

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER The Grove Care and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>51063</p> <p>Based on observation, interview, and record review, the facility failed to report an allegation of abuse to the State Agency (SA) as required within two hours, for one of two residents reviewed (Resident 2).</p> <p>This failure had the potential to put residents at risk for further abuse.</p> <p>Findings:</p> <p>On January 17, 2025, at 8:30 a.m., an unannounced visit was made to the facility for an allegation of abuse.</p> <p>On January 17, 2025, at 9:23 a.m., an observation with a concurrent interview was conducted with Resident 2. Resident 2 was in his room, alert, and interviewable. Resident 2 stated he had an incident with Resident 1, he did not recall the date, but it was around 4:00 a.m. Resident 2 stated he had an argument with Resident 1 and he pushed him on the arm by the elevator door. Resident 2 stated he did not sustain injuries.</p> <p>On January 17, 2025, Resident 2 's record was reviewed. Resident 2 was admitted to the facility on , with diagnoses including urinary tract infection, unspecified heart failure, other acute kidney failure, Klebsiella Pneumoniae, other symptoms and signs concerning food and fluid intake, chronic idiopathic constipation, Type 2 Diabetes Mellitus without complications, other abnormalities of gait and mobility, and need for assistance with personal care.</p> <p>The progress notes dated, January 2, 2025 indicated Resident 2 had an altercation with Resident 1 on January 2, 2025 at 4:00 a.m.</p> <p>On January 17, 2025, at 4:33 p.m., an interview was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 stated on January 2, 2025, at around 4:00 a.m., he heard the yelling between Resident 1 and 2 but he did not actually witness the incident. LVN 1 stated Resident 2 was already on the floor by the time he arrived on the scene. LVN 1 stated he reported the incident to the Administrator on January 2, 2025, at around 7:00 a.m. LVN 1 stated he should have reported the incident to the Administrator immediately.</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: 555613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER The Grove Care and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 17, 2025, at 4:48 p.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated she worked on January 2, 2025, and at around 4:00 a.m., she had witnessed the incident between Residents 1 and 2. CNA 1 stated she had reported the incident to LVN 1, who was already present by then. CNA 1 stated she also reported it to the Administrator around three hours later from the time the incident had occurred. CNA 1 stated the incident should have been reported within two hours.</p> <p>On January 22, 2025, at 8:33 a.m., an interview was conducted with the Administrator. The Administrator stated the incident between Residents 1 and 2 was reported to him on January 2, 2025, at around 9:00 a.m., the Administrator stated the incident was reported to the SA via facsimile about an hour or so. The Administrator stated the incident between Residents 1 and 2 should have been reported to the SA within two hours. The Administrator further stated facility staff should be able to report abuse incidents to the SA via phone call or fax the completed SOC 341 (form used to report allegations of abuse to the elderly). The Administrator stated instructions on how to report an abuse is available at the nursing station.</p> <p>The facility ' s policy and procedure titled, Abuse: Prevention of and Prohibition Against, dated November 28, 2017, indicated, .each resident has the right to be free from abuse .the Facility will provide oversight and monitoring to ensure that its staff, who are agents of the Facility, deliver care and services in a way that promotes and respects the rights of the residents to be from abuse .allegations of abuse .will be reported outside the Facility and to the appropriate State or Federal agencies in the applicable timeframes, as per this policy and applicable regulations .</p>		