

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Quartz Hill Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2120 Benton Drive Redding, CA 96003	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>46147</p> <p>Based on interview, and record review, the facility failed to ensure professional staff were licensed in accordance with California state laws, when registered nurse (RN) 1 was employed from 11/2/23 through 1/4/2024 without a valid registered nursing license issued by the Board of Registered Nursing</p> <p>This failure had the potential to result in substandard quality of care to all the residents in the facility and negatively impact their quality of life and ability to attain or maintain their highest practicable level of physical, emotional, and psychosocial well-being.</p> <p>Findings:</p> <p>A review of the Employee Information Form, dated 11/2/23, indicated that RN 1 was hired full-time on the day shift with a date of hire of 10/30/23.</p> <p>A review of the facility ' s job description titled RN-Charge Nurse, dated 11/2/23, indicated the position Must possess a current, unencumbered, active license to practice as an RN in this state. The primary purpose of the position was to provide direct nursing care to residents and to supervise day-to-day nursing activities, and to ensure that the highest degree of quality care is maintained at all times.</p> <p>A review of the Application for Employment, dated 10/30/23, indicated that RN 1 presented a valid registered nursing license number.</p> <p>A review of the California Board of Registered Nursing-Licensing Details indicated the license number provided by RN 1 was verified by the facility on 11/21/23.</p> <p>A review of RN 1 ' s Employment Eligibility Verification Form, indicated that the documents provide by RN 1, to verify her identity, did not match the information on the Registered Nursing-Licensing Details. The RN license was registered to an individual with a similar name; however, the first name was spelled differently, and the middle name was not the same.</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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/14/24 at 12:40 pm, with the Director of Nursing (DON), the DON confirmed that RN 1 was not licensed, and she had missed this verification upon hire. DON confirmed the error of the spelling of RN 1's first name, and confirmed she did not check the middle name for validity. DON stated, I will never let this happen again, I will triple check to make sure the license verification is accurate.</p> <p>A review of the Change in Relationship Form, dated 1/5/24, indicated that RN 1 ' s employment was terminated with the facility.</p>		