

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  06/24/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46147</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure that one of five sampled residents (Resident 2), received assistance with activities of daily living (ADLs) to attain or maintain their independence when routine and scheduled showers and bathing were not completed.</p> <p>This failure had the potential to result in Resident 2 feeling depressed with poor self-esteem, and had the potential to contribute to skin breakdown, infection, and negatively impact their ability to attain or maintain their highest practicable level of well-being.</p> <p>Findings:</p> <p>A review of the facility's policy revised 2/2018, titled, Bath, Shower/Tub, indicated the purposes of this procedure are to promote cleanliness, provide comfort to the resident, and to observe the condition of the resident's skin. This facility's policy also indicated to Notify the supervisor if the resident refuses the shower/tub bath.</p> <p>A review of the facility's policy revised 2/2021, titled, Dignity, indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. This facility's policy also indicated residents are treated with respect and dignity at all times, and individual needs and preferences of the resident are identified through the assessment process.</p> <p>During a review of Resident 2's medical record, the Admission Record, indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included fracture of left femur (broken thigh bone), diabetes (a disease when too much sugar is in the blood), high blood pressure, heart disease, acquired absence of kidney, and dependence on renal (kidney) dialysis (removes toxins from the blood).</p> <p>During a review of Resident 2's care plan, a focus dated 4/2/24 indicated Resident 2 had a potential/actual impairment to skin integrity, and this care plan indicated an intervention for staff to Keep skin clean and dry, use lotion on dry skin to maintain or develop clean and intact skin by 6/14/24/24. This care plan dated 4/2/24 also indicated, Resident 2 has an ADL (activities of daily living are hygiene, toileting, grooming, bathing, and eating) deficit, and needs assistance.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Review of Resident 2's Minimum Data Set (MDS, a resident tool assessment) dated 4/8/24, indicated Resident 2 required maximal assistance assist during activities of daily living such as transfers in and out of bed and bathing. Resident 2 had a BIMS (brief interview for mental status) score of 8, indicating Resident 2 with a severe impairment and was not competent to make his own decisions.</p> <p>During a review of Resident 2's medical record dated 4/2024 and 5/2024, a document titled, Documentation Survey Report v2, indicated indicated Resident 2 had one shower from 4/1/24 through 5/29/24, and this shower was completed and documented on 5/9/24. This document also indicated no refusals of baths or showers were documented.</p> <p>During an interview on 6/21/24 at 4:10 pm, the Director of Nursing (DON) confirmed Resident 2 only had one shower for the entire months of April 2024, and May 2024. DON stated, This resident is fragile, and the showers help with skin assessments needed. I confirm the showers should have been completed, even if we had to change days to accommodate dialysis schedule.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46147</b></p> <p>Based on interview, record review, and the facility's policy, the facility failed to complete assessments and add pertinent interventions on the care plan developed for one of three residents, (Resident 2) requiring renal (kidney) dialysis.</p> <p>This failure had the potential for re-hospitalization , and a negative clinical outcome.</p> <p>Findings:</p> <p>A review of the facility's policy revised 9/2010, titled, End-Stage Renal Disease, Care of the Resident with, indicated residents with end-stage renal (ESRD, kidney disease) will be cared for according to currently recognized standards of care. This policy also indicated staff caring for residents with ESRD, including residents receiving dialysis (removing toxins from the body) care outside the facility, shall be trained in the care and special needs of these residents. Number five of this policy indicated the resident's comprehensive care plan will reflect the resident's needs related to ESRD/dialysis care.</p> <p>A review of Resident 2's medical record, the Admission Record, indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included fracture of left femur (broken thigh bone), diabetes (a disease when too much sugar is in the blood), high blood pressure, heart disease, acquired absence of kidney, and dependence on renal (kidney) dialysis (removes toxins from the blood).</p> <p>A Review of Resident 2's Minimum Data Set (MDS, a resident tool assessment) dated 4/8/24, indicated Resident 2 required maximal assistance assist during activities of daily living such as transfers in and out of bed and bathing. Resident 2 had a BIMS (brief interview for mental status) score of 8, indicated Resident 2 had a severe impairment and was not competent to make his own decisions.</p> <p>A review of Resident 2's care plan, a focus dated 4/2/24 indicated Resident 2 had a problem listed for dialysis, and this care plan did not include post dialysis assessments, to include assessment of Resident 2's left arm fistula (a surgical procedure that creates a connection between an artery and vein for dialysis access) for bleeding, and for all staff to not obtain a blood pressure in the Left arm.</p> <p>A review of Resident 2's Active Orders dated 5/28/24, indicated to remove pressure dressing to dialysis fistula site four hours post treatment one time a day on every Monday, Wednesday, and Friday. These Active Orders, also indicated Resident 2 goes to a local dialysis center every Tuesday, Thursday, and Saturday which would indicate this dialysis order for dressing removal was prescribed for the wrong days for dressing removal.</p> <p>During an interview on 6/24/24 at 12:30 pm, the Director of Nursing (DON) confirmed the facility did not follow their policy and procedure for dialysis care for Resident 2 and post dialysis assessments were not completed for Resident 2.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46147</p> <p>Based on observation, and interview, the facility failed to clean the assistive devices used to transfer residents for five out of six mechanical lifts.</p> <p>This failed action had the potential for the spread of infection to clients, staff, and visitors.</p> <p>Findings:</p> <p>A review of the facility's policy revised 7/2017, titled, Lifting Machine, Using a Mechanical, indicated the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. This policy also indicated to wash and sanitize lift according to manufacturer's instructions, disinfect lift surfaces, wipe with a clean towel until dry.</p> <p>During concurrent observations and interviews on 6/21/24 at 12:09 through 12:24 pm with Licensed Nurse (LN) 1, five out of six mechanical lifts were soiled with cumulative dust, sticky yellow and brown colored substances, dried food particles, and grime. LN 1 confirmed these lifts were not clean and could cause the spread of infection to other residents, staff, and visitors and needed to be cleaned as soon as possible.</p> <p>During an interview on 6/21/24 at 12:30 pm, the Administrator (Admin) confirmed that five mechanical lifts were not clean. Admin stated, We use a contract outside agency for cleaning equipment, I will call the agency and get these lifts cleaned immediately. We take pride in our facility being clean, we may need to increase the days the lifts are cleaned to keep in order for use.</p>