

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  04/10/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26917</p> <p>Based on observation, interview, and record review, the facility failed to ensure that internal and external medications were stored separately for 2 of 2 medication storage areas observed. This failure had the potential to cause cross-contamination and medication administration errors.</p> <p>Findings:</p> <p>On 04/07/25, at approximately 3:20 p.m., during a tour of the medication storage areas located in the Clamath and [NAME] nursing stations, it was observed that internal-use medications were stored directly adjacent to external-use products without appropriate separation. Specifically, oral medications such as [NAME] &amp; Thrive Loperamide tablets, Glucosamine Sulfate 500 mg capsules, and Calcium Citrate tablets were stored next to external-use items including Fleet Saline Enema, GenTeal Tears Lubricant Eye Drops, Refresh Plus Eye Drops, and Major Ear Drops (Carbamide Peroxide 6.5%). No physical barrier, labeled bin, or designated shelving was in place to distinguish internally administered medications from those intended for external use.</p> <p>During an interview conducted on 04/07/25 at 3:30 p.m. the time of the observation with the facility's Quality Assessment Nurse, he acknowledged the improper storage practice, stating, I didn't know internal and external medications were being stored together, but it looks like we've been doing it that way for a while. This acknowledgment confirmed the storage practice had likely been ongoing and unrecognized by facility staff.</p> <p>The facility's policy, titled Storage of Medications, outlines specific expectations regarding medication segregation. Section 6, subsection B of the policy clearly states, Internally administered medications are kept separate from externally used medications such as lotions, creams, ointments or suppositories. Despite this policy, the observation on 04/07/25 revealed that oral medications, including anti-diarrheals and dietary supplements, were intermixed with external-use medications, such as eye drops and enemas, with no form of separation in place.</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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26917</p> <p>Based on observation, interview, and record review, it was found that the facility failed to maintain a medication error rate of less than 5%. During the medication pass, three medication errors were observed out of twenty-eight opportunities, resulting in an error rate of 10%, and involved two separate insulin administrations and one nasal spray medication for Resident 3. These deviations from proper technique posed a risk for suboptimal therapeutic outcomes. The failure to adhere to manufacturers' instructions for insulin and nasal spray administration not only violates professional standards of practice but also increases the risk of therapeutic failure and resident harm.</p> <p>Findings:</p> <p>1. According to the manufacture's insert instructions for insulin (#1), the dose button must be held in and the needle kept in the skin for at least five seconds to ensure full dose delivery. Similarly, manufacture's insert instructions for insulin (#2) once the dose button was pressed, the needle should remain under the skin for six seconds. Failing to follow these steps may result in an incomplete dose being delivered.</p> <p>During a review of the Face Sheet for Resident 3, the Face Sheet, indicated, Resident 3 was admitted to the facility on [DATE], with diagnoses which included dysphagia (difficulty swallowing) and muscle weakness.</p> <p>On 4/7/25 at 8 a.m., during medication administration observations, Licensed Vocational Nurse (LVN) 1 was seen administering insulin #1 and insulin #2 to Resident 3. In both instances, the nurse inserted the insulin pen needle and immediately withdrew it after pressing the dose button, without holding the needle in the subcutaneous tissue for the duration specified in each manufacturer's instructions for use.</p> <p>During an interview on 4/7/25 at 8 a.m., at the time of observation, the LVN 1 acknowledged the error and stated, I forgot about holding that insulin needle in the patient as required by the manufacturer. She confirmed that she routinely removed the pen immediately after pressing the dose button and was not consistently following the manufacturer's holding time guidance.</p> <p>2. According to standard manufacturer's instructions for most Saline Nasal Spray-intranasal sprays, the nasal passages should be cleared (individual should blow their nose) prior to administration to ensure the medication contacts the mucosa effectively.</p> <p>On 4/7/25 at 8 a.m., during medication administration observations, LVN 1 administered a nasal spray to a Resident 3 without instructing the resident to blow their nose beforehand. When interviewed, the LVN 1 stated, I just didn't know that you were supposed to blow the nose for the nasal spray.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>17065</p> <p>Based on observation, leadership interview and dietary department document review the facility failed to ensure sufficient staff were employed as evidenced by the lack of a full-time qualified position to supervise and manage the day-to-day operations of the skilled nursing dietetic services. Failure to ensure sufficiently qualified staff may result in dietetic services that are inconsistent with professional standards of practice placing 35 residents at risk for potential food related medical complications.</p> <p>Findings:</p> <p>Per California Code of Regulations, Title 22, Chapter 3, dietetic services is defined as the provision of safe, satisfying and nutritionally adequate food for patients with appropriate staff, space, equipment and supplies. Additionally, California Health and Safety Code, 1265.4 describes the staff qualifications for the day-to-day management of dietetic services in a skilled nursing facility. The Health and Safety Code describes, in the absence of a full-time Registered Dietitian with supervisory responsibilities for dietetic services, the licensed facility shall employ a full-time qualified dietary services supervisor. There are 7 recognized pathways, all of which are based on a variety of educational experiences.</p> <p>During the initial tour of the main kitchen on 4/7/25, beginning at 8:20 a.m. the surveyor was introduced to the Food Manager (FM). In a concurrent interview, the FM indicated he was responsible for the day-to-day management of both the skilled nursing kitchen, as well as a separately licensed residential care facility for the elderly (RCFE). The FM indicated primary food production activities occurred in the RCFE kitchen with some menu items also produced in the skilled nursing facility (SNF) kitchen. The FM acknowledged his position was not dedicated as full-time to the SNF, rather had foodservice responsibilities for multiple levels of care. The surveyor was also introduced to the Dietetics Assistant Director (DAD), a Registered Dietitian. The DAD indicated her position was responsible for supervisory oversight of the Registered Dietitians as well as the Food Service Managers for both the RCFE, as well as the SNF. The DAD position also included the responsibility of all departmental administrative functions such as staffing and budget.</p> <p>In an interview and concurrent document review on 04/08/25 at 1:30 p.m., with the DAD the organizational chart for the veterans home was reviewed. The DAD indicated the Director of Dietetics position, as well as a food service supervisor (FSS) II position was currently vacant. The DAD indicated that within the current organizational structure there is no position designated to be the full-time qualified Food Service Director dedicated to the skilled nursing facility. The DAD confirmed all of the dietetic services leadership positions within the home are split between the RCFE and the SNF. The DAD acknowledged her position was not dedicated solely to the SNF. The surveyor also reviewed the responsibilities of the Registered Dietitian (RD) within the SNF. The DAD indicated one of the RD positions was dedicated to the SNF, however the position did not include day to day management of dietetic services for the SNF, rather the focus was clinical nutrition care.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/09/25 at 10:15 a.m., the Assistant Administrator (AA) 1 for the home indicated the process for vacancies was to post a position, which was done by Human Resources (HR) in Sacramento. The applications were then forwarded to the departmental supervisor for screening and selection of candidates to interview. The screening then goes back to Sacramento HR for final review who will determine the final candidates eligible for interview. Concurrent review of the Minimum qualifications for the FSS II revealed one of the qualification pathways would be consistent with the regulatory requirements, however there were others that were based solely on experience. The AA 1 indicated he can move positions within an organizational structure at the local level, however position duties would be more difficult to modify and would need to be taken through HR channels. The AA 1 indicated to his knowledge the home had not attempted to make modifications to position descriptions and/or position minimum qualifications. The AA 1 indicated a RD used to be responsible for the day-to-day supervision of the SNF kitchen, however she returned to a clinical nutrition role. Additionally, the AA 1 indicated the home had approved the FM to receive the necessary training as outlined in the California Health and Safety Code.</p> <p>In an interview 04/09/25 at 11:40 a.m., the Registered Dietitian (RD) 1, RD 1 stated she alternates working in the SNF and in the RCFE. The RD 1 stated she does a monthly kitchen inspection at the SNF, completes weekly test trays and helps in the kitchen if they are short staffed. RD 1 indicated she did a monthly sanitation inspection which includes elements such as an evaluation of labeling/dating, food temperatures, observation of staff for hand hygiene and clean up after trayline and temperature testing for food storage. RD 1 acknowledged she does not have supervisory responsibilities for the day-to-day operation of the SNF dietetic services.</p> <p>In an interview on 04/09/25 at 1:10 p.m., the FM stated while he started the coursework to become Certified Dietary Manager, but he has not completed it.</p> <p>Review of the position description for the DAD indicated this position was responsible for assisting in the management of the home's Registered Dietitians and Food and Nutrition operations. The position description for the Food Manager indicated under the direction of Director of Dietetics the position plans, directs and coordinates food service activities. The position description of the Registered Dietitian indicated under the direction of the Director of Dietetics this position completes nutrition assessments and provides medical nutrition therapy.</p> <p>Review of undated, facility policy titled Food &amp; Nutrition Services-Staff Operations and Training (All Homes) documented .Staffing Standards .A. Skilled Nursing (SNF) .2. If a dietitian is not employed full-time, a full-time Food &amp; Nutrition Services supervisor will be employed to be responsible for the operation of the food service .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>17065</p> <p>Based on observations, dietary and leadership staff interview and departmental document review the facility failed to ensure food handling practices were consistently carried out in accordance with food safety standards when:</p> <ol style="list-style-type: none"> <li>1. There were lapses in cooldown monitoring of foods associated with foodborne illness and</li> <li>2. One staff member was chewing gum during food production activities.</li> </ol> <p>These failures had the potential to result in foodborne illness and cross-contamination for the facility's residents.</p> <p>Findings:</p> <p>1. Potentially Hazardous Foods (PHFs) are those foods capable of supporting bacterial growth associated with foodborne illness. Protein based foods such as meat, beans and canned tuna are considered PHFs and require time/temperature control for food safety during periods of preparation, storage and distribution (US Department of Agriculture [USDA], Food Code, 2022).</p> <p>Cooked foods requiring time/temperature control for safety food shall be cooled: within 2 hours from 135 F (degrees Fahrenheit) to 70 F and within a total of 6 hours from 135 F to 41 F or less. Food shall be cooled within 4 hours to 41 F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna (USDA Food Code, 2022).</p> <p>During initial tour observation of the main production kitchen on 04/07/25 beginning at 08:20 a.m., there were multiple pans of frozen entree foods in Freezer #B. The following foods included, but not limited to, Macaroni and Cheese, dated 2/13/2025 and cooked corned beef, dated 3/15/2025. It was also noted in Refrigerator #A there was approximately one-half gallon of prepared tuna salad, dated 4/6/25.</p> <p>In a concurrent interview the Food Manager (FM) indicated that some of the frozen items were over production and would be used at a later time as a meal substitute. The FM also stated there were various food production methods for the skilled nursing facility (SNF) kitchen. He stated depending on the item and dietary department staffing food items may be prepared in the main kitchen and then transported to the SNF kitchen for distribution, while others may be prepared in the SNF kitchen.</p> <p>During a food production observation on 04/08/25 at 09:20 a.m., the surveyor asked [NAME] (C) 1 to describe the process for preparing tuna salad. C1 indicted the tuna and mayonnaise were stored at room temperatures in the dry storage area. C1, indicated if there was mayonnaise in the refrigerator it would be used first. C1 described the process of mixing the ingredients then placing the finished product in the refrigerator. C1 indicated there was no temperature monitoring during the food storage period, rather temperatures were taken shortly prior to using the tuna. In a concurrent confirming interview with the FM he acknowledged the facility did not monitor food temperatures for items prepared from ingredients at ambient (room) temperature.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The surveyor asked C1 to describe the process when there was an overproduction of an item that was intended to be saved for later use. C1 indicated the item would be taken from the hot line and moved to either the refrigerator or freezer and if it did not cool down fast enough, they would utilize the blast chiller (an appliance to quickly cool foods to a low temperature). C1 and the surveyor proceeded to Freezer #B where dietary staff were storing previously cooked items. The following cooked items were present: macaroni and cheese, dated 2/13/25; vegetarian meatloaf, dated 3/16/25 and lentil loaf, dated 3/15/25. Concurrent review of the departmental document titled, Cool Down Log, dated 2/10/25 through 4/7/25 revealed none of the observed items in the freezer were monitored during the cooldown process. In a concurrent interview FM acknowledged there was currently no system to monitor cooldown temperatures for foods prepared from room temperature ingredients.</p> <p>The undated, facility policy titled, Food &amp; Nutrition Services-Leftover and Extra Food (All Homes) guided staff on the process of properly cooling foods, however, did not include guidance for documenting the process. It was also noted the policy did not address the necessity to monitor the cooldown of PHFs from room temperature ingredients.</p> <p>2. During general food production observations on 4/7/25 beginning at 10:55 a.m., it was noted Food Service Worker (FSW) was preparing mechanically altered items for the noon meal. FSW was consistently moving her mouth in a chewing motion, resembling the motion of chewing gum. During an general conversation with FSW the surveyor noted a white item in her mouth resembling gum. The surveyor asked if she had gum in her mouth to which she stated, I Do.</p> <p>The undated, departmental policy titled, Food &amp; Nutrition-Staff Operations and Training (All Homes) indicated, .Eating/Drinking/Tobacco/Gum in Work Areas . 3. Employees must not chew gum .in kitchen or serving areas .</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 52029</p> <p>Based on observation, interview, and record review, the facility failed to ensure a complete and accurate medical record when consent for the use of psychotropic medication (drugs that affect brain function, mood, thoughts, or behaviors) was not documented in the medical record for one of 12 sampled residents (Resident 19). This failure had the potential for Resident 19 to receive psychotropic medication that the resident did not consent to leading to unwarranted side effects.</p> <p>Findings:</p> <p>During a review of the Face Sheet, for Resident 19, the Face Sheet, indicated, Resident 19 was admitted to the facility on [DATE], with diagnoses which included heart failure (the heart can't pump enough blood to meet the body's needs), unspecified atrial fibrillation (heart condition which causes an irregular heartbeat).</p> <p>During a concurrent interview and review of Resident 19's record on 4/8/25 at 2:53 p.m., with the Director of Nursing (DON), the following physician's orders were reviewed:</p> <p>On 3/24/25, the physician ordered Temazepam (psychotropic medication used to aid sleep).</p> <p>On 4/1/25, the physician ordered Trazodone (psychotropic medication used to aid sleep).</p> <p>There was no documentation which indicated Resident 19 consented to receive the psychotropic medications. DON stated the ordering physician was responsible discussing the treatment with Resident 19 and for obtaining signed written consent from the resident. DON stated it was important to have written consent in the resident's chart so the medication nurse could verify that Resident 19 consented to receive the psychotropic medication prior to administration of the medication.</p> <p>During an interview on 4/8/25 at 3:37 p.m., with Registered Nurse (RN), RN stated the physician should obtain the Resident's signature on the consent for psychotropic medication form and nursing staff should verify the consent form was signed prior to administering psychotropic medication. RN stated psychotropic medication should not be administered without the resident's consent documented in the record.</p> <p>During a review of Resident 19's Medication Administration Record (MAR), the MAR indicated Resident 19 received Temazepam on 3/24/25, 3/26/25 through 3/31/25, and Trazodone on 4/1/25, 4/4/25 through 4/7/25.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Informed Consent (All Homes), dated 2/28/25, indicated, Written information must include in the written psychotherapeutic drug informed consent . Informed consent will be filed in the Residents' health record . Psychotropic medication therapy informed consent forms will be used by the prescriber to document informed consent for new psychotropic medication orders . The licensed nurse will verify that the Resident's health record contains the documentation that the Resident or resident representative has given informed consent to the proposed treatment or psychotropic drug prior to initiating treatment</p>		