STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056274	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Red Bluff Health Care Center	555 Luther Road Red Bluff, CA 96080

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Certified Nursing Assistant (CNA A) provided residents with dignity and respect during direct resident care for four of seven sampled residents (Resident 1, 2, 3 and 4) when:1. CNA A was rough when providing care to Resident 1.2. CNA A ignored Resident 2's verbal request to be careful with her shoulder during care.3. CNA A did not listen to or provide individualized care to Resident 3.4. CNA A's behavior during care was not respectful toward Resident 4.This failure resulted in a violation of four residents' rights to receive individualized respectful and dignified care.Findings:During a review of the facility position description for Nursing Assistant State Certified/Licensed (CNA), dated October 2003, the Position Summary indicated that the CNA is Responsible for providing residents with routine daily and restorative nursing care and services in accordance with the resident's assessment, care plan and as directed by supervisors. Ensures residents' needs are met while maintaining the highest degree of dignity.1. During a review of Resident 1's record, it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included hemiplegia (complete or near complete paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following a stroke affecting left dominant side, muscle weakness and abnormalities of gait and mobility.A review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and screening tool), dated 2/15/26, the MDS indicated Resident 1 had a Brief Interview for Mental Status (BIMS, cognitive screening tool) and scored 13 (cognition intact). MDS also indicated that Resident 1 was dependent on staff for most mobility tasks, including changing position from sitting to lying, lying to sitting at the edge of the bed, and sitˆtoˆstand transfers from chair to bed and bed to chair. Resident 1 was unable to walk more than 10 feet due to medical condition or safety concerns. During a review of a quarterly pain assessment record, dated 2/10/26, indicated Resident 1 had pain frequently in the last five days, and her pain level was 8 out of 10 (moderate to severe) and the pain happened three to four days in week. During an interview on 3/6/26 at 10:55 am, with Resident 1, Resident 1 stated CNA A was rough with my care particularly with my left shoulder causing a lot of pain. When asked on a pain scale from zero to ten how she would rate the pain Resident 1 stated a nine (severe pain). Resident 1 stated, it makes me feel like staff doesn't care.2. During a review of Resident 2's record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included hemiplegia and hemiparesis following a stroke affecting left dominant side, abnormalities of gait and mobility and need for assistance with personal care.During a review of Resident 2's MDS, dated [DATE], indicated Resident 2 had a BIMS of 13 (cognition intact). MDS indicated, Resident 2 required supervision or touching assistance for sitˆtoˆlying, and partial to moderate assistance for lyingˆtoˆsitting, sitˆtoˆstand, and transfers between bed and chair. The MDS further indicated that the resident was able to walk 10 feet with supervision or touching assistance; however, walking 50 feet or 150 feet was not attempted due to medical condition or safety concerns.During a review of Resident 2's admission pain assessment, dated 1/12/26, Resident 2 had occasional pain in the last 5 days. Resident 2 indicated her pain was at a level five (moderate pain) which happened three to four days a week. During a review of Resident (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2's Interdisciplinary Team (IDT, a group of healthcare disciplines that develop resident plans of care) meeting note, dated 1/22/26 at 1:51 pm, by the Administrator (ADMIN), indicated that Resident 2 had come to the ADMIN's office to report to that CNA A opened the bathroom window and left her on the toilet. CNA A then informed Resident 2 in so many words to pull her own pant up. IDT note indicated ADMIN let Resident 2 know the situation was taken care of.During an interview on 3/06/26 at 11:18 am, with Resident 2, Resident 2 stated she doesn't have an issue now with CNA A since she's no longer employed at the facility. Resident 2 stated CNA A had come into the room to get Resident 2 out of bed. Resident 2 stated she informed CNA A My right shoulder has arthritis, and it hurts but CNA A Ignored her. Resident 2 stated, It hurt significantly. Resident 2 stated her roommate (Resident 3) requested a box of crackers out of her bedside drawer. CNA A walked over to the roommate's area looked in the drawer and informed Resident 3 that there were no crackers in the drawer. Resident 2 stated there were crackers in the drawer. Resident 2 stated, It made me mad. Resident 2 stated the first time she informed ADMIN about CNA A, he explained she would no longer have CNA A come back into her room. Resident 2 stated after that CNA A would walk by her room and Stare at me. Resident 2 stated, It made me feel like she would continue to abuse me. Resident 2 stated I didn't feel safe with CNA A working with me but now that she is gone, I am happy. Resident 2 stated CNA A came into her room to plug something in and Resident 2 stated to CNA A, You aren't supposed to be in this room and informed Social Services (SS), that she wanted something done with CNA A. Resident 2 stated SS asked her if CNA A apologized to her, Would that work? Resident 2 stated No. Resident 2 further stated that ADMIN listened to the concerns and said CNA A should have been fired. Resident 2 stated, I feel safe now that the CNA A is no longer here.3. During a review of Resident 3's admission record, indicated Resident 3 was admitted to the facility on [DATE], with diagnoses which included muscle weakness, paroxysmal atrial fibrillation (on and off chaotic heart beats instead of steady heart beats) and high blood pressure.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had BIMS, of 10 (moderately impaired). MDS indicated that Resident 3 required partial to moderate assistance for sitˆtoˆlying and lyingˆtoˆsitting transfers, and substantial to maximum assistance for sitˆtoˆstand transfers, including transfers from chair to bed and bed to chair. The MDS further indicated that Resident 3 could not walk more than 10 feet due to the resident's medical condition or isafety concerns. During an interview on 3/06/26 at 11:33 am, with Resident 3, Resident 3 stated CNA A Didn't have enough patience when explaining things and it made her feel like She would just cut her off if I said anything. Resident 3 stated it made her feel Angry, but she didn't want to push it. Resident 3 further stated that she heard CNA A raise her voice with other residents'. Resident 3 stated she hadn't seen CNA A recently and she was told CNA A was no longer at the facility. Resident 3 stated I'm glad I'll never see her walk through the doors again.4. During a review of Resident 4's admission record, indicated that Resident 4 was admitted on [DATE] to the facility, with diagnoses which included hemiplegia and hemiparesis, stroke affecting left dominant side and high blood pressure.During a review of Resident 4's MDS dated [DATE], indicated Resident 4 had BIMS of 13 (cognition intact). The MDS indicated that Resident 4 required partial to moderate assistance for sitˆtoˆlying, substantial to maximal assistance for lyingˆtoˆsitting on the side of the bed, and was dependent for sitˆtoˆstand transfers, including transfers between chair and bed. The MDS further indicated that walking 10 feet, 50 feet, and 150 feet, Resident 4 required supervision or touching assistance During an interview on 3/6/26 at 10:30 am, with Resident 4, Resident 4 stated CNA A Horsed around a lot. Resident 4 stated at first CNA A was Nasty to her. Resident 4 stated CNA A wanted to Flirt with male staff instead of paying attention to residents. When asked about CNA A and the flirting with staff, Resident 4 stated CNA A would Giggle a lot and it would get on her nerves hearing the CNAs horsing around and giggling. Resident 4 stated, It didn't feel like it was respectful for CNA A to horse around and flirt with staff when she was paid to take care of residents.During an interview on 3/6/26 at 12:07 pm, with CNA B, CNA B stated that CNA A treated residents like Toddlers instead of adults. CNA B said, CNA A was not respectful. Resident 3 and Resident 4 informed (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	me that CNA A was rude and abrupt. CNA B further stated that she directed Resident 3 to tell the ADMIN regarding her concern about CNA A and she also reported it to SS. CNA B acknowledged she had observed that CNA A being abrupt when taking off Resident 3's oxygen. CNA B stated she had also witnessed that CNA A being reported to administrative staff and nothing was done about CNA A.During an interview 3/6/26 at 12:32 pm, with CNA C, CNA C stated CNA A was a coworker they avoided because CNA A was reckless and displayed carelessness when caring for residents. CNA C stated residents preferred to have other staff care for them instead of CNA A. During an interview with the Director of Nursing (DON) on 3/6/26 at 1:30 pm, the DON stated that staff did not like CNA A. The DON reported being unaware of multiple resident allegations that CNA A failed to listen to residents and behaved in a disrespectful and unprofessional manner while providing care. The DON stated CNA A was aware that she worked quickly and was taskˆoriented, which the DON acknowledged could result in resident needs being overlooked.During an interview on 4/10/26 at 10:10 am, with CNA A, CNA A stated she was aware that Resident 3 had reported feeling uncomfortable with her care. CNA A stated she assisted Resident 3 to the restroom and opened a window after a bowel movement, and that Resident 3 did not indicate discomfort or embarrassment after other residents commented on the odor. CNA A stated that following the incident, Resident 3 accepted assistance once but declined further care. CNA A reported being instructed to monitor Resident 3's facial expressions and limit unnecessary interaction with Resident 3. CNA A acknowledged that additional residents had expressed concerns about her care, and stated she resigned from the facility on 2/25/26 During an interview on 4/10/26 at 12:18 pm, with Director of Staff Development (DSD, responsible for training and performance evaluations of CNA staff), the DSD stated she was unaware of the multiple resident and staff allegations involving CNA A. DSD stated that the SS or ADMIN took care of any CNA performance issues and that she had not been informed of concerns prior to the recent allegations but is now included. DSD explained she was responsible for completing the annual CNA performance reviews and confirmed there were no performance issues identified in the last one done for CNA A dated 11/8/25.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on interview, and record review, the facility's Administrator (ADMIN) failed to ensure resident rights were honored during care when:1. Four out of seven residents reported that Certified Nursing Assistant (CNA A) did not treat them with respect, did not consider their self-determination, and individuality when she provided care. 2. Nursing administrative staff did not provide oversight and provide education/feedback to CNA A after multiple resident complaints. Refer to F550.This resulted in a violation of four residents' rights to receive individualized respectful care and put all residents at risk for not receiving dignified care. Refer to F550.Findings:During a review of the facility Position Description for Administrator dated October 2003, indicated Position Summary The administrator is responsible for the day-to-day operations of the facility in accordance with the applicable policies and procedures, Corporate Integrity Agreement, current federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. The administrator is responsible for developing and maintaining employee relations. Ensures that all resident's rights to fair and equitable treatment, self-determination, individuality, privacy, property and civil rights, including the right to file complaints, are well established and maintained at all times.Ensuring the coordination of the delivery of quality care and services.Ability to work harmoniously with and supervise other personnel and develop/maintain good personnel's relations and employee morale. Ability to interpret, communicate and implement policies, procedures, regulations, reports, etc. to personnel, residents, family members, visitors, and government agencies/personnel. Leads, plans, develops, organizes, implements, evaluates, and directs the facility's overall operations, programs and delivery of services on a daily basis. Identifies areas for improvement, develops effective plans, monitors and evaluates results and communicates to facility staff and regional team as necessary. During a review of the facility position description for Nursing Assistant State Certified/Licensed (CNA), dated October 2003, indicated Position Summary Responsible for providing residents with routine daily and restorative nursing care and services in accordance with the resident's assessment, care plan and as directed by supervisors. Ensures residents' needs are met while maintaining the highest degree of dignity.1.a. CNA A was rough when providing care to Resident 1.1.b. CNA A ignored Resident 2's request for her to be careful with her shoulder during care.1.c CNA A did not listen to or provide individualized care to Resident 3. 1.d. CNA A's behavior was not respectful during Resident 4's care.2. During an interview on 3/6/26 at 12:07 pm, with CNA B, CNA B stated that CNA A treated residents like Toddlers instead of adults. CNA B said, CNA A was not respectful. Resident 3 and Resident 4 informed me that CNA A was rude and abrupt. CNA B further stated that she directed Resident 3 to tell the ADMIN regarding her concern about CNA A and she also reported it to SS. CNA B acknowledged she had observed that CNA A being abrupt when taking off Resident 3's oxygen. CNA B stated she had also witnessed that CNA A being reported to administrative staff and nothing was done about CNA A.During an interview 3/6/26 at 12:32 pm, with CNA C, CNA C stated CNA A was a coworker they avoided because CNA A was reckless and displayed carelessness when caring for residents. CNA C stated residents preferred to have other staff care for them instead of CNA A. A review of CNA A's employee file indicated an annual performance report completed 11/18/25 by the Director of Staff Development (DSD, responsible for training and performance evaluations of CNA staff) indicated under areas needed improvement or development that she needed to take fewer extra hours.During an interview with the Director of Nursing (DON) on 3/6/26 at 1:30 pm, the DON stated that staff did not like CNA A. The DON reported being unaware of multiple resident allegations that CNA A failed to listen to residents and behaved in a disrespectful and unprofessional manner while providing care. The DON stated CNA A was aware that she worked quickly and was taskˆoriented, which the DON acknowledged could result in resident needs being overlooked.During an interview on 4/10/26 at 12:18 pm, with Director of Staff Development (DSD, responsible for training and performance evaluations of CNA staff), the DSD stated she was unaware of the multiple resident and staff allegations involving CNA A. DSD stated (continued on next page)

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