

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 11/15/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45315</p> <p>Based on interview and record review the facility failed to thoroughly investigate an allegation of abuse involving two residents (Residents 1 and 2) and provide the California Department of Public Health (CDPH) with the 5-day investigation results.</p> <p>This failure had the potential for abuse allegations to go uninvestigated and placed residents living at the facility at risk for harm.</p> <p>Findings:</p> <p>A review of the facility ' s undated policy and procedure (P&P) titled, Abuse, Neglect, and Exploitation, indicated, the facility would identify and interview all people that were involved in allegations of abuse to include: alleged victims, alleged perpetrators, witnesses, and any one with information regarding the allegations. The P&P indicated, The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> <p>A review of the Report of Suspected Dependent Adult/Elder Abuse (abuse report), that was provided to CDPH, dated 10/10/24, indicated, facility staff witnessed suspected resident-to-resident abuse, that involved Resident 1 and Resident 2. The abuse report indicated facility staff reported Resident 1 .aggressively squeezing . Resident 2 ' s .wrists and hands and aggressively shouting he was going to f*** him up. There was no 5-day investigative report included with the intake packet.</p> <p>A review of the facility ' s undated Admissions Record, indicated, Resident 1 was admitted to the facility on [DATE] with the diagnoses of depression and chronic pain syndrome. Resident 1 was his own responsible party (RP, made own decisions).</p> <p>A review of the facility ' s undated Admissions Record, indicated, Resident 2 was admitted to the facility on [DATE] with the diagnoses of age-related cognitive decline (slowness in thinking and difficulty with remembering) and chronic pain syndrome. Resident 1 was not his own RP.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/15/24 at 11:50 am, with the facility ' s Administrator (ADMIN), the undated 5-Day Follow Up, was reviewed. ADMIN stated, the 5-Day Follow Up indicated, the facility ' s previous social worker had obtained statements from Resident 1 and Resident 2 during the facility ' s investigation regarding the allegations of abuse. ADMIN confirmed, the 5-Day Follow Up did not identify or include statements from facility staff that witnessed the alleged abuse and should have. ADMIN confirmed, the facility did not provide CDPH with the 5-day investigation results and should have.</p>		