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	05/12/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of five sampled residents (Resident 1) was treated for pain in a timely manner and reassess the pain level after pain medication had been administered. This failure had the potential to result in the residents' need of pain management to not be identified, feeling depressed with poor self-esteem, and had the potential to negatively impact the resident's ability to attain or maintain their highest practicable level of well-being. During a review of the facility's policy and Procedure (P&P) titled, Administering Pain Medication, revised 3/2024, the P&P indicated, The purpose of this procedure is to provide guidelines for assessing resident's level of pain and administering analgesic (pain reliever) pain medication. Pain management is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals. Document the following in the resident's medical record: Results of the pain assessment, medication, dose, and route of administration. Reporting: Notify the supervisor if the resident refuses the procedure and report other pertinent information in accordance with the facility policy and professional standards of practice. A review of the facility's policy and procedure (P&P) titled, Dignity, revised 10/2025, the P&P indicated, Residents shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, preferences, and individuality. Residents shall be treated with dignity and respect at all times. During a review of the facility's policy and Procedure (P&P) titled, Administering Medications, revised 10/2024, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. During a review of Resident 1's admission Record, not dated, the admission Record indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses that included primary progressive multiple sclerosis (PPMS, an autoimmune disease that causes a block of the nerves of the body communicating with the brain, over time the symptoms gradually get worse and physical abilities slowly decline, rather than coming and going, nerve damage accumulates, making walking and activities of daily living difficult), chronic pain syndrome (complex and poorly understood pain, a condition where persistent pain lasts more than 3 months including aching, burning, shooting pain, along with fatigue, interrupted sleep, and can cause an avoidance of activity out of fear of pain), epilepsy (recurring bursts of electricity that temporarily alter behavior, movement and awareness), anxiety (a feeling of dread, worry, and uneasiness), depression (recurrent sadness, hopelessness and loss of interests), post-traumatic stress disorder, insomnia (difficulty sleeping), migraine (intense throbbing head pain), cramp and spasm (painful uncontrolled muscle movements), bed confinement (unable to tolerate getting out of bed), and high blood pressure. During a review of Resident 1's most recent, Minimum Data Set, (MDS, a resident assessment tool), dated 2/4/26, the MDS indicated, Resident 1 had no cognitive problems (ability to think, reason and make decisions), with a brief interview for mental status (BIMS) score of 14 out of 15. During a review of Resident 1's, Active Orders, dated 5/6/26, the Active Orders indicated, Pain: Record Non-Pharmacological Pain Interventions Every Shift: Using 0-10 Scale: 0: No. Non-Drug Intervention Needed. 1: Repositioning/Limb Elevation. 2: Reassurance/Emotional Support. 3: Provide Distraction/Diversionary Activities. 4: Exercise/ROM/Ambulation/ Stretching. 5: Rest Period/Quiet Environment. 6: Deep Breathing/Relaxation Exercise. 7: Guided Imagery/Meditation. 8: (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	05/12/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Laughter/Socialization. 9: Music. 10: Others every shift. During a review of Resident 1's, Active Orders, dated 4/2026, the Active Orders indicated, Pain: Monitor For Presence of Pain Every Shift Using Scale 0-10. 0: No Pain. 1-3: Mild Pain. 4-6: Moderate Pain. 7-9: Severe Pain. 10: Very Severe/Horrible/Worst Pain every shift. During a review of Resident 1's, Active Orders, dated 4/2026, the Active Orders indicated, Acetaminophen Tablet 325 milligrams (mg, a unit of measure). Give two tablets by mouth (PO) every four hours as needed (prn) for Mild Pain (1-3). During a review of Resident 1's, Active Orders, dated 4/2026, the Active Orders indicated, Ibuprofen Oral Tablet 200 mg. Give three tablets PO every eight hours prn for Moderate Pain (4-6) Administer with food. During a review of Resident 1's, Active Orders, dated 3/30/26 to 4/27/26, the Active Orders indicated, Percocet Oral Tablet 10-325 mg (Oxycodone with Acetaminophen, pain medication). Give 1 tablet by mouth PO every six hours prn for pain management. During a review of Resident 1's, Active Orders, dated 4/12/26 to 4/20/26, the Active orders indicated, Percocet Oral Tablet 5-325 mg, (Oxycodone with Acetaminophen) Give 10 mg PO every six hours prn for pain. Give two tablets of 5/325 mg (10mg/650mg) for pain. Discontinue (D/C) once 10/325 mg arrives from pharmacy. During a review of Resident 1's, Active Orders, dated 4/20/26 to 4/27/26, the Active Orders indicated, Percocet Oral Tablet 5-325 mg, (Oxycodone with Acetaminophen). Give two tablets by mouth every six hours prn for pain. Give two tablets of 5/325 mg (10/650mg) for pain. Give 1 tablet PO four times a day (QID) prn for moderate to severe pain (4-10/10 for Moderate Pain; Severe Pain. During a review of Resident 1's, Electronic Medication Administration Record (EMAR), indicated for April 2026, the days of 4/3/26 at 2:15 am, 4/24/26 at 7:04 pm, 4/25/26 at 01:05 am, and 4/27/26 at 4:38 am, all doses administered were documented with the follow up with Ineffective, and no other interventions were documented, and the Medical Doctor (MD) was not updated. During a review of Resident 1's, EMAR, indicated for April 2026, the days of 4/1/26 at 9:35 am, 4/3/26 at 9:51 am, 4/6/26 at 9:42 am, 4/7/26 at 7:49 am, 4/18/26 at 5:47 pm, 4/22/26 at 7:58 pm, 4/23/26 at 11:47 am, all doses were documented Unknown for effectiveness, and no other interventions were documented, and the MD was not updated. During a review of Resident 1's, EMAR, indicated for 4/1/26 to 4/27/26, Resident 1 received the pain medication Percocet oral tablet 5-325 mg, (Oxycodone with Acetaminophen) Give 10 mg PO every six hours prn for pain was administered every 6 hours for two days only, 4/5/26 and 4/9/26. All other days of 4/2026 Resident 1 received this medication two to three times a day only. During an interview on 4/27/26 10:55 with Licensed Nurse (LN) B, LN B confirmed Resident 1 had a lot of problems with getting pain medication on time as ordered. RN B stated, Pain management seems to be a problem around here. I stay on top it. I do know [Resident 1] tells me he has to wait for hours on some of the nurses to get his medication ordered for pain prn. I know he has pain; I make sure I get him his medicine on time. During an interview on 4/27/26 at 11:05 am, Resident 1 stated, I am so mad and aggravated. I get tired of begging for my pain medication, and almost all the nurses make me wait for hours. I hurt so bad, and it is ridiculous the way they treat me. I have had MS for over 10 years now; it is just not right to have to be in pain all the time. During an interview on 4/27/26 at 11:40 am with the MD, MD confirmed Resident 1 has a progressive stage of MS and chronic pain. MD stated, I do confirm some of the nurses have been late on Resident 1's pain medication. Unfortunately, some things fall through the cracks with changes in staffing. My expectation is the nurses call me if [Resident 1]'s pain medicine is not effective. I always answer my phone 24 hours, seven days a week, there are no excuses they cannot reach me. I confirm no one has updated me about Resident 1 not having his pain controlled. I will go evaluate Resident 1 for pain management today.