

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Shasta View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32041</b></p> <p>Based on interview and record review, the facility failed to ensure that only staff with a verified license were assigned to care for patients when one staff member was assigned nursing duties before the facility verified she had obtained a nursing license. This had the potential to effect the safety and quality of care for all residents of the facility.</p> <p>Findings:</p> <p>During an interview on [DATE] at 10:15 am, with the Director of Nurses (DON) she stated that Staff A (SA) had been a Certified Nurse Assistant (CNA) for 8 years at the facility. SA had furthered her education, graduating from school to become a Licensed Vocational Nurse in ,d+[DATE]. On [DATE] SA reported to the facility that she passed her licensing exam to become a Licensed Vocational Nurse. During a recent review it was noted SA ' s employee file did not include online verification of SA ' s nursing license. DON spoke to SA, who stated she had passed her test and submitted the documentation to the Director of Staff Development (DSD). When DON followed up with the DSD on [DATE], the DSD confirmed the online verification of SA ' s license was not in her employee file. DSD further clarified that SA reported there was a spelling error in her name that would take some time to update online, which is why her license was not posted. DON stated that scanned documents and photos of SA's successful passing of the LVN exam, taken by SA, were sent by cell phone to the DON and DSD and the photos were in SA ' s employee file. The DON and DSD found no license for SA when they verified her license on the Board of Vocational Nursing's website. DON stated the facility let SA know this must be resolved or she could not continue to work as a nurse.</p> <p>During an interview on [DATE] at 10:23 am, with the DSD and the DON, DSD confirmed that SA informed her of passing her licensing exam and had completed orientation on [DATE]. DSD clarified that SA had sent her a document by email, that appeared to be from the licensing board confirming the LVN license. DSD confirmed that SA self-reported passing her licensing exam and provided documentation that appeared to be genuine. DSD clarified that she received these documents by text and email, that SA mostly took pictures of the documents at home rather than presenting the original documents. DSD stated she would print the text or emailed document and place that printed copy in SA ' s employee file. DSD confirmed that the online license verification is the facility expectation for verifying a nursing license, not employee provided documents. DSD further confirmed that the online verification never indicated SA had an LVN nurse license.</p> <p>(continued on next page)</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
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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>DSD was asked to describe the process for obtaining license verification for employees. DSD stated that because SA was already employed by the facility as a CNA, the process of verification differed. A new employee would have their license verified through the online process during their interview. At that time the license and other certifications, such as CPR are documented. Any concerns or discrepancies are addressed directly with the applicant immediately. DSD confirmed this process had not been followed for SA. DSD stated this was a long-term employee who presented documents that appeared genuine. SA told her the online posting was delayed due to a spelling error, and presented additional documents indicating she had passed her test and obtained her license. DSD believed the staff member and felt the delay in the online licensing was not unusual. DSD confirmed she did not contact the licensing agency directly for clarification or confirmation until the recent internal review. It was at this time that the LVN Board informed the DSD that SA had not passed her exam and did not have an LVN license.</p> <p>Both DSD and DON confirmed that SA worked as a nurse on the night shift (10 pm to 6:30 am) and was at times responsible for the nursing care of every resident in the facility, with no other nurses in the facility. Both DSD and DON confirmed the facility had not ensured SA had a nursing license before allowing her to provide unsupervised care.</p> <p>The Facility policy titled, License Verification, dated ,d+[DATE], indicated, The Human Resources Director . is responsible for maintaining and ensuring the validity and current status of individual certification licensing . Any licensed/certified employee is responsible for submitting verification of licensure . to human resources.</p>		