

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER EXTENDED CARE HOSPITAL OF RIVERSIDE		STREET ADDRESS, CITY, STATE, ZIP 8171 MAGNOLIA AVENUE RIVERSIDE, CA 92504	
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)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to monitor the intake and output for one of three sampled residents (Resident 1). Resident 1 has [MEDICAL CONDITION] ([MEDICAL CONDITION]- heart is unable to pump sufficiently to maintain blood flow to meet the body's needs) and was on fluid restriction. This failure had the potential for the facility to not be able to evaluate the resident's fluid balance which could lead to complications such as dehydration and fluid retention. Findings: On February 20, 2020, at 10 a.m., a complaint investigation was conducted regarding quality of care issue. Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The physician's progress dated June 17, 2019, indicated, N.P (Nurse Practitioner) visit .[MEDICAL CONDITION] bil. (bilateral) LE (lower extremity) .HF (heart failure) not well controlled .resumed home med (medication) [MEDICATION NAME] (diuretic-reduces amount of water in the body by increasing urine flow) . The physician's orders [REDACTED]. (per 24 hours) on trays/at bedside-[MEDICAL CONDITION] ; - On June 24, 2019, D/C (discontinue) Fluid restriction 1500 ml (milliliters)/day (per day).; and - On June 24, 2019, .Fluid Restriction to 2L/day. There was no documentation indicating Resident 1's intake and output was monitored from June 24 to July 8, 2019. On March 24, 2020, at 2:26 p.m., the Director of Nursing (DON) was interviewed. The DON stated residents on fluid restriction should have intake and output report. On March 25, 2020, at 11:04 a.m, a concurrent interview and record review was conducted with the Registered Nurse Supervisor (RNS). The RNS stated there was no documentation of Resident 1's intake and output. She stated Resident 1 was on fluid restriction and it is the facility protocol to have an intake and output report. The facility policy and procedure titled Intake and Output Policy, dated May 2019, was reviewed. The policy and procedure indicated, Intake and Output may be recorded when the following conditions exist or upon the order of the physician .Fluid restriction - All residents with an order for [REDACTED].		
F 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a bowel and bladder retraining was completed as per physician order [REDACTED]. Findings: On February 20, 2020, at 10 a.m., complaint investigation was conducted regarding quality of care issue. Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The BLADDER ASSESSMENT FOR INCONTINENCE PROGRAM, dated June 11, 2019, indicated Resident 1 was incontinent at times. The recommendation would be to check and change Resident 1. The Minimum Data Set (MDS - an assessment tool) dated June 18, 2019, indicated Resident 1 was frequently incontinent of bladder and occasionally incontinent of bowel. The physician order [REDACTED].Bowel/Bladder retraining . There was no documented evidence Resident 1 was started on a bowel and bladder retraining program. The Bowel and Bladder Report, indicated Resident 1 was not on a toileting program. On March 23, 2020, at 4:02 p.m., Certified Nursing Assistant (CNA) 1 was interviewed. CNA 1 stated bladder retraining program included checking and offering bedpan every two hours to the resident. CNA 1 stated the resident's response during the toileting program (bladder retraining program) would be documented. In a concurrent review of Resident 1's record with CNA 1, she stated Resident 1 was not on a toileting program. On March 24, 2020, at 1:34 p.m., the MDS Nurse (MDSN) was interviewed. The MDSN stated the doctor's order for a bowel and bladder training supersedes the recommended check and change for Resident 1. The MDSN further stated the care plan should be updated to reflect the order for the bowel and bladder training. On March 24, 2020, at 2:26 p.m., the Director of Nursing (DON) was interviewed. The DON stated she would huddle the nurses in the morning and would tell the nurses, who were on a toileting program. The DON stated Resident 1 had an order for [REDACTED]. The DON further stated it was not done. On further review of Resident 1's record, the DON stated Resident 1's care plan should have been updated to include the current intervention for bowel and bladder. The policy and procedure titled, Bowel & (and) Bladder Re-training/Toileting Program, dated March 21, 2018, was reviewed. The policy and procedure indicated, .The Facility will ensure that each resident who is incontinent of bowel and/or bladder is identified, assessed, and provided with appropriate treatment and services to achieve or maintain as much normal bladder and/or bowel functions as possible. Furthermore, prevent and maintain normal bladder and/or bowel functions for continent residents .		

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

TITLE

(X6) DATE

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.