PRINTED: 08/29/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		555404	B. WING			1	C <b>24/2022</b>
	PROVIDER OR SUPPLIER  DE VILLAGE HEALTH	ICARE CENTER		17	TREET ADDRESS, CITY, STATE, ZIP CODE 7040 ARNOLD DR. LIVERSIDE, CA 92518	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	California Department investigation of a F	cts the findings of the ent of Public Health during the acility Reported Incident (FRI). acident Number: CA00777781 Department:	FC	000	This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction do not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plat of Correction is prepared and/or executed solely because it is required by the provisions of Healt and Safety Code Section 1280 and 42 C.F.R. 405.1907	an h	
F 609 SS=D	Reported Incident is represent the finding facility.  Three deficiencies Reported Incident: Reporting of Allege CFR(s): 483.12(c)( §483.12(c) In response lect, exploitation must:  §483.12(c)(1) Ensurinvolving abuse, nemistreatment, inclusions after the allegent that cause the allegent serious bodily injury the events that cause and do not response in the serious and serious and do not response in the serious and serious a	d Violations	F	609	F609 A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Director of Nursing and RN supervisor assessed the resident a found they were safe and free of harm.  B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?  Following the complaint visit, the Director of Nursing Services (DNS)	e? and	
	/ DIDECTORIO OD PROVIE	DED/SLIDDLIED DEDRESENTATIVE'S SIGN	IATUDE		TITLE	/	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator 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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' ′	NG	COMPLETED	r
		555404	B. WING _		08/24/2022	2
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLET	TION
F 609	officials (including adult protective se for jurisdiction in lo accordance with S procedures.  §483.12(c)(4) Rep investigations to the designated representance with S Survey Agency, will incident, and if the appropriate correct This REQUIREMED by:  Based on interview failed to ensure and a staff member town was reported to the Public Health (CDI than two hours after addition, the facility report of investigation within five working allegation of abused These failures had delay in implementation of protect the residents at rise.  Findings:  On April 5, 2022, as	to the State Survey Agency and rvices where state law provides ong-term care facilities) in tate law through established ort the results of all the administrator or his or her centative and to other officials in tate law, including to the State thin 5 working days of the alleged violation is verified tive action must be taken. NT is not met as evidenced of allegation of physical abuse by wards a resident (Resident A) the California Department of PH) immediately, or not later for the allegation was made. In the facility of alled to ensure a writtention was provided to CDPH days of the occurrence of the	F 60	and Registered Nurse (RN) Supervisor reviewed records a incidents and did not identify at other residents that would be affected by this alleged deficiel practice.  C. What measures will be proposed or what systemic chan the facility will make to ensure the deficient practice does not recur?  It is the policy of the facility to extend the tall reports of resident abust shall be promptly reported to lost state and federal agencies (as defined by current regulations) thoroughly investigated by facing management will be reported immediately, but no later than hours if the alleged violation in abuse.  Director of Nursing Services (Exprovided in-service to Licensed Nurses on 08/25/2022, regarding Policy and Procedure on "Abustinvestigation and Reporting" we emphasis on the following:  D. How the facility plans to monitor its performance its performance to monitor its performance to monitor its performance its	nt  ut into ges re that ot  ensure se ocal, and lity d two (2) volves  DNS) d ng se ith	
	allegation of abuse On April 5, 2022, a			Administrator, DNS/Designee monitor for compliance.	will	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		555404	B. WING		08	C / <b>24/2022</b>
	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CO 17040 ARNOLD DR. RIVERSIDE, CA 92518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 609	The DON stated F Nursing Assistant her during feeding approximately 9:3 Resident A further wrists and stuck the On April 5, 2022, at the Social Service She stated CNA 2 allegation of abus 2022, at around 9 explained to her the A's room in the management of the Resident A stated CNA 2 stated that who came in her in her shift on the day The SSD stated upon March 22, 2022, had hurt her durin provide detailed disaying, "Your hurt The SSD stated of just right after she Resident A, CNA was making the sayou hurt me") since The SSD stated of just right after she Resident A accuse in her room of hur report it.	Resident A reported to Certified (CNA) 2 that someone had hurt g on March 22, 2022, at 5 a.m. The DON stated stated the person held her heir two fingers up her nostril.  at 10:15 a.m., an interview with a Director (SSD) was conducted. The reported to her about the efform Resident A on March 22, :35 a.m. The SSD stated CNA 2 hat when she entered Resident orning of March 22, 2022, "She hurt me, she hurt me."  Resident A accused all staff froom of hurting her throughout	F 60	9 DNS/Designee will report fidentified to the QAA Communing the monthly Quality Assurance Performance Improvement meeting for the purpose of process improved changes to the plan to ensubstantial compliance with of correction.  Completion Date: 08/31/2	nittee he ement or ure n this plan	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		555404	B. WING		1	C / <b>24/2022</b>	
	PROVIDER OR SUPPLIER  DE VILLAGE HEALTH	ICARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 17040 ARNOLD DR. RIVERSIDE, CA 92518			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 609	reported). She state the one that hurt menter the room. She able to provide deta allegation when ask report it to anyone I her normal behavious hallucinating. She sheard from SSD resof someone hurting 2 on that day and the SSD regarding heard from Resider further stated that the Resident A reported On April 5, 2022, at CNA 2 was conducted yelled out, "You are she entered the resulted 2022. CNA 2 told Resident A she was there to ask stated Resident As during feeding by she stated Resident As during feeding by she stated Resider exact date and time description of the analysis on April 5, 2022, at Resident A was corrisped in bed in bed sleeping not appear to be in Attempt was made	allegation of abuse was ed Resident A stated, "You are e." when other staff would e stated Resident A was not alled information about her ked. She stated she did not because she thought it was er and that she was stated on March 22, 2022, she garding Resident A's allegation her that was reported by CNA his was when she reported it to the same statement that she hat A on March 21, 2022. She his was the first incident d of someone hurting her.  11:14 a.m., an interview with ted. She stated Resident A the one that hurt me," when sident 's room on March 22, esident A her name and that easist her with feeding. She tated someone had hurt her hoving a spoon in her mouth. In A was not able to provide the east the incident occurred nor a	Fé	609			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	NG		MPLETED
		555404	B. WING		08	C /24/2022
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 609	On April 5, 2022, I reviewed. Resider on January 13, 20 included dementia disorder, psychos not have the capa decisions.  The "Progress No 12:43 p.m., indica Resident A. The nreported that som feeding. It was als repeating herself I me" to every staff.  There was no door report of Resident hurting her on Mawhen the allegation.  On April 5, 2022, a interview with the stated she was avon March 21, 2021, the incident was fidid not report it to after it was first restated CNA 1 shoor the ADM as soow was made by Res.  The DON stated to final report of the Administrator have stated the final rep	Resident A's record was at A was admitted to the facility 18, with diagnoses which a (loss of mental status), anxiety is and others. Resident A did city to understand or make  Ites," dated March 22, 2022, at ted the allegation of abuse from totes indicated Resident A eone had hurt her during to noted that Resident A kept by saying "You hurt me, you hurt who entered her room.  Itemented evidence an incident to A's statement of someone and the report of abuse was first reported.  The DON was conducted. The DON ware of the report from CNA 1 and accusing staff of hurting her 2, which is a day prior to when the reported. She stated CNA 1 anyone until March 22, 2022, ported by CNA 2. The DON und have reported it to her and on as the allegation of abuse ident A on March 21, 2022.  The facility did not complete a investigation and thought the edone it already. The DON cort of the investigation must be ant to the State Agency within	F 6	09		

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '				PLETED
		555404	B. WING			1	C <b>24/2022</b>
	PROVIDER OR SUPPLIER  DE VILLAGE HEALT			STF 170	REET ADDRESS, CITY, STATE, ZIP CODE 40 ARNOLD DR. /ERSIDE, CA 92518	1 001	24/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	allegation was initial final report of investabuse from Reside completed timely.  On April 5, 2022, at the Administrator (ADM stated he recompleted timely and the facility reg 22, 2022, but did not return to the office during his absence oversee and ensurreported and investigation of the done by the DON. provide documentate completed timely.  The ADM provided 2022 (day of onsite allegation of abuse Agency).  On April 8, 2022, a interview with the Astated CNA 1 should him or the DON or initial allegation of Resident A. The Allegation of Resi	ys from the time the abuse ally reported. She stated the stigation of the allegation of ent A should have been at 11:45 a.m., an interview with ADM) was conducted. The seived a report over the phone garding the incident on March tot receive a full report until he the following week. He stated e, the DON was designated to re all abuse incidents were		609			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		555404	B. WING			C <b>24/2022</b>	
	PROVIDER OR SUPPLIER  DE VILLAGE HEALTH	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518	1 001	50 - T / 60 - V - 50 - 50	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	reports of resident reported to local, st defined by current investigated by faci abuse investigation the administrator incident of resident Administrator will a appropriate individuate investigation wi (on all shifts) who have during the period of interview the resident up to the alleged in abuse will be reported in two (2) hours abuse Within five alleged incident, the resident's represent Ombudsman, state agencies a writter investigation and a taken to prevent su"  Investigate/Prevent CFR(s): 483.12(c)(1) §483.12(c) In response to the resident of the residen	ed. The policy indicated, "All abuseshall be promptly ate and federal agencies (as regulations) and thoroughly lity management. Findings of will also be reportedRole of if an incident or suspected abuseis reported, the ssign the investigation to an ualthe individual conducting IIinterview staff members and contact with the resident of the alleged incident dent's roommate, family orsreview all events leading cidentAn alleged violation of orted immediately, but not later if the alleged violation involves to (5) working days of the efacility will give the resident, tative (sponsor), the survey and certification in report of the findings of the summary of corrective action incident from reoccurring to the control of the summary of corrective action incident from reoccurring to the control of the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incident from reoccurring to the summary of corrective action incid	F6	F610 A. A. How corrective action will be accomplished for thos residents found to have been affected by the deficient prace.  Director of Nursing and RN supervisor assessed the reside found they were safe and free contains.  B. How the facility will ident other residents having the potential to be affected by the same deficient practice and corrective actions will be take.  Following the complaint visit, the Director of Nursing Services (Dand Registered Nurse (RN) Supervisor reviewed records an incidents and did not identify an other residents that would be	e tice?  nt and of  ify e what en?  e NS)		

Event ID: 62W911

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION (X3) DATE SUR COMPLETE			
		555404	B. WING		and the second s	1	24/2022
	PROVIDER OR SUPPLIER  DE VILLAGE HEALTH	ICARE CENTER		17	REET ADDRESS, CITY, STATE, ZIP CODE 040 ARNOLD DR. VERSIDE, CA 92518		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 610	designated represe accordance with St Survey Agency, with incident, and if the appropriate correcti This REQUIREMENT by: Based on interview failed to ensure a thallegation of abuse was completed account procedure, for residents (Resident This failure had the allegation not to be could result to a deappropriate action to residents.  Findings:  On April 5, 2022, at visit to the facility was allegation of abuse On April 5, 2022, at the Director of Nurs The DON stated Rendered Nursing Assistant (Inher during feeding a.m. Resident A fur wrists and stuck the	ort the results of all e administrator or his or her ntative and to other officials in ate law, including to the State hin 5 working days of the alleged violation is verified ive action must be taken.  NT is not met as evidenced or and record review, the facility horough investigation of an by a staff toward a resident ording to the facility one of three sampled (A).  potential for an abuse thoroughly investigated and lay in the implementation of o prevent abuse on the	F6	510	affected by this alleged deficient practice.  C. What measures will be put place or what systemic change the facility will make to ensure the deficient practice does not recur?  It is the policy of the facility to enst that all reports of resident abuse. shall be promptly reported to local state and federal agencies (as defined by current regulations) are thoroughly investigated by facility management will be reported immediately, but no later than two hours if the alleged violation involutionabuse Within five (5) working do for the alleged incident, the facility give the resident, resident's representative (sponsor), the Ombudsman, state survey and certification agencies a written report of the findings of the investigation and a summary of the corrective action taken to prevent such incident from reoccurring"  Director of Nursing Services (DNS provided in-service to Licensed Nurses on 08/25/2022, regarding Policy and Procedure on "Abuse investigation and Reporting" with emphasis on the following:	sure al, ad (2) lves ays will	

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	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	COM	IPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 610	the Social Service She stated CNA 2 allegation of abuse 2022, at around 9:3 explained to her the A's room in the mon Resident A stated, CNA 2 stated that I who came in her rober shift on the day The SSD stated upon March 22, 2022 someone had hurt able to provide detabuser. She stated herself by saying, 'The SSD stated or just right after she Resident A, CNA 1 was making the sayou hurt me") since The SSD stated Cl Resident A accuse in her room of hurt report it. The SSD further interviews or regarding this alleged on April 5, 2022, a CNA 1 was conduct assigned to Resident A stated, when other staff we stated Resident A information about the state of the state o	Director (SSD) was conducted. reported to her about the from Resident A on March 22, 35 a.m. The SSD stated CNA 2 at when she entered Resident wrining of March 22, 2022, "She hurt me, she hurt me." Resident A accused all staff from of hurting her throughout of the incident.  Soon interview with Resident A active that her during feeding but was not ailed description of the alleged a Resident A kept repeating Your hurt me, you hurt me."  March 22, 2022, at 10 a.m., finished her interview with reported to her that Resident A me statement ("You hurt me, e yesterday (March 21, 2022). NA 1 informed her that d all staff members who came ing her, therefore, she did not stated she did not conduct of staff and other residents		310	D. How the facility plans to monitor its performance to ma sure that solutions are sustain.  Administrator, DNS/Designee will monitor for compliance.  DNS/Designee will report finding identified to the QAA Committee during the monthly Quality Assurance Performance Improvement meeting for the purpose of process improvement changes to the plan to ensure substantial compliance with this pof correction.  Completion Date: 08/31/2022	ed?	

Event ID: 62W911

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		OMPLETED  C
		555404	B. WING		0	8/24/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 17040 ARNOLD DR. RIVERSIDE, CA 92518		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 610	she thought it was she was hallucinat 2022, she heard fr A's allegation of so reported by CNA 2 she reported it to t statement she hea 21, 2022. She furth incident Resident A her.  On April 5, 2022, a CNA 2 was conducyelled out, "You are she entered the re 2022. CNA 2 told f she was there to a stated Resident A during feeding by she stated Reside exact date and tim description of the a CNA 2 further state Resident A complation of the are considered in bed in bed sleep not appear to be in Attempt was made was not successful status.	her normal behavior and that ing. She stated on March 22, om SSD regarding Resident of meone hurting her that was on that day and this was when he SSD regarding the same and from Resident A on March her stated that this was the first A reported of someone hurting at 11:14 a.m., an interview with oted. She stated Resident A the one that hurt me," when sident's room on March 22, Resident A her name and that saist her with feeding. She stated someone had hurt her shoving a spoon in her mouth. In the Awas not able to provide the entering the incident occurred nor a calleged abuser.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The this was the first time sined of someone hurting her.  The third was laying being comfortably. Resident A did distress or discomfort.  The third was laying being comfortably. Resident A but I due to her impaired mental		510		
	reviewed. Residen on January 13, 20 included dementia	Resident A's record was t A was admitted to the facility 18, with diagnoses which (loss of mental status), anxiety s and others. Resident A does				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED C	
		555404	B. WING				4/2022
	PROVIDER OR SUPPLIER  DE VILLAGE HEALTH			STREET ADDRESS, CIT 17040 ARNOLD DR. RIVERSIDE, CA 92			
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F 610	decisions.  The "Progress Note 12:43 p.m., indicate Resident A. The no reported that some feeding. It was also repeating herself by me" to every staff w.  There was no docureport of Resident A hurting her on March 21, 2022, at interview with the Distated she was away that Resident A was on March 21, 2022, the incident was first did not report it to a after it was first rep stated CNA 1 should or the ADM on March 21, 2022, the incident was first rep stated CNA 1 should or the ADM on March 21, 2022, at investigation regard Resident A.  On April 5, 2022, at the Administrator (A ADM stated he recofrom the facility reg 22, 2022, but did not return to the office in return to the office.	ity to understand or make es," dated March 22, 2022, at ed the allegation of abuse from tes indicated Resident A one had hurt her during onoted that Resident A kept y saying "You hurt me, you hurt who entered her room.  mented evidence an incident A's statement of someone ch 21, 2022, a day prior to of abuse was first reported.  11:35 a.m., a follow up ON was conducted. The DON are of the report from CNA 1 accusing staff of hurting her which is a day prior to when st reported. She stated CNA 1 anyone until March 22, 2022, orted by CNA 2. The DON Id have reported it to her and ch 21, 2022, as soon as the was made by Resident A.  The did not conduct any further ding the abuse allegation for  11:45 a.m., an interview with ADM) was conducted. The eived a report over the phone arding the incident on March ot receive a full report until he the following week. He stated the DON was designated to	F 6	110			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED C	
		555404	B. WING			l	24/2022	
	PROVIDER OR SUPPLIER  DE VILLAGE HEALTH			17040	ET ADDRESS, CITY, STATE, ZIP CODE ) ARNOLD DR. RSIDE, CA 92518	<u> </u>		
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F 610	oversee and ensure reported and investigated and investigated thorough ature of the allegas should have done for interviews from other resident A on the offrom various shifts, interviews of other conducted. He state interviewed were the staff who initially restated the facility's followed to the full offacility's policy and A review of the facility's policy and A review of the facility's policy and A review of the facility and A review of the facility's policy and A review of the facility and a conductor reports of resident are ported to local, still defined by current investigated by facility abuse investigation the administrator will an appropriate individuant the investigation will consult the investigation will consult the investigation will be reported to the alleged in abusewill be reported to	e all abuse incidents were igated timely.  abuse allegation must be ghly. He stated based on the tion for Resident A, the facility urther investigation to include er staff who were assigned to lay of the incident and or prior. In addition, the ADM stated residents should have been ed the only staff that was the two CNAs in which were the ported the incident. The ADM is Abuse Protocol was not extent according to the	F	10				

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	555404					08/24/2022		
NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE HEALTHCARE CENTER				170	REET ADDRESS, CITY, STATE, ZIP CODE 040 ARNOLD DR. VERSIDE, CA 92518	1 VVIII (18VIIII)		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	N SHOULD BE COMP		
F 610	alleged incident, t resident's represe Ombudsman, stat agenciesa writt investigation and taken to prevent s "	he facility will give the resident, intative (sponsor), the se survey and certification en report of the findings of the a summary of corrective action such incident from reoccurring		755				
SS=D	S483.45 Pharmace The facility must purely and biologic them under an ag §483.70(g). The personnel to administ, but only a licensed nurse. §483.45(a) Procepharmaceutical set that assure the action dispensing, and a biologicals) to me §483.45(b) Service must employ or opharmacist whospects of the protection of the facility. §483.45(b)(2) Est receipt and disposition of the service of the protection of the pr	y Services provide routine and emergency cals to its residents, or obtain reement described in facility may permit unlicensed inister drugs if State law under the general supervision of dures. A facility must provide ervices (including procedures curate acquiring, receiving, dministering of all drugs and et the needs of each resident.  The facility botain the services of a licensed evides consultation on all evision of pharmacy services in ablishes a system of records of sition of all controlled drugs in enable an accurate			F755 A. How corrective action(s) whe accomplished for those residents found to have been affected by the deficient practice.  Resident A's Lorazepam medicate order was faxed to the pharmacy after a follow-up call was made busened Vocational Nurse 1 (LV on 03/21/2022 when the pharmacy confirmed that it did not receive the order.  Lorazepam medication was receive arry morning on 03/22/2022.  Records indicate no episodes of yelling noted on 03/21/22.	ce? tion y N1) cy he		

Event ID:62W911

PRINTED: 08/29/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		555404	B. WING			08/24/2022		
NAME OF PROVIDER OR SUPPLIER  RIVERSIDE VILLAGE HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  17040 ARNOLD DR.  RIVERSIDE, CA 92518				
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F 755	Continued From page 13 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:  Based on interview and record review, the facility failed to ensure medication was ordered from the pharmacy and administered to the resident timely according to the physician's order, for one of three residents reviewed (Resident A).			755	B. How the facility will identify other residents having the potential to be affected by the same deficient practice and wh corrective actions will be taken	at		
				A CALL AND	All residents in the facility are potentially to be affected by the alleged deficient practice as failur ensure any medications were ordered from the pharmacy and administered to the residents time	be affected by the ent practice as failure to redications were the pharmacy and to the residents timely		
	her medication to	red in Resident A not receiving treat anxiety (nervousness) and A for potential adverse effects on medical condition.	AND		will potentially affect the overall medical condition of residents.  Following the complaint visit, the Director of Nursing Services (DN and Registered Nurse (RN)			
	Findings:	at 10 a.m. an unannounced			Supervisor reviewed and re-orde current medications that were ab to run out to ensure enough supplement available to residents.	out		
	On April 5, 2022, at 10 a.m., an unannounced visit to the facility was conducted to investigate an allegation of abuse for a resident.				C. What measures will be put into place or what systemic changes the facility will make to ensure that			
	Resident A was of in bed in bed in bed sleet not appear to be Attempt was made	at 11:32 a.m., an observation of conducted. Resident A was lying eping comfortably. Resident A did in distress or discomfort. de to interview Resident A but ful due to her impaired mental			the deficient practice does not recur?  It is the policy of the facility to en that medications for the resident must be ordered from the pharm three days prior to running out to ensure enough supplies are available to residents.	sure s acy		
	reviewed. Reside on January 13, 2	Resident A's record was ent A was admitted to the facility 018, with diagnoses which is (loss of mental status), anxiety			Director of Nursing Services (DN provided in-service to Licensed Nurses on 08/25/2022, regarding			

Facility ID: CA240000673

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		555404	B. WING		08/24/2022	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518		
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F 755	disorder, psychos not have the capa decisions.  The "Electronic M (EMAR)," for the a physician 's or which indicated, 'treat anxiety) table measurement) G times a day for M YELLING FOR N DISORDER"  The EMAR indicatablet was not ad March 21, 2022,  The "Progress N 11:12 a.m., indication with pharmacy, sorder, order was  The "Progress N 11:46 p.m., indication with pharmacy, sorder, order was  On April 5, 2022, License Vocation conducted. LVN her scheduled m lorazepam on March 21 and march 21.	dedical Administration Record month of March 2022, included der, dated November 23, 2020, LORazepam (medication to et 0.5 mg MG (milligram - unit of ive 0.5 tablet by mouth two l/B (manifested by) CONSTANT O REASON related to ANXIETY ated lorazepam tablet 0.5 mg ministered to Resident A on at 9 a.m. and 9 p.m.  Dotes," dated March 21, 2022, at ated, "LORazepamspoke tated they did not have the faxed to the pharmacy"  Dotes," dated March 21, 2022, at ated, "LORazepamspoke tated they did not have the faxed to the pharmacy"  Dotes," dated March 21, 2022, at ated, "LORazepamspoke tated they did not have the faxed to the pharmacy"  Dotes," dated March 21, 2022, at ated, "LORazepamspoke tated they did not have the faxed to the pharmacy"	F 75	Policy and Procedure on "Refilli Medications" with emphasis on following:  (a) If the resident does not have supply of the medication, the pharmacy is notified immediate (b) Under no circumstances shot there be missed doses of medic (c) Refill drug supplies are to be reordered when there is approximately a three day suppremaining.  During medication pass, Charg Nurses (LNs) in their respective shifts will review and identify all medications that are running out for refill per facility protocol and the pharmacy immediately.  LNs must ensure that any medicantified and reordered for refil be documented in the 24-hour Communication Log and communicate to the incoming of Nurse for follow-up to pharmacy.  Pharmacy Consultant will revies supply on a monthly basis and reports any findings to the DNS RN Supervisor will check documentation in the 24-hour Communication Log and ensur medications are followed-up ar refilled timely.  D. How the facility plans to monitor its performance to mon	the e a ly; ould cation; e oly e e l ut/due I notify ication II must Charge y. w	

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	Continued From payas out of supply we medication. She fur demonstrates behalorazepam.  On April 8, 2022, a interview with LVN all medications for reordered with the running out of the was not done according to the DON was conclurazepam medication was not given to Reside DON was not able medication was not out. She stated all must be reordered four days prior to raccording to the father than the resident domedication, the phUnder no circum missed doses of mare to be reordered.		F 7	755		ultant ded s		

Facility ID: CA240000673