

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Marquis Care at Shasta		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 Churn Creek Rd. Redding, CA 96002	

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** 22705</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from verbal abuse when Certified Nursing Assistant (CNA) 1 cursed at her while providing care. This had the potential to cause a decline in Resident 1's psychosocial well being.</p> <p>Findings:</p> <p>A review of the facility's Abuse Prevention Program policy, dated 12/2020, included the following policy statement, Our residents have the right to be free from abuse, neglect, exploitation and misappropriation of resident property, corporal punishment and involuntary seclusion.</p> <p>A review of the facility's Resident Rights policy, dated 5/2010, included the following policy statement, Employees shall treat all residents with kindness, respect, and dignity.</p> <p>A review of Resident 1's record indicated she was admitted on [DATE] with diagnoses that include intracranial hemorrhage (bleeding in the brain), anxiety, and dementia.</p> <p>The California Department of Public Health received a report from the facility of possible verbal abuse, on 3/15/24, by CNA 1 towards Resident 1. In a follow up report, dated 3/19/24, the Administrator (Admin) indicated another staff witnessed CNA 1 called Resident 1 a F---- B----. CNA 1 was immediately suspended. Resident 1 had no recollection of the incident.</p> <p>A review of CNA 1's employee file indicated she was hired and had abuse training, on 10/24/23. There were no disciplinary action relating to abuse or neglect in her file until this incident. She was suspended on 3/15/24 and terminated on 3/19/24. The termination notice, dated 3/19/24, indicated the employee verbally abused a resident.</p> <p>During an interview on 3/26/24 at 3:15 pm, CNA 2 said she was giving Resident 1 a shower when the resident became combative and started swinging at her. She asked CNA 1 to help her get Resident 1 back to bed. Resident 1 became more agitated and she kept hitting CNA 1 and was more aggressive towards CNA 1. CNA 1 made a comment to Resident 1 that she was acting like a F---- B----. She said they got Resident 1 dressed and in bed. She reported the incident immediately to the charge nurse who asked her to write a statement. When she got back, CNA 1 was no longer on the unit. After the incident, Resident 1 seemed to not recognize that this happened and did not recall anything. She said she thought the resident had dementia.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Marquis Care at Shasta		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 Churn Creek Rd. Redding, CA 96002	
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>During an interview on 4/2/24 at 2:45 pm, CNA 1 said due to a recent death in the family and a recent return to full duty, she had been under a lot of stress. Resident 1 was being very aggressive, taking her glasses off her face and she let her emotions get the better of her. She said she asked Resident 1, why are you acting like a F----- B----. CNA 1 said this was the first time anything like this has happened. She said she asked Resident 1 why she was acting like a F----- B----but did not call her a F----- B---- but she knows it was uncalled for.</p> <p>During an interview on 3/26/24 at 3:45 pm, the Director of Staff Development (DSD) said CNA 1 cried when they to her and admitted saying that. CNA 1 said she did not mean it and knew it was wrong as soon as it left her mouth.</p>		