

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER RIVERSIDE POSTACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 8781 LAKEVIEW AVENUE 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)		
F 0569 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, for one of three sampled residents (Resident A), the facility failed to provide a final accounting of the resident's funds within 30 days of the resident's discharge from the facility, and failed to promptly notify the Social Security Administration office regarding the resident's move out of the facility. The facility continued to receive the resident's social security benefits while the resident was no longer in the facility. This failure increased the potential for delayed conveyance of funds and financial resources necessary for the delivery of immediate health care services and expenditures after Resident A's discharge from the facility. Findings: On July 7, 2020, 10:10 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to misappropriation of property. The resident was no longer in the facility during the visit. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The annual history and physical, dated April 25, 2019, indicated he did not have capacity to understand and make decisions. A physician's orders [REDACTED]. The nurse's notes, dated May 18, 2019, at 1:44 p.m., indicated, I was paged to (Resident A's) room. Upon entering room (name of LVN) told me pt (patient) was not at their (sic) baseline . Upon assessment pt. was not following commands and had a lock stare upwards . 911 called for assistance and transport . At 0915 (9:15 a.m.), resident left with transport, awake, breathing spontaneous(ly) and oxygen on 4 L (liters) . The resident did not return to the facility and was later on admitted to a different skilled nursing facility. On July 8, 2020, at 10:25 a.m., Resident A's financial statements were reviewed with the Regional Business Office Manager (RBM) and stated the resident had a share of cost (the amount a patient agrees to pay for health care before Medi-Cal (public health insurance program which provides needed health care services for low-income individuals) starts to pay) of \$1,681.00 from September 2018 to March 2019. The share of cost was adjusted in April 2019 to \$1,551.00. The share of cost was re-adjusted in May 2019 to \$1,079.00. The resident received social services financial benefits and were applied to the resident's share of cost and expenses in the facility. The RBM confirmed the facility continued to receive monthly social security deposits in the amount of \$1,024.00 from June to September 2019, even when the resident was no longer in the facility. There was no documented evidence the California Department of Social Services was promptly notified of the resident's discharge from the facility. The resident's trust statements indicated the account was finally reconciled and closed on October 1, 2019 (136 days since the resident's discharge from the facility). A refund amount of \$2,541.41 was issued to the resident on February 4, 2020 (126 days after the trust account was closed). In a concurrent interview with the RBM, she stated the final accounting, reconciliation, and closure of a resident's trust account should be done within 30 days of a resident's discharge from the facility. She also confirmed there was no documented evidence of an agreement or contract for the facility to continue to collect social security benefits even after the resident's discharge from the facility in May 2019. The facility's policy and procedure titled, Refunds, dated January 2018, indicated, Any funds on deposit with the facility shall be refunded upon the request of the resident, the resident representative, or the resident's estate, as applicable . Within thirty (30) days of a resident's discharge .the facility will refund the resident's personal funds and provide a final accounting of those funds to the resident, the resident's representative or to the resident's estate . According to the Social Security Administration (SSA), in its publication titled, Guide for Organizational Representative Payees, it indicated, Reporting Events to SSA .As a payee, you must promptly notify us of any event or change that will affect the beneficiary's entitlement to benefits, amount of benefits, or your ability to fulfill the responsibilities of being payee . The following list, while not all-inclusive, shows some of the most common things you MUST report .(when) the beneficiary moves .</p>		
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.