

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  05/29/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34401</b></p> <p>Based on interview and record review, the facility failed to follow Physicians Order (PO) for one of three sampled residents (Resident 1) when a follow up wound clinic appointment was not scheduled. This failure had the potential for Resident 1's wound to worsen.</p> <p>Findings:</p> <p>During a review of Resident 1's Discharge Activity Instructions ([NAME]), dated 4/29/25, the [NAME] indicated, Follow up at [clinic name] Wound Healing Clinic to resume grafix (skin graft) and wound vac (machine used for wound healing) therapy.</p> <p>During an interview on 5/28/25 at 1:30 p.m. with Wound Nurse (WN), WN stated Resident 1 was admitted on [DATE] from the hospital with multiple wounds including unstageable (depth and stage cannot be determined) to right buttocks and stage 3 (full-thickness loss of skin. Dead and black tissue may be visible) to left buttock and sacrum. WN stated she was not aware of Resident 1 having a follow up order at the wound clinic.</p> <p>During a concurrent interview and record review on 5/28/25 at 1:39 p.m. with Registered Nurse (RN), Resident 1's Order Summary Report (OSR), dated 5/1/25 was reviewed. The OSR indicated, order date 4/29/25 Follow up at [clinic name] Wound Healing Clinic to resume grafix and wound vac therapy. RN was unable to find documented evidence a follow up appointment was scheduled at the wound clinic for Resident 1.</p> <p>During a concurrent interview and record review on 5/28/25 at 1:59 p.m. with the Director of Nurses (DON), Resident 1's clinical record was reviewed. DON confirmed Resident 1 had a discharge order for a follow-up appointment at the wound clinic. DON was unable to find documented evidence a follow-up appointment was scheduled at the wound clinic for Resident 1. DON stated it was the facility practice to treat hospital discharge orders as physicians order. DON stated a follow up appointment at the wound clinic should have been made for Resident 1.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Medication Orders dated 2025, the P&amp;P indicated, c. Written Transfer Orders (sent with a resident by a hospital or other health care facility)-Implement a transfer order without further validation.</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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