

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 02/13/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>51680</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure an allegation of abuse was timely reported to the state survey that involved 2 (Resident #12 and Resident #58) of 4 sampled residents reviewed for abuse.</p> <p>Findings included:</p> <p>A facility policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised 04/2021, indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. The policy specified, 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. Per the policy, 3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p> <p>An Admission Record indicated the facility admitted Resident #12 on 10/17/2023. According to the Admission Record, the resident had a medical history that included diagnoses of muscle weakness, cognitive communication deficit, and arthritis.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/26/2025, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment.</p> <p>An Admission Record indicated the facility admitted Resident #58 on 07/19/2023. According to the Admission Record, the resident had a medical history that included diagnoses of cognitive communication deficit, psychotic disorder, major depressive disorder, anxiety disorder, and cerebrovascular disease.</p> <p>A quarterly MDS, with an ARD of 01/28/2025, revealed Resident #58 had a BIMS score of 12, which indicated the resident had moderate cognitive impairment.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #12's Progress Notes dated 02/03/2025 at 10:26 PM, indicated at approximately 10:00 PM, a certified nursing assistant informed a nurse that Resident #12 reported that their roommate (Resident #58) had attacked them. Per the Progress Note, Resident #12 reported their roommate came over to their side of the room and attempted to forcefully take their call light out of their hand. The Progress Note revealed Resident #12 reported that their roommate scratched their left hand near the base of their thumb and index finger. According to the Progress Note, the nurse noted discoloration in the area that was beginning to bruise. The Progress Note indicated the Administrator and Director of Nursing (DON) were notified and Resident #12 was moved to another room in the facility for their safety.</p> <p>The Report of Suspected Dependent Adult/Elder Abuse, completed 02/03/2025, indicated the state survey agency received the abuse allegation on 02/04/2025 at 1:48 PM, which was greater than the two-hour time frame for reporting an allegation of abuse.</p> <p>During an interview on 02/12/2025 at 1:44 PM, the Administrator and DON both stated they were notified of the allegation of abuse that involved Resident #12 and Resident #58 by way of a text message on 02/03/2025. The Administrator stated he did not report the allegation of abuse to the state survey agency within two hours because there was no injury to the resident.</p>