

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  09/05/2025
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)
F 0656  Level of Harm - Actual harm  Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.  (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement the care plan (specific healthcare goals, interventions, and monitoring strategies) for one of two sampled residents (Resident 1) when the bowel and bladder retraining (scheduled toileting) was not implemented for Resident 1 who was at high risk for falls and had a history of falls related to toileting needs. This failure resulted in Resident 1 going to the bathroom on 8/20/25, independently, falling and sustaining an acute (new) left femoral neck fracture (break in the bone that connects the head of the femur (ball of the hip joint) to the shaft of the femur) extending to the lesser trochanter (attachment point for hip flexor muscles) and requiring hospitalization and surgical repair.</p> <p>Findings: During a review of Resident 1's admission Record (AR) undated, the AR indicated Resident 1 was admitted on [DATE], with diagnoses including difficulty in walking and muscle weakness. During a review of Resident 1's Minimum Data Set (MDS-resident assessment tool) dated 6/8/25, the MDS indicated, Cognitive (mental processes of thinking, knowing, remembering, and understanding) Patterns.BIMS (brief interview for mental status) Summary Score.03 (indicating severe cognitive impairment).Functional Abilities.toilet transfer (the ability to get on and off a toilet).01 (dependent-helper does all of the effort) Bladder and Bowel.Urinary Continence (ability to control movements of the bladder).3 (Always incontinent-no episodes of continent voiding).Bowel continence (ability to control movements of the bowel).2 (Frequently incontinent-2 or more episodes of bowel incontinence, but at least one continent bowel movement).During a review of Resident 1's Care Plan (CP- at-risk care plan) dated 6/8/25, the CP indicated, (Resident name) is high risk for falls r/t (related to) confusion (lack of understanding).poor safety awareness.multiple falls.attempts to transfer and ambulate (walk) unassisted, takes self to bathroom.Interventions/Tasks.Offer toileting assistance after meals, at bedtime, q (every) 2hour and as needed per facility protocol.Date initiated.7/27/25During a review of Resident 1's Evaluation Scoring Report (ESR-fall risk evaluation) dated 10/8/2025, the ESR indicated, 7/27/25.High Fall Risk (at risk to move downward, typically rapidly, freely without control from a higher to lower level) .7/28/25.High Fall Risk.8/6/25.High Fall Risk.8/18/25.High Fall Risk.8/20/25.High Fall Risk.1. During a review of Resident 1's Progress Notes (PN) dated 7/27/25 at 12:00 a.m., the PN indicated, When entering resident's room, resident was found on the floor at the end of his bed. Resident stated that he slipped when going to the restroom.During a review of Resident 1's CP dated 7/27/25, the CP indicated, Resident had an unwitnessed fall; sustained no injury on 7/27/25. Attempted to go to bathroom unassisted; no injury.interventions/tasks.offer toileting (assist in using the toilet) Q (every) 2 hr (hours) and PRN (as needed) (toileting offered but not documented) .2. During a review of Resident 1's PN dated 7/28/25 at 6 a.m. , the PN indicated, Resident was found lying on his back on the floor at the right side of bed, next to his side table and trash can.Resident stated he got up to use the bathroom, when he was done, he walked back to bed but he slipped and fell on his back. During a review of Resident 1's CP dated 7/28/25, the CP indicated, Resident had an unwitnessed fall on 7/28/25 with scratch and bump to mid back attempting to go to bathroom unassisted.Interventions/tasks.remind resident to use call light and ask for assistance as needed. 3. During a review of Resident 1's PN dated 8/6/25 at 6:45 p.m., the PN indicated, At approx. (approximately) 6:45 p.m. CNA (certified nursing assistant) informed this CN (charge nurse) resident was found in resident restroom sitting on his buttocks on the floor. CNA asked resident what happened resident replied, I miss the toilet and fell on my a**.During a review of Resident 1's CP dated 8/6/25, the CP indicated, (Resident name) had an actual fall with no injury 8/6/25 in the bathroom.Interventions/Tasks.Bowel and Bladder retraining (resident physically taken to the restroom and intervention documented) . There was no evidence the facility implemented bowel and bladder retraining.4. During a review of Resident 1's PN dated 8/18/25 at 11:36 a.m. , the PN indicated, Resident stated he fell this morning when preparing for the day. Resident sated he was going to the restroom without his assistive device this morning to get himself ready, when he lost balance and grabbed into the restroom's handrail and hit his (R) (right) ribon (rib on) [sic] the corner of the sink.During a review of Resident 1's CP dated 8/18/25, the CP indicated, (Resident 1) had an alleged fall on 8/18/25. Interventions.Continue interventions on the at-risk plan.5. During a review of Resident 1's PN dated 8/20/25 at 10:00 a.m., the PN indicated, Resident was found laying [sic] on his back on the floor facing the entrance door of the room. According to staff who witnessed the fall, resident was coming out of the restroom when he lost his balance and hang his hand on the corner of the neighbor's bed, turned around before slipping on the ground Resident stated he got out of the restroom and slipped During a review of Resident 1's CP dated</p>		