

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER River Ridge Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3922 W River Dr Corpus Christi, TX 78410	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide reasonable accommodation of resident needs and preferences for one (Resident #1) of four residents reviewed for call light placement. The facility failed to ensure Resident #1's call light was within reach. This failure could place residents at risk for needs and accommodations being unmet. Record review of a face sheet dated 9/29/2025 indicated Resident #1 was a [AGE] year-old who was admitted on [DATE] with diagnoses of Nontraumatic Intracerebral Hemorrhage (a type of stroke where bleeding occurs within the brain tissue without any external injury), Flaccid Hemiplegia affecting the right dominant side (weakness or paralysis on one side of the body), Aphasia (a language disorder that affects a person's ability to communicate), and Dysphagia (difficulty swallowing food or liquid). Review of a quarterly MDS assessment dated [DATE] indicated Resident #1 had a BIMS (brief interview for mental status) score of 00 which indicated severe cognitive impairment. MDS also indicated Resident #1 was unable to respond to questions due to speech clarity and resident is rarely can be understood. Record review of Resident #1's care plan, undated revealed, Resident #1 is at risk for falls with an intervention to anticipate residents needs and keep call bell within reach of the resident. On 9/29/2025 at 12:52 pm, observation of Resident #1 in her room in her bed with the door closed with call light under her bed remote on left side of bed. Resident #1 was able to reach and used the bed remote to move bed up and down, but when reaching for call light Resident #1 was unable to stretch far enough to reach the call light. On 9/29/2025 at 1:09 pm, during an interview with the DON, she stated it is not acceptable for residents to not be able to reach the call light. The DON stated she will be doing staff education, check offs for call light placement, and 1:1 education with staff last tending to this resident. On 9/29/2025 at 3:20 pm, during an interview with NA A she stated she did not realize Resident #1 could not reach the call light and the call light should have been left where Resident #1 could reach the call light. NA A stated Resident #1 was left out of reach of the call light for about 10 minutes as NA A had just transferred Resident #1 from her wheelchair to her bed. NA A stated she has been trained to leave the call light within reach of Resident #1, and it is expected of her to leave all call lights accessible to each resident. NA A stated this resident has right sided paralysis so the call light needs to be left where she can access the call light with her left hand. Record review of facility policy titled Routine Resident Care and dated 3/14/19 included verbiage Resident call lights should be placed within easy reach of the resident.</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
---	-------	-----------