STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555613	A. Building B. Wing	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grove Care and Wellness	3401 Lemon Street Riverside, CA 92501

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40000 Based on interview and record review the facility failed to ensure a change in cognitive status was addressed, for one of three residents reviewed (Resident A), when Resident A exhibited hallucinations (a perception of having seen, heard, touched, tasted, or smelled something that wasn't actually there) and increasing confusion. In a addition, there was no plan of care developed to address Resident A's hallucinations and confusion. This failure resulted in a delay in the care and treatment for Resident A when the resident was transferred to the general acute hospital three days after onset of hallucinations and increasing confusion. Findings: On November 1, 2024, at 9:30 a.m., an unannounced visit to the facility was conducted to investigate a complaint. On November 1, 2024, a review of Resident A ' s medical record was conducted. Resident A was admitted to the facility on [DATE], with diagnoses which included a left foot amputation and diabetes mellitus (abnormal blood sugar). A review of Resident A's Minimum Data Set (MDS - an assessment tool), dated October 7, 2024, indicated Resident A had a BIMS (Brief Interview of Mental Status) score of 11 (moderate cognitively intact). A review of Resident A's Progress Notes, indicated Resident A had episodes of confusion on October 7 to 12, 2024, and was started on antibiotic (medication to treat infection) due to elevated white blood cell count (WBC - found in the blood, part of the body ' s immune system, helps fight infections) . There was no documented evidence Resident A exhibited hallucinations on October 7 to 12, 2024. A review of Resident A ' s care plan, dated October 7, 2024, indicated, Resident A .has elevated WBC 16.7 (normal range 4.5 to 11) .interventions .Monitor/document/report to MD (medical doctor) s/sx (signs and symptoms) of delirium (serious disturbance in mental abilities resulting in confused thinking and reduced mental awareness); changes in behavior, altered mental status, wide variation in cognitive functions throughout the day, communication decline, disorientation, periods of lethargy (lack of energy), restlessness and agitation, altered sleep cycle . (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555613	A. Building B. Wing	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grove Care and Wellness	3401 Lemon Street Riverside, CA 92501

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident A's Progress Notes, dated October 13, 2024, at 11:47 a.m., indicated .patient is alert and verbally responsive .patient had increase confusion saying he seen his wife in the room, even though, wife not present .had tremors and jittering. Dr. [name] notified and order to send patient to hospital for increased confusion . On November 1, 2024, at 2:30 p.m., an interview was conducted with Resident B. Resident B stated he was roommates with Resident A from October 1 to 13, 2024, until Resident A was transferred to the hospital. Resident B stated Resident A was a different person from the time he was admitted to the facility, until he was sent out to the hospital, Resident A was deteriorating, he was not doing well. Resident B stated about three nights before Resident A was sent to the hospital, Resident A kept grabbing at the curtains, and talking to people who were not there, saying he sees spirits, Resident A knocked over a food tray one night, and the staff came in to see what happened, it made a lot of noise when it fell . Resident B stated someone finally evaluated Resident B and sent him to the hospital. Resident B stated Resident A began to get tremors, his hands were shaking, Resident A was normally talkative, watched television or was talking on his phone, but two days before Resident A went to the hospital, he was quiet, the television was not on, and was not talking on the phone, this was not normal for Resident A. On November 1, 2024, at 2:40 p.m., and interview and a concurrent record review was conducted with the Registered Nurse (RN). The RN reviewed Resident A ' s medical record and stated Resident A had increased confusion over the past three days and hallucinations prior to being sent out. The RN stated Resident A was acting confused, talking to himself, seeing his [family member] in the room but was not there, Resident A was hallucinating. The RN stated, the doctor was aware, but no change of condition was documented, no SBAR (situation, background, assessment, recommendation- a communication tool used by healthcare workers when there is a change of condition among the residents) form was completed, and no care plan was updated to include confusion, ALOC (altered level of consciousness), or hallucinations. The RN stated Resident A should have been re-evaluated when the resident exhibited hallucinations and increasing confusion three days prior to being sent out. A review of the facility ' s undated policy and procedure titled Change of Condition Reporting, indicated, .all changes in resident condition will be communicated to the physician .timely notification of a change in resident condition .change in a resident ' s condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit .or acute care evaluation . Symptoms and unusual signs will be communicated to the physician promptly .document resident change of condition and response in nursing progress notes per policy and update resident care plan, as indicated . comprehensive care plan completed .