

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555891	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - Redding		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Knighton Road 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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40174</p> <p>Based on observation, interview, and record review, the facility failed to respect 1 of 3 sampled residents (Resident 1) right to personal privacy when Resident 1's bank account statement was opened and viewed by facility staff. This failure resulted in unauthorized access to Resident 1's personal privacy.</p> <p>Findings:</p> <p>During a concurrent observation and interview with Resident 1 on 9/17/2024 at 9:25 AM in the day hall of the facility, Resident 1 was oriented to person and place. Resident 1 stated her son and daughter took care of her finances.</p> <p>During a review of Resident 1's Face Sheet, it indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain.) Furthermore, Resident 1's Face Sheet indicated the Resident 1's Son had the Durable Power of Attorney.</p> <p>During a review of Resident 1's durable power of attorney, dated 3/1/2023 showed Resident 1's Son's name.</p> <p>During an interview with the Standards and Compliance Coordinator (SCC) on 9/18/2024 at 8:20 AM in the facility's conference room, the SCC stated that the Memory Care staff was authorized to open mail for residents.</p> <p>During an interview with the Medical Social Worker (MSW) on 9/18/2024 at 8:45 AM in the facility's conference room, the MSW stated that she opened and viewed Resident 1's June 2024, Bank Account Statement. MSW stated Resident 1's Son had given his consent to open Resident 1's mail via telephone. The MSW was unable to provide documented evidence to indicate telephone consent was received from Resident 1's Son.</p> <p>During a telephone interview with Resident 1's Son on 9/18/2024 at 11 AM, he denied providing consent to open Resident 1's mail.</p> <p>The facility's policy and procedure titled Mail, Involvement With, Social Services dated 10/20/2023, indicated:</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident or legal representative may request mail assistance on a regular basis. This is especially indicated when a resident is in a coma, physically unable to open the mail, severely demented, blind or paralyzed. Under such circumstances, the mail may be forwarded to their representative or brought to the resident unopened. Mail may only be opened for the member at his or her request.</p> <p>If a resident has a conservator, power or attorney, payee, or other representative, the social worker may forward relevant mail to that representative.</p>