STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055489	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shasta View Care Center	1795 Walnut Street Red Bluff, CA 96080

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43755 Based on observation, interview, and record review, the facility failed to ensure the residents had a safe, comfortable, and homelike environment and implement their policy titled, Loss or Heating or Cooling (undated) when: 1. Six of 16 residents (Resident 1, 2, 3, 4, 5, and 6) complained of their room and the dining room being too hot for them. 2. The facility did not take immediate actions to fix the air-conditioner (AC) as per their policy, when one of two ACs was not working on June 3, 2024. 3. The facility did not report the interruption of the essential services (air conditioning) to the California Department of Health (CDPH) as per their policy titled, Unusual Occurrence Reporting (undated). These failures had the potential for residents to be susceptible to dehydration (lack of total body water), risk of hyperthermia (overheating) and the actual feelings of being hot, have difficulty breathing, eating, sleeping and feeling uncomfortable. Findings: A review of the facility's policy titled, Resident Rights (undated), revealed, The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. A review of the facility's policy titled, Loss or Heating or Cooling (undated) revealed, It is the policy of this facility to take immediate actions when the facility's heating or cooling systems are inoperable in order to maintain temperatures within the facility at 71-81 degrees F. (Fahrenheit). A review of the facility's policy titled, Unusual Occurrence Reporting revised December 2007 indicated, As required by federal or state regulation, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitor. I. Our facility will report the following events to appropriate agencies: e interruption of essential services (e.g. [for example], heating, air-conditioning, food, water, linens, sewage or needed medical supplies) provided by the facility. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055489	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shasta View Care Center	1795 Walnut Street Red Bluff, CA 96080

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. A review of Resident 1's Admission Record (undated), indicated Resident 1 was admitted on [DATE] with diagnoses including Lung disease, Heart disease, Kidney disease, dementia (a decline in thinking and decision making), and diabetes (high blood sugar). During an observation and interview with Resident 1 on 7/9/24 at 1:14 pm, Resident 1's room was observed. There was a window air-conditioner (AC) in the window that was blowing cool air next to bed C. Resident 1 (in bed B, the middle of the room) indicated it was hot in the room and he wished it was cooler. This surveyor's thermometer read 85.8 degrees F. and was going up. The Admission Coordinator entered the room and verified the thermometer then read 86.2 degrees F. and that it was warm in this room. During an interview on 7/9/24 at 2:07 pm, Certified Nursing Assistant (CNA) A indicated the AC was not working and some rooms did not have a portable AC unit. She said it had been hot over the weekend and she had reported to the Maintenance Supervisor (MS) which rooms did not have a portable AC unit. MS told her they were working on it. A review of Resident 2's Admission Record (undated), indicated Resident 2 was admitted on [DATE] with diagnoses including dementia, diabetes, depression and asthma (airflow obstruction in the lungs). A review of Resident 3's Admission Record (undated), indicated Resident 3 was admitted on [DATE] with diagnoses including pain in right leg, weakness, pressure injury (a wound), and heart disease. During an observation and interview on 7/9/24 at 2:18 pm, roommates, Resident 2's and Resident 3's room was observed. Both residents were in their beds with a wet rag around their neck. Resident 2 and Resident 3 indicated they had a cool rag around their neck to help keep cool. Resident 3 indicated there was no AC in their room and they were uncomfortable when the temperature outside got high. Resident 3 indicated she wore light clothing and was keeping low (lying around) to keep cool. Resident 2 and Resident 3 indicated they would like to have AC and they were unsure why they did not have one. The Surveyor's thermometer read 86.5 degrees. There was no air coming from the vent that was in the room. A review of Resident 4's Admission Record (undated), indicated Resident 4 was admitted on [DATE] with diagnoses including left sided paralysis (a loss of the ability to move), depression, migraines (severe headaches), and pain. During an observation and interview with Resident 4 on 7/9/24 at 2:24 pm, Resident 4's room was observed. Resident 4 was sitting on the bed and stated, It is hot in here! There was a portable AC unit that was vented out the window and placed by the bed near the window. Resident 4's bed was by the door, which was 2 beds away from the AC unit. There was no air flowing from the wall vent that was in the room. A review of Resident 5's Admission Record (undated), indicated Resident 5 was admitted on [DATE] with diagnoses including, respiratory failure, brain dysfunction, right sided paralysis, and seizure disorder (uncontrolled muscle spasms). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055489	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shasta View Care Center	1795 Walnut Street Red Bluff, CA 96080

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/10/24 at 1:14 pm, Resident 5 indicated she had not had AC over the weekend. Resident 5 indicated she was very hot and could not take deep breaths. She indicated she had been here over 2 weeks and had been uncomfortable. Resident 5 continued to say her family (son and grandson), visited over the weekend and noticed it was hot in her room and that she had not looked good, so they complained to the facility and then she got a portable AC unit. A review of an online weather resource on www.accuweather.com, indicated that on Saturday July 6, 2024, the outside high recorded temperature was 118 degrees F. and on Sunday July 7, 2024, the outside high recorded temperature was 113 degrees F. This resource predicted the outside high temperature for 7/10/24 was to be 111 degrees F. During an interview with the Administrator (Admin) and MS on 7/10/24 at 1:39 pm, the MS indicated that rooms 17, 18, 20 and 23 were 260 square feet and they had a portable AC unit with 5000 British Thermal Unit (BTU's, the unit that measures heat energy, it references the size room that can be cooled. A 5000 BTU cooled up to a 150 square foot room). The MS indicated these units were not big enough to cool the rooms they were in, and he would fix this. A review of Resident 6's Admission Record (undated), indicated Resident 6 was admitted on [DATE] with diagnoses including, dementia, lung disease, diabetes, seizures, depression and stroke (poor blood flow to the brain causes cell death in the brain). During an observation and interview on 7/10/24 at 1:42 pm, the dining room was observed. There were three 2 to 3 foot stand-up fans blowing in the room. Resident 6 was sitting in the dining room, and she stated, I do not like this heat, it is hot, and it just feels uncomfortable. She indicated she ate her meals in the dining room, and it was terrible, the AC was not working, and it should be. There was no portable AC unit observed in this room. During an observation and interview with MS on 7/10/24 from 2:23 pm to 2:57 pm, resident rooms and the dining room were observed for temperature readings with the MS's laser thermometer (a thermometer that measured the temperature of an object from a certain distance). Three resident room temperatures were recorded to have been: room [ROOM NUMBER] was 82.2 degrees F, room [ROOM NUMBER] was 81.9 degrees F, and room [ROOM NUMBER] was 81.3 degrees F. and the dining room temperature was 84 degrees F. MS indicated that these rooms did not have a portable AC or any other form of AC and that these temps were out of range because they were over 81 degrees. MS indicated he was working on getting AC for these rooms. MS indicated there was a total of six resident rooms without a portable AC at this time. MS indicated that these temperatures were out of the 71-to-81-degree F. range, and they should not be. MS indicated that he should have been taking the temperatures more than once a week to accurately monitor the temperatures. During an interview on 7/10/24 at 4:30 pm, the Admin indicated there were two AC units on the roof. One of those units was called a Chiller System (a type of air conditioner), and it was not working at this time, but indicated that it would be fixed soon. The chiller system was to cool all the resident rooms except for rooms [ROOM NUMBERS], which were on the other AC unit. The Admin indicated they could not put a portable AC in all the residents' rooms because that might possibly overload the electric circuits. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055489	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shasta View Care Center	1795 Walnut Street Red Bluff, CA 96080

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During an interview on 7/9/24 at 4:00 pm, the Admin indicated that on June 3, 2024, they started to work on the Chiller System to figure out why it had not worked. The Admin indicated they had tried to fix it themselves but were unable to. The Heating Ventilation and Air-Condition company (HVAC) was scheduled to come out on July 16, 2024, to work on the system. During an interview and review of facility temperature logs on 7/9/24 at 4:14 pm, MS indicated he placed portable AC units in 16 of the resident rooms and he felt that would keep the facility temperatures within range. MS indicated he was taking temperatures in resident rooms daily, 4 times a day until June 12th, then he just did it on a weekly basis and the temperatures had been between 71-degrees F. to 81-degrees F. MS confirmed that he had not recorded the time he took the weeky temperature readings and whether it was in the morning when the weather outside was cooler or during the hottest part of the day. He indicated he had never checked the dining room temperatures. MS indicated that he took the surface temperature of the floor of each room by pointing the thermometer gun at the floor which was the coldest part of the room. He confirmed that there were no wall thermometers anywhere in the building to monitor room temperatures. During an interview on 7/10/24 at 2:08 pm, MS indicated he had not known when the last time the Chiller System had ever worked. He indicated it was outdated and stated he forgot to have it serviced (a regular service to see if units were in working order), by the HVAC company on May 28, 2024, with the rest of the units. MS indicated his plan, to have kept the facility cool, was to put in portable AC units as needed. MS indicated he was supposed to be getting portable AC units for resident rooms 1, 7, 10, 12, 19, and 21 and the dining room, but he had not yet. MS confirmed that he had not acted immediately on fixing the Chiller System because he felt the portable ACs would be enough. 3. During an interview with the Admin on 7/9/24 at 4:14 pm, the Admin indicated he did not notify CDPH on June 3, 2024, as their Unusual Occurrence reporting policy directed concerning the non-functioning Chiller System, because he had not thought it was an unusual occurrence. Admin indicated he felt the problem of cooling the facility was fixed because they had put large portable ACs (rented units) and Ductless Mini-Split Air conditioners (a type of wall air-conditioner that was not ducted into different rooms), in each of the three hallway's and put portable AC units in 16 of the 22 resident rooms. During an interview on 7/10/24 at 4:30 pm, the Admin indicated the facility temperatures should be between 71-81 degrees and confirmed that some rooms were not within this range.