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	05/05/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to ensure their policy and procedure was followed when one of three sampled residents (Resident 1) did not have a discharge care plan developed. This failure had the potential for Resident 1 to have unmet discharge needs.Findings:During a review of Resident 1's IDT (Interdisciplinary Team-collaborative group of professionals from different disciplines who work together interdependently to provide comprehensive patient-centered care) Care Conference Meeting (IDTCCM), dated 2/27/26 at 2:15 p.m., the IDTCCM indicated, An IDT meeting was held to discuss the resident's progress.At this time, therapy recommends that the resident is not appropriate for discharge due to decreased activity tolerance and the need for continued strengthening and endurance training to ensure a safe transition home.The care plan will be updated accordingly to reflect ongoing therapy services, transfer training, and continued discharge planning.During a review of Resident 1's Progress Notes (PN) dated 3/19/26 at 2:18 p.m., the PN indicated, At 1230, resident d/c (discharge) to home.During a concurrent interview and record review on 5/5/26 at 12:17 p.m. with Social Service Director (SSD), Resident 1's Care Plans were reviewed. SSD was unable to provide a discharge care plan for Resident 1. SSD stated there was no discharge care plan developed for Resident 1. SSD stated a discharge care plan should be developed when it was time for the resident to discharge.During an interview on 5/5/26 at 1:17 p.m. with Administrator, Administrator stated there should have been a discharge care plan developed per policy.During a review of the facility's policy and procedure (P&P) titled, Transfer or Discharge, Resident-Initiated undated, the P&P indicated, For resident-initiated discharges, the medical record contains.a discharge care plan.The comprehensive care plan contains the resident's goals for admission and desired outcomes, which will be in alignment with the discharge if it is resident-initiated.

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