STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555658	A. Building B. Wing	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Walk Care Center	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to re-assess and monitor one of three sampled resident (Resident 1) with bruising to the right forearm. This failure had the potential Resident 1's bruise to the right forearm to worsen.Findings:During a review of the clinical record for Resident 1, the admission note dated 1/15/26 indicated Resident 1 was admitted with discoloration (bruising) to bilateral (both) forearms. The skin re-assessment note dated 1/16/26 indicated, resident (Resident 1) presenting with bruising to RFA (right forearm) measuring approximately 6cm (centimeters) x5cm. Treatment Record (TR) for the month of 1/26 indicated Resident 1's bruise to right forearm was not re-assessed after monitoring order was completed on 1/23/26. During a concurrent interview and record review on 2/9/26 at 11:24 a.m. with Treatment Nurse (TN), Resident 1's clinical records were reviewed. TN confirmed Resident 1 was admitted on [DATE] with bruise to right forearm. TN stated it was the facility practice to re-assess skin bruises after monitoring order is completed to ensure bruise is not something new and make sure it's not getting worse. TN reviewed Resident 1's TR record for 1/26 and confirmed bruise to right forearm was not re-assessed after monitoring order was completed on 1/23/26. TN confirmed Resident 1's bruise to right forearm was still present after 1/23/26 and should have been re-assessed. TN stated, yes that was my mistake, it should have continued to be monitored. During a review of the facility's Policy and Procedures (P&P) titled, Skin Assessment, undated, the P&P indicated, 1. A full body, or head to toe, skin assessment will be conducted by licensed or registered nurse upon admission/re-admission, daily for three days, and weekly thereafter.

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