

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055807	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Shasta View Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 445 Park Street Weed, CA 96094	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent verbal abuse for one of three sampled residents, (Resident 2) when Certified Nursing Assistant (CNA) A cursed at Resident 2.</p> <p>This failure violated Resident 2's right to be free from abuse and had the potential to negatively impact Resident 2's emotional and psychosocial well-being.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Abuse Prevention Program, dated December 2016, indicated, Our residents have the right to be free from abuse . and As part of the resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone .</p> <p>Review of the admission record for Resident 2, indicated Resident 2 was admitted to the facility on [DATE], with diagnoses including diverticulitis of large intestine (a condition where small pouches in the lining of the large intestine become inflamed or infected), type 2 diabetes (high blood sugar), depression, and complications of colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body).</p> <p>Review of Resident 2's Quarterly Minimum Data Set (MDS, a federally mandated assessment tool that measures the health status in nursing home residents), dated 5/16/25 completed by Registered Nurse B, indicated a Brief Interview for Mental Status (BIMS - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 indicating Resident 2 was cognitively intact.</p> <p>Review of Resident 2's progress note dated 5/30/25 at 4:10 p.m., written by the Director of Nursing (DON) indicated that Resident 2 said to the DON that CNA A had cursed at her and that Resident 2 did not want to talk about it.</p> <p>During a review of a facility document titled, Resident Abuse Investigation Report Form completed regarding Resident 2's abuse, dated 6/3/25, completed by the DON, the document indicated that on 6/2/25 the DON interviewed CNA A by phone, and CNA A indicated that she was frustrated with Resident 2 and told Resident 2 that it was bulls**t.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/18/25 at 12:15 p.m., with the DON, the DON confirmed that when CNA A was interviewed, she admitted she was frustrated with Resident 2 and said bulls**t to Resident 2. The DON indicated that she expected staff to treat residents with respect.</p>