

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 08/22/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one out of three sampled residents (Resident 1) was fully informed of treatment that was provided when the consent form for a psychotropic medication (a medication that alters mood and behavior), was missing important information and not complete. This violated Resident 1's rights to be fully informed of treatment and could negatively affect psychosocial well-being. Findings: A review of the facility's undated policy and procedure (P&P) titled, Use of Psychotropic [medication that affected how the brain worked] Medications, indicated, the resident would be fully informed prior to initiating or increasing a psychotropic medication. A review of the admission Record, dated 8/23/24, indicated, Resident 1 was admitted to the facility on [DATE] with the diagnoses bipolar disorder (extreme shifts in mood, energy, thinking, and behavior) and borderline personality disorder (long term pattern of emotional instability and impulsive behaviors). Resident 1 was her own responsible party (made own decisions). A review of the Physician's order, dated 8/23/24, indicated that the Physician ordered Aripiprazole (also called Abilify, an atypical antipsychotic medication that was used to treat bipolar disorder and affected how the brain worked) 10 milligrams, give three tablets by mouth one time a day for bipolar. The Physician's order indicated, a verified informed consent had been obtained. During a concurrent interview and record review on 8/20/25 at 2:51 pm, with Licensed Nurse (LN), Resident 1's Consent and Disclosure of Risks and Benefits Regarding The Use of Anti-Psychotic Drugs, dated 8/24/25, indicated, an informed consent for the use of Abilify had been obtained. LN stated, the consent was not correct. The consent doesn't have the dose [amount of medication] or why the medication was ordered [the diagnosis]. During an interview on 8/22/25 at 10:45 am, the Administrator acknowledged the Abilify consent was incomplete and missing required information.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>(continued on next page)</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one out of three sampled residents (Resident 1) was provided with appropriate Preadmission Screening and Resident Review (PASARR, a screening, that was done prior to admission to the facility or as needed, and screened residents for possible serious mental health illness) when: The PASARR completed prior to facility admission did not accurately reflect Resident 1's serious mental health illnesses (SMHI); and The facility did not follow up on a subsequent PASSAR that indicated a Level 2 screening (a State agency performed a comprehensive evaluation and made recommendations for care and services) was required. These failures had the potential to cause a decline in psychosocial well-being or cause a delay in required mental health services. Findings: 1. A review of the facility's undated policy and procedure (P&P) titled, Resident Assessment-Coordination with PASARR Program, indicated, the facility would coordinate assessments prior to admission to ensure residents with mental disorders received the necessary care and services. The P&P indicated, The facility will only admit individuals with a mental disorder or intellectual disability who the State mental health or intellectual disability authority has determined as appropriate for admission. The P&P indicated, The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status, and referring to the appropriate authority. A review of the admission Record, dated 8/23/24, indicated, Resident 1 was admitted to the facility on [DATE] with the diagnoses of post-traumatic stress disorder (PTSD, a SMHI that developed after experiencing or witnessing a terrifying event), nightmare disorder (a SMHI, repeated, frightening dreams that cause distress), bipolar disorder (a SMHI, extreme shifts in mood, energy, thinking, and behavior), prolonged grief disorder (a SMHI, missing a loved one who passed away so much it interfered with day-to-day activity), unspecified mood [affective] disorder (a SMHI, severe and prolonged shifts in mood), anxiety (a SMHI, feelings of dread, fear, or unease), borderline personality disorder (a SMHI, long term pattern of emotional instability and impulsive behaviors), and suicidal ideations (when a person had thoughts of ending their own life). Resident 1 was her own responsible party (made own decisions). A review of the hospitals History and Physical, dated 7/21/24, indicated, Resident 1 had the diagnoses of bipolar disorder, depression with suicidal ideation, nightmares, and PTSD. A review of the admission Note, dated 8/23/24, indicated Resident 1 had bipolar episodes with catatonia (a state of being awake but appearing to be frozen and unresponsive, or uncontrolled purposeless movements which was caused by mental health conditions) and severe anxiety. During a concurrent interview and record review on 8/20/25 at 1:40 pm, with Business Office Manager/Social Services (BOM/SS), Resident 1's PASARR Level 1 Screening (the initial screening that determined if a Level 2 Screening was required), dated 7/19/24 was reviewed. BOM/SS confirmed, the PASARR indicated, Resident 1 did not have any serious mental health diagnoses. BOM/SS stated, the PASARR was wrong, we do not do the initial PASARR, and it was done by the hospital. BOM/SS was not able to identify who was responsible for ensuring the initial PASARR screening was completed accurately prior to admission to the facility and stated, I am just filling in and assisting with social services until the newly hired social services starts. During a concurrent interview and record review on 8/20/25 at 2:33 pm, with the Infection Preventionist (IP), Resident 1's PASARR Level 1 Screening, dated 7/19/24 was reviewed. IP confirmed, the PASARR indicated, Resident 1 did not have any serious mental health diagnoses and was inaccurate. IP stated, at the time of her [Resident 1] admission, the Director of Nursing was responsible for reviewing the PASARR for accuracy and should have fixed it. A review of the Level 2 Mental Health Evaluation letter, dated 7/19/24, indicated that Resident 1 did not have a serious mental health illness and a level 2 screening was not required. 2. A review of the facility's undated P&P titled, Resident Assessment-Coordination with PASARR Program, indicated, The P&P indicated, The Level II resident review must be completed within 40 calendar days of admission. During a concurrent interview and record review on 8/20/25 at 1:40 pm, with BOM/SS, Resident 1's PASARR Level 1 Screening, dated 6/23/25 was reviewed. BOM/SS stated, the PASARR was not redone until 6/23/25 and confirmed, the PASARR indicated, Resident 1 was positive for serious mental health illness and a Level 2 Screening was required. BOM/SS reviewed Notice of PASARR Level 1 Screening Results (a letter from the State's PASARR agency) and confirmed, the letter indicated, Resident 1 had a serious mental illness and required a Level 2 Screening. BOM/SS reviewed, Notice of Attempted Evaluation, dated 6/26/25, and confirmed, the notice indicated, Facility staff were unresponsive to two or more separate attempts of communication within 48 hours of the</p>		