

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/16/2026
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 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. Based on interview and record review, the facility failed to ensure the physicians orders were followed for one of three sampled residents (Resident 1) when the diet order was not updated correctly during an order update for Resident 1. This failure resulted in Resident 1 not receiving a controlled carbohydrate diet (CCHO- commonly used for diabetics) for approximately three months. Findings: During a review of Resident 1's Care Plan (CP) dated 12/18/25, the CP indicated, Nutrition Status at risk for weight loss, dehydration, skin breakdown and altered nutritional status r/t (related to) .DM2 (type 2 diabetes) .Interventions. Diet as ordered. Renal (diet for residents with chronic kidney disease) CCHO diet. date initiated: 12/18/25. During a review of the Physician Orders (PO) dated 4/28/26 at 1:33 p.m., the PO indicated, Order Summary: Renal diet regular texture. thin consistency. During a review of the PO dated 4/28/26 at 1:34 p.m., the PO indicated, Order Summary Renal. CCHO diet regular texture, regular consistency. discontinue. 4/28/26 1:33 p.m. language clarification. During a review of Resident 1's Progress Notes (PN) dated 4/29/26 at 10:22 a.m., the PN indicated, No change in diet was made, template revision only. During a review of Order Listing Report (OLR) dated 7/16/26, the OLR indicated, (Resident 1) was on a Renal diet. During an interview on 7/16/26 at 11:08 a.m. with Resident 1, Resident 1 stated she was not receiving a diabetic (medical condition where your body cannot properly process sugar from the food you eat) diet. During an interview on 7/16/26 at 3 p.m. with Director of Nursing (DON), DON stated Resident 1 was not on a CCHO diet because the template was revised and the CCHO was accidentally dropped. DON stated Resident 1 should have been on a CCHO diet as ordered by the physician. During a review of the policy and procedure (P&P) titled Therapeutic Diet Orders undated, the P&P indicated, The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician. therapeutic diets are provided only when ordered by the attending physician. dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed.		

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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