

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055489	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER SHASTA VIEW CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WALNUT STREET , RED BLUFF, California, 96080	
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F0000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one complaint.</p> <p>Complaint number: 2784651</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. The facility was found to be not in compliance with 42 CFR 483.5-483.75 - Subpart B - Requirements for Long Term Care Facilities.</p> <p>Deficiencies were cited for complaint number 2784651 at F628 and F757.</p>	F0000	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center;"> <p>CA DEPT OF PUBLIC HEALTH CHCQ Field Operations North Division- Chico</p> <p>Received Date: <u>03/13/2026</u></p> <p>Compliance Date: <u>03/16/26</u></p> <p>Approved Date: <u>03/16/26</u></p> <p>Approved By: <i>Yvonne Mulcahy RN, NSSI</i></p> </div>	
F0628 SS = D	<p>Discharge Process</p> <p>CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p>	F0628		

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 reverse for further 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 <i>J. H. McCall</i>	TITLE Administrator	(X6) DATE 3-12-2026
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F0628 SS = D	<p>Continued from page 1</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p>	F0628		

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F0628 SS = D	<p>Continued from page 2</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p>	F0628		

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F0628 SS = D	<p>Continued from page 3</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of</p>	F0628		

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F0628 SS = D	<p>Continued from page 5 caused intense mood swings), suicidal ideation (thoughts about taking one's own life), and chronic obstructive pulmonary disease (COPD, a group of lung diseases that made it difficult to breathe). Resident 1 was her own responsible party (RP, decision maker).</p> <p>A review of Resident 1's "Quarterly Minimum Data Set" (MDS, an assessment tool), dated 1/2/26, indicated that Resident 1 utilized a wheelchair, had a good memory, required substantial assistance to bathe or shower, use the bathroom, and required moderate assistance to walk 10 feet. The MDS indicated that Resident 1 was incontinent of bowel and bladder (inability to control the need to go to the bathroom).</p> <p>A review of Resident 2's "Admission Record, dated 8/28/25, indicated, admission to the facility on 8/28/25 with the diagnoses of bipolar disorder, schizoaffective disorder (a mood disorder that included hallucinations and delusions), and COPD. Resident 2 was her own RP.</p> <p>A review of Resident 2's Quarterly MDS, dated 12/8/25, indicated that Resident 2 had a good memory.</p> <p>During an interview on 2/25/26 at 2:39 pm, Resident 1 stated, "the day after care conference [a meeting that included the facility staff, the resident, and resident family members or their RP met to discuss health, goals, and the plan for discharge] I was served a 30-day notice." Resident 1 indicated there was no discharge plan and stated, "They were going to send me to an apartment that I use to live in. There are other people living there now, they were going to send me without care, equipment, and what? Just meds [medication]." Resident 1 indicated that they had no place to live and the facility staff had been assisting with finding a new home so that Resident 1 could be discharged from the facility.</p> <p>During a concurrent record review and interview on 9/25/26 at 1:21 pm, with Resident 1, the "Notice of Involuntary [against someone's will] Transfer or Discharge," (a paper document provided to Resident 1) dated 2/20/26, was reviewed. Resident 1 confirmed, the "Notice of Involuntary Transfer or Discharge" indicated, that on 2/20/26, Resident 1 would be discharged to a home or apartment of their choice that was in a different city and did not include a specific</p>	F0628		

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F0628 SS = D	<p>Continued from page 6 address that Resident 1 would be discharged to. The "Notice of Involuntary Transfer or Discharge," indicated, the reason for discharge was because Resident 1's health had improved, skilled care was no longer required, and that the facility could not meet Resident 1's needs. There was no information provided to Resident 1 for contacting the state agency responsible for protecting the rights for people with mental health illnesses.</p> <p>A review of Resident 1's discharge care plan (written resident goals and the care instructions for facility staff), dated 7/3/25 indicated that Resident 1 did not have a safe discharge location and required assistance from the facility staff for medical needs.</p> <p>A review of Resident 1's quarterly "Care Conference Summary," dated 2/19/26, indicated, Resident 1 did not have a reasonable discharge plan in place at this time.</p> <p>During a concurrent interview and record review on 2/25/26 at 1:34 pm, with Director of Nursing (DON), Resident 1's "IDT-Notice of Transfer/Discharge," dated 2/20/26 was reviewed. DON confirmed the notice was incomplete. The notice was missing the date it was provided to Resident 1, the date the discharge was going to occur, specific information that indicated where Resident 1 would be discharged to, the reason for the discharge, and information regarding how to contact the local Ombudsman's office, or the state agency responsible for protecting the rights for people with mental health illnesses. The notice indicated that the facility had not notified the Ombudsman's office with the intent of discharging Resident 1. The notice was not signed by Resident 1 or the Assistant Director of Nursing (ADON). DON confirmed that Resident 1 did not have an appropriate discharge plan in place.</p> <p>During a concurrent interview and record review on 2/26/26 at 8:39 am, with the DON, Resident 2's "IDT-Notice of Transfer/Discharge," dated 2/20/26 was reviewed. DON confirmed the notice was incomplete. The notice was missing the date it was provided to Resident 2, the date the discharge was going to occur, specific information that indicated where the Resident 2 would be discharged to, the reason for the discharge, and information regarding how to contact the local Ombudsman's office, or the state agency responsible for protecting the rights for people with mental health illnesses. DON confirmed that Resident 2 did not have</p>	F0628		

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F0628 SS = D	Continued from page 7 an appropriate discharge plan in place. During an interview on 2/26/26 at 9:20 am, Resident 2 stated, "The [ADON] told me I was being discharged in 30 days because I was high functioning" and confirmed, there was no discharge plan in place when the ADON provided Resident 2 with a discharge notice. During an interview on 2/26/26 at 10:23 am, the facility's Administrator (Admin) stated, "Before the 30-day notice, there should be a solid discharge plan in place." Admin indicated that there was no firm discharge plan in place for Residents 1 and 2, and stated, "I wasn't even aware they were being provided with 30-day notices, and I should have."	F0628			
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record reviews, the facility	F0757			

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F0757 SS = D	<p>Continued from page 8</p> <p>did not ensure that one of two sampled residents (Resident 1) was free from unnecessary medications when there was no behavioral monitoring in place.</p> <p>This had the potential for Resident 1 to not maintain their highest practicable mental, physical, and psychosocial well-being.</p> <p>Findings:</p> <p>A review of the facility's undated policy and procedure titled, "Unnecessary Drugs," indicated, medication would be monitored to ensure the medication was effective.</p> <p>A review of Resident 1's "Admission Record," dated 8/23/24, indicated, admission to the facility on 8/23/24 with the diagnoses of borderline personality disorder (a mental health illness that included intense emotions, fear of abandonment, and impulsive behaviors) and anxiety (feelings of fear). Resident 1 was her own responsible party (decision maker).</p> <p>A review of Resident 1's anxiety care plan (document that contained resident goals and staff care instructions), dated 11/23/25, indicated that facility staff would monitor and track Resident 1's behaviors.</p> <p>A review of the Physician's order dated 11/22/25, indicated, Resident 1 was prescribed hydroxyzine (an antihistamine medication that treated allergies and could be used to treat symptoms of anxiety) 50 milligrams, give one tablet every six hours as needed for anxiety. The targeted symptoms the medication was being used for included being worried that their needs were not being met due to anxiety.</p> <p>During a concurrent interview and record review on 2/26/26 at 8:39 am, with the Director of Nursing (DON), Resident 1's Physician orders dated 8/23/24 through 2/26/26 were reviewed. DON confirmed, there was no behavioral monitor in place that tracked signs or symptoms of anxiety and stated, "the purpose is to count the number of episodes, to monitor the effectiveness of the medication."</p>	F0757		

Shasta View Care Center

2567 Plan of Correction

Disclaimer:

Shasta View Care Center submits this response and Plan of Correction as part of the requirements under State and Federal Law. The Plan of Correction is submitted in accordance with specific regulatory requirements; it shall not be construed as admission of any alleged deficiency cited or any liability. The Provider submits this Plan of Correction with intention that it is inadmissible by and third party in any civil, criminal action or proceedings against the provider, it's employees, agents, officers, directors, or shareholders. The Provider reserves the right to challenge the cited findings if at any time the Provider determines that the disputed findings are relied upon in a manner adverse to the interest of the Provider either by the governmental agencies or third party. Any changes to Provider Policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 and California evidence coded section 1151 and should be inadmissible in any proceedings on that basis.

483.15(c)2)(iii)(3)-(6)(8)(d)(1)(2) and 483.219(c)(2)

How corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice:

The Facility retracted all 30 day notices Residents on 3/2/2026, in order to accurately and appropriately prepare the Residents and Facility for a proper discharge.

How the Facility will identify other Residents having the potential to be affected by the deficient practice and what corrective action will be taken:

No other Residents were affected by the deficient practice as the Facility was not attempting to Discharge all Residents from the Facility.

How the Facility will identify other Residents having the potential to be affected by the deficient practice and what corrective action will be taken:

An audit of all current residents receiving PRN medications for anxiety, agitation, or other behavioral symptoms was conducted by the Director of Nursing or designee on 3/2/2026 and 3/13/2026. Residents identified as receiving PRN medications without appropriate behavioral monitoring were immediately provided with a monitoring tool and staff were educated on proper documentation of symptoms, effectiveness, and adverse effects. No other Residents were affected by the deficient practice.

What measures will be put into place or what systemic change(s) the Facility will make to ensure the deficient practice does not recur:

The facility has implemented the following system changes:

- A standardized behavioral monitoring tool has been implemented for residents receiving PRN medications for anxiety, agitation, or behavioral symptoms to document targeted symptoms and effectiveness of the medication.
- Licensed nursing staff were in-serviced on 3/11/2026 and 3/12/2026 the facility policy regarding unnecessary drugs, including requirements for monitoring, documentation of indication for use, effectiveness, and potential adverse effects.
- The Director of Nursing or designee will review new medication orders for PRN psychotropic, anxiolytic, or behavior-related medications to ensure appropriate monitoring tools are initiated at the time the order is received.
- The Consultant Pharmacist will review residents receiving PRN psychotropic or anxiolytic medications during the monthly medication regimen review to ensure appropriate monitoring is in place and will communicate recommendations to the physician and interdisciplinary team as needed.
- The facility policy related to unnecessary drugs and behavioral monitoring was reviewed with licensed staff and reinforced during nursing education.

How the Facility plans to monitor it's performance to ensure the solutions are sustained and that the deficient practice does not recur: How corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice:

The Director of Nursing or designee will complete weekly audits for four weeks of residents receiving PRN medications for behavioral symptoms to ensure behavioral monitoring documentation is completed and reflects the indication for use and effectiveness of the medication. Following the initial monitoring period, audits will be conducted monthly for 60 days.

Audit results will be reviewed during the facility's Quality Assurance and Performance Improvement (QAPI) meetings. The QAPI committee, including the Administrator, Director of Nursing, Medical Director, and Consultant Pharmacist, will review trends and determine if additional corrective actions or staff education are required to ensure sustained compliance and the deficient practice does not recur.

Completed 3/16/26

