STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555316	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Ridge Care Center	201 Hartnell Avenue 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49859 Based on observation, interview, and record review, the facility failed to ensure that Licensed Nurses administered medication in accordance with their Medication Administration Policy for one of four sampled residents (Resident 1), when 4 and a half Norco tablets (a narcotic pain pill), were found in a container in Resident 1 ' s room. This failure had the potential to lead to possible overdose (when a person takes more than the recommended amount of a medication which can lead to serious harm or death), drug diversion (the illegal distribution, or abuse of prescription drugs, or their use for purposes not intended by the prescriber), and possible exposure of other residents to potentially hazardous substances. Findings: Review of Resident 1 ' s Admission Record indicated that Resident 1 was admitted to the facility on [DATE] and had diagnoses which included anxiety disorder (worrying that interferes with daily activities) and major depressive disorder (sad mood or the loss of interest or pleasure in nearly all activities). Review of Resident 1 ' s care plan regarding mood dated 9/23/24 indicated that Resident 1 was at risk for poor impulse control. Review of the facility ' s policy titled, Administering Medications dated April 2023 indicated, Only persons licensed or permitted by this state to prepare, administer and document the administration of medication may do so and Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. During a concurrent observation and interview, on 10/3/24, at 3:15 PM, Resident 1 stated that she found pain pills in her bed and kept them in a small, black, round container while she pointed to the container on her bedside table. (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
	555316	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Ridge Care Center	201 Hartnell Avenue 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1 ' s Nurse ' s Notes dated 9/28/24 at 12:18 PM indicated that Resident 1 ' s nurse was notified by a Certified Nursing Assistant (CNA) that Resident 1 had put pills into a black, round container on her bedside table. The nurse went into the room and located the container in which 4 whole tablets and 1/2 tablet of Norco (a narcotic pain medication) 5/325 milligrams (mg - a unit of measure) were found. Review of Resident 1 ' s current Order Summary Report indicated that on 3/3/24, Resident 1 ' s physician ordered Norco 5/325 mg, to be given by mouth every 6 hours. On 8/2/24, Resident 1 ' s physician added Norco 5/325 mg to be given by mouth every 4 hours as needed (PRN). During an interview, on 10/30/24, at 2:52 PM, the Director of Nursing (DON) stated that her expectation for the facility ' s nurses when giving medications was that the nurses would stay throughout the patients taking the medications and if the nurses needed to leave the room before the patient took the medications, the nurses would take all the medications with them and destroy the medications and bring fresh medications when they returned to the patients ' rooms to complete medication administration.