents who do not like the served food or have poor intake. On September 16, 2025, at 1:32 p.m., during a concurrent interview and record review with the Food and Nutritional Services Director (FNSD), the FNSD stated the CNA should offer a meal substitute if a resident refused or disliked their meal or if the resident consumed less than 50% of the meal. Resident 2's meal intake for the month of August and September 2025 was reviewed with the FNSD. The FNSD stated the CNA should have offered a meal substitute when Resident 2 had food intake below 50%.A review of the facility's undated policy and procedure titled, Resident Food Preferences, indicated, .If the resident refuses or is unhappy with his or her diet, the staff will create a care plan that the resident is satisfied with.The Food Service Department will offer a variety of foods at each scheduled meal, as well as access to nourishing snacks throughout the day and night.</p>		