

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Copper Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37935</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurate for the disposition of a resident at the time of discharge for 1 (Resident #102) of 23 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled Resident Assessments, revised 10/2023, indicated, 11. All persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information.</p> <p>An Admission Record indicated the facility admitted Resident #102 on 07/05/2024. According to the Admission Record, the resident had a medical history that included diagnoses of arthritis and type 2 diabetes mellitus. Per the Admission Record, Resident #102 discharged home on 07/27/2024.</p> <p>Resident #102's care plan included a focus are initiated 07/10/2024, that indicated the resident and their responsible party/family member indicated a preference for the resident to discharge home/community with family/friend support.</p> <p>Resident #102's Discharge Summary dated 07/26/2024, indicated the resident reached and maintained goals for a safe transition home with home health services.</p> <p>Resident #102's Progress Notes, dated 07/27/2024, indicated the resident discharged home on 07/27/2024.</p> <p>The discharge MDS, with an Assessment Reference Date (ARD) of 07/27/2024, indicated Resident #102 discharged to a short-term general hospital on 07/27/2024.</p> <p>During a concurrent record review and interview on 09/25/2024 at 12:29 PM, the MDS Coordinator reviewed Resident #102's discharge MDS dated [DATE] which indicated the resident discharged to the hospital. The MDS Coordinator stated that according to the resident's progress notes, Resident #102 discharged home. The MDS Coordinator stated the MDS was not coded accurately as it reflected the resident discharged to hospital. The MDS Coordinator stated it was coded in error.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/25/2024 at 1:29 PM, the Director of Nursing (DON) stated her expectations were for MDS assessments to be coded accurately. The DON stated accurate coding was important because it told the story of the resident.</p> <p>During an interview on 09/25/2024 at 1:45 PM, the Administrator stated he was aware of the MDS process, but he was not involved in the process. The Administrator stated he would expect MDS assessments to be coded accurately.</p>		