

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 03/25/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50204</p> <p>Based on interview and record review, the facility failed to develop a plan of care (POC) with specific goals and objectives to address the injury, for one of four sampled residents (Resident 4) when Resident 4's rib fracture was identified.</p> <p>This failure had the potential for Resident 4 not to receive appropriate interventions tailored to her needs.</p> <p>Findings:</p> <p>On March 3, 2025, at 8:51 a.m., an unannounced visit to the facility was conducted to investigate a facility reported incident related to an injury of unknown origin concerns.</p> <p>On March 3, 2025, Resident 4 ' s record was reviewed. Resident 4 was admitted to the facility on [DATE], with diagnoses which included osteomyelitis (infection of the bone) and osteoporosis (bone disease prone to fracture).</p> <p>A review of Resident 4 ' s History and Physical, dated February 7, 2025, indicated Resident 4 was mentally incapable of understanding.</p> <p>A review of Resident 4's Order Summary Report, dated February 11, 2025, indicated, .Alendronate Oral Tablet 70 MG (milligrams-unit of measurement) .Give 1 tablet by mouth in the morning every Mon (Monday) for OSTEOPOROSIS .</p> <p>A review of Resident 4 ' s Change of Condition, dated February 18, 2025, indicated, .Acute fractures to Right ribs 8th and 9th costochondral junction [joint between ribs and cartilage (surface that protects bones)] .</p> <p>On March 3, 2025, at 10:20 a.m., a concurrent interview and record review of Resident 4's records were conducted with the Licensed Vocational Nurse (LVN). The LVN stated on February 17, 2025, Resident 4 complaint of flank pain and had a change of condition that was relayed to physicianto order an X-ray (bone image). The LVN stated on the same day, the night shift nurse received a report that Resident 4 obtain a rib fracture. The LVN stated, the licensed nurse on night duty Should have been created a care plan for fracture. The LVN further stated, if care plan was not developed, the nurses would not been guided for treatment and intervention to prevent possible further injury.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no documented evidence a care plan was initiated to addressed Resident 4's rib fracture.</p> <p>On March 3, 2025, at 11 a.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated Resident 4 had rib fracture and licensed nurses did not initiate care plan. The DON stated she expected to all licensed nurses should have been created and developed care plan for fracture as soon as they identified Resident 4 ' s condition. The DON further stated care plan was a tool for communication to staff to addressed issues or problems.</p> <p>A review of the facility's policy and procedure titled, Comprehensive Person-Centered Care Planning, dated February 2025, indicated, .It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident ' s medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment .to provide effective and person-centered care that meet professional standards of quality care .The resident ' s comprehensive plan of care will be reviewed and/or revised by the IDT .</p>