

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555658	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  River Walk Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 West Morton Avenue Porterville, CA 93257	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>34401</p> <p>Based on observation, interview, and record review, the facility failed to ensure professional standard of care for one of two sampled residents (Resident 1) when blood glucose (sugar) test (measures the sugar level in the blood) was not checked timely as ordered by the physician. This failure had the potential for Resident 1 to have adverse health outcomes.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/12/25 at 11:05 a.m. with Resident 1, Resident 1 was in her room, sitting in a wheelchair. Resident 1 stated her blood sugar was checked four times a day, before each meal and at bedtime. Resident 1 stated Registered Nurse (RN) does not check her blood sugar before dinner. Resident 1 stated, [RN] checks it [blood sugar level] either while I'm already eating or after I'm done eating and by that time it [sugar level] is high and he gives me more insulin (lowers blood sugar level).</p> <p>During a review of Resident 1's Quarterly Minimum Data Set (MDS - a standardized, comprehensive assessment tool) dated 12/30/24, indicated, Resident 1 had a BIMS (Brief Interview for Mental Status - which evaluates cognition, the ability to remember and think clearly) score of 15 (score range from 13 to 15 intact cognition).</p> <p>During an interview on 3/12/25 at 11:28 a.m. with Licensed Vocational Nurse (LVN), LVN stated it was the facility protocol and physicians order for blood sugar to be check prior to each meal. LVN stated checking during and after meals can result in a higher/inaccurate blood sugar level.</p> <p>During a review of Resident 1's medication administration record (MAR) dated 2/27/25 thru 3/9/25 the following blood sugar level were not checked timely as ordered:</p> <p>Blood sugar level was ordered to be checked before each meal at 6:30 a.m., 11:30 a.m., and 4:30 p.m., record indicated it was checked at:</p> <p>2/27- 7:49 p.m. (3 hour and 19 minutes late)</p> <p>2/28- 5:47 p.m. (1 hour and 17 minutes late)</p> <p>3/1- 6:47 p.m. (2 hours and 17 minutes late)</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/2- 7:31 p.m. (3 hours and 1 minute late)</p> <p>3/6- 6:07 p.m. (1 hour and 37 minutes late)</p> <p>3/7- 6:07 p.m. (1 hour and 37minutes late)</p> <p>3/8- 9:16 p.m. (4 hours and 46 minutes late)</p> <p>During an interview on 3/12/25 at 11:40 a.m. with Director of Nursing (DON), DON stated dinner was served at 5 p.m. and Resident 1 had an order for blood sugar to be checked at 4:30 p.m. DON stated she reviewed Resident 1's medication administration record dated 2/27/25 thru 3/9/25. DON confirmed Resident 1's blood sugar for 2/27, 2/28, 3/1, 3/2, 3/6, 3/7 and 3/8 were not checked timely per physician order. DON stated it was the facility protocol to follow physician order for blood sugar to be checked before each meal to get an accurate result.</p> <p>During an interview on 3/12/25 at 2:07 p.m. with RN, RN stated Resident 1 prefers to have her blood sugar check prior to eating dinner. RN stated, sometimes she [Resident 1] is not in her room, she is in dining area. Dining is far away from her room; it would take too long in looking for her [Resident 1]. RN stated blood sugar check was not always done prior to meals for Resident 1.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Insulin Administration, dated 2014, the P&amp;P indicated, Steps in the Procedure (Insulin Injections via Syringe) .2. Check blood glucose per physician order or facility protocol.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>34401</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication administration competency assessment was completed for one of two licensed nurses (Registered Nurse-RN). This failure had the potential for medication errors and unmet care needs.</p> <p>Findings:</p> <p>During a review of RN's employee file, RN was hired on 12/30/24. There was no medication administration competency assessment noted in RN's employee file.</p> <p>During an interview on 3/12/25 at 2:07 p.m. with RN, RN stated he had been working at the facility for approximately three months and had not been assessed for medication administration competency.</p> <p>During a concurrent interview and record review on 3/18/25 at 12:25 p.m. with Director of Nurses (DON), DON reviewed RN's employee file and confirmed medication administration competency for RN was not completed. DON stated it was the facility practice for medication administration assessment to be completed upon hire.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Staffing, Sufficient and Competent Nursing, dated 2022, the P&amp;P indicated, Competent Staff 1. Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. 2. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law.</p>		