

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555711	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Community Care on Palm		STREET ADDRESS, CITY, STATE, ZIP CODE 4768 Palm Avenue Riverside, CA 92501	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide food at appropriate temperatures according to the residents' preferences for three out of five sample residents, Residents 3, 4, and 5. This failure had the potential for Residents 3, 4, and 5 to be at risk for decreased nutritional intake which could cause unplanned weight loss and affect their overall nutritional status. Findings: On December 22, 2025, at 7:17 a.m., during a concurrent observation and interview, Resident 3 was sitting in his wheelchair in the dining room and was served breakfast. Resident 3 began eating his food, and stated the food was warm, but sometimes his breakfast was cold, and he had to wait 20 minutes to get his food in the dining room. On December 22, 2025, at 7:18 a.m., during an observation in the dining room, Resident 4 was served breakfast. On December 22, 2025, at 7:40 a.m., during a concurrent observation and interview, Resident 5 was sitting in her bed, and was almost finished with her breakfast. Resident 5 stated her breakfast was cold and that the food is often cold. On December 22, 2025, at 8:14 a.m., during a concurrent observation and interview, Resident 4 was in his room sitting in bed and watching television. Resident 4 stated his breakfast was lukewarm and almost cold. Resident 4 stated he thought that by eating in the dining room, which was close to the kitchen, he would receive warm food, but he did not. Resident 4 stated there were other times his food was served cold but since nothing changed after he reported it he stopped complaining about the cold food. On December 22, 2025, at 10:12 a.m., during a telephone interview, the Registered Dietitian (RD) stated the expectation is the food should be palatable (pleasant and acceptable to the taste), warm and up to the residents' expectations. On December 22, 2025, at 11:54 a.m., during an interview, the ADM stated the residents should not be served cold food. A review of Resident 3's admission Record indicated he was admitted to the facility on [DATE] with diagnoses which included hypertension (high blood pressure). Resident 3's History and Physical (H&P) dated November 4, 2025, indicated he has the capacity to understand and make decisions. A review of Resident 4's admission Record indicated he was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus (high blood sugar). Resident 4's H&P dated July 12, 2025, indicated he has the capacity to understand and make decisions. A review of Resident 5's admission Record indicated she was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus. Resident 5's H&P dated November 12, 2025, indicated she has the capacity to understand and make decisions. A review of the facility's policy and procedure titled, Food and Nutrition Services dated October 2017, indicated, each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Food and nutrition staff will inspect food trays to ensure the food appears palatable and attractive and it is served at a safe and appetizing temperature .</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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