

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  04/04/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41493</p> <p>Based on observation, interviews, document review, and record review, the facility failed to ensure they did not place a fitted sheet on the low air loss mattress for 1 (Resident #42) of 1 sampled resident reviewed for pressure ulcer/injury.</p> <p>Findings included:</p> <p>A review of Resident #42's Admission Record revealed the facility admitted the resident on 04/08/2020. Per the Admission Record, the resident had diagnoses to include pressure-induced deep tissue damage of the left heel and pressure ulcer of the right heel, left heel, right ankle, and left ankle.</p> <p>A record review of Resident #42's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/28/2024, revealed the resident had a Staff Assessment for Mental Status (SAMS) that indicated the resident had severely impaired cognitive skills for daily decision making. The MDS revealed the resident was at risk for pressure ulcer development and had four Stage I pressure ulcers and three unstageable pressure ulcers.</p> <p>A record review of Resident #42's care plan, revised on 10/16/2023, revealed the resident was at risk for pressure ulcers secondary to impaired mobility and incontinence status. There was intervention added on 2/16/2024, that directed staff to provide a low air loss mattress as ordered.</p> <p>A review of Resident #42's Order Summary Report revealed an order dated 02/16/2024, for may use low air loss mattress at air pressure range of 180 to 200 pounds.</p> <p>On 04/02/2024 at 10:56 AM, Resident #42 was observed in bed with a tightly fitted sheet over their low air loss mattress.</p> <p>In an interview on 04/03/2024 at 2:53 PM, the Medical Director stated he preferred to use non-fitted sheets on beds with a low air loss mattress.</p> <p>In an interview on 04/04/2024 at 9:48 AM, Registered Nurse #1 stated it was best practice to not have fitted sheets on beds with a low air loss mattress.</p> <p>In an interview on 04/04/2024 at 1:45 PM, the Administrator stated her opinion was irrelevant.</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/04/2024 at 4:21 PM, the Director of Staff Development (DSD) stated fitted sheets were not supposed to be placed on beds with a low air loss mattress. The DSD stated the staff were trained that way, and if sheets were on those beds, it was done by mistake.</p> <p>In an interview on 04/04/2024 at 4:23 PM, the Director of Nursing stated normally beds with a low air loss mattress did not have sheets on them and she was not sure what happened.</p> <p>A review of a document titled, In-Service Sign in Sheet, dated 08/01/2023, revealed Air loss mattress use draw sheet and chux ONLY.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41493</p> <p>Based on interviews, record review, document reviews, and facility policy reviews, the facility failed to conduct outbreak testing as directed by the Centers for Disease Control and Prevention when 1 (Resident #119) of 15 sampled residents tested positive for COVID-19.</p> <p>Findings included:</p> <p>A review of the facility policy titled, Infection Prevention and Control Program, revised in June 2021, revealed It is the policy of the facility to establish and maintain and Infection Prevention and Control Program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections.</p> <p>A review of the undated facility policy titled, Resident COVID Testing, revealed It is the policy of this facility to provide testing for the Covid-19 virus to our residents as directed by the Centers for Disease Control and the California Department of Public Health.</p> <p>A review of the undated facility policy titled, Employee Covid Testing, revealed It is the policy of this facility to provide testing for the Covid-19 virus to our employees as directed by the Centers for Disease Control and the California Department of Public Health.</p> <p>A review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 03/18/2024, revealed a section titled Responding to a newly identified SARS-CoV-2 [severe acute respiratory syndrome coronavirus 2] infected HCP [healthcare personnel] or resident that specified, Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.</p> <p>A review of Resident #119's significant change in status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/10/2023, revealed the facility readmitted the resident on 11/03/2023. The MDS revealed the resident had a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident had severe cognitive impairment. Per the MDS, the resident had active diagnoses to include coronary artery disease, hypertension, peripheral vascular disease, renal insufficiency, dementia, and osteoporosis.</p> <p>A review of a document titled, COVID-19 Log, revealed Resident #119 had no symptoms. Per the COVID-19 Log, the date of the test for Resident #119 was listed on 01/09/2024.</p> <p>During an interview on 04/03/2024 at 11:52 AM, the Infection Preventionist (IP) stated the facility's last COVID-19 outbreak occurred on 01/09/2024. According to the IP, a resident (Resident #119) was sent to the hospital on 01/09/2024, and the hospital staff notified the facility that the resident tested positive for COVID-19. The IP acknowledged all residents and staff were then tested weekly, on 01/09/2024 and again on 01/16/2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of documents titled Testing Record, revealed facility staff and residents were tested for COVID-19 on 01/09/2024, 01/16/2024, and 01/23/2024.</p> <p>During an interview on 04/04/2024 at 10:58 AM, the Director of Nursing stated when the facility had a resident who was positive for COVID-19, the facility tested other residents and staff on the same day as to when the resident was found to be positive for COVID-19 and then weekly thereafter.</p> <p>In an interview on 04/04/24 at 1:37 PM, the Administrator stated she expected the staff to follow the regulations.</p>		