

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555884	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Riverside Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8951 Granite Hill Drive Riverside, CA 92509	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48870</p> <p>Based on observation, interview, and record review, the facility failed to provide respiratory care and treatment in accordance with the facilities policy and procedures for two of five residents (Resident 1 and Resident 4) reviewed for oxygen treatment.</p> <p>This failure had the potential to result in ineffective oxygen therapy, respiratory distress, and decline in the residents ' health condition.</p> <p>Findings:</p> <p>On May 22, 2024, at 7:40 am, an unannounced abbreviated survey was conducted for the investigation of one complaint.</p> <p>A review of Resident 1 ' s History and Physical, dated May 25, 2022, indicated Resident 1 was admitted with a medical history which included chronic obstructive pulmonary disease (COPD, a lung disease causing restricted airflow or breathing problems), anxiety disorder (a disorder caused by excessive anxiety), and paranoid schizophrenia (a serious mental disorder that affects how people interpret reality).</p> <p>A review of Resident 1 ' s Physician ' s Orders, dated January 7, 2024, indicated May use Continuous oxygen @ (at) 2-3 L/min (liters per minute) via nasal cannula or face mask for oxygen saturation below 92%. Every shift related to chronic obstructive pulmonary disease with (acute) exacerbation if oxygen is delivered at 3L/min or above, humidifier must be applied.</p> <p>A review of Resident 1 ' s Vital Signs, for oxygen saturation trends indicated, for the dates of January 10, 2024, January 11, 2024, January 12, 2024, and January 13, 2024, was only documented one time per day, instead of every shift as ordered.</p> <p>During a concurrent observation and interview on May 23, 2024, at 7:55 am, with Resident 4, Resident 4 stated he has lived in the facility for one year and uses oxygen on and off throughout the day and while he sleeps every night because of COPD. The oxygen was set at 3.5 liters per minute with humidifier (a device for increasing the humidity of the air) attached.</p> <p>(continued on next page)</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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