

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2025
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NAME OF PROVIDER OR SUPPLIER MARQUIS CARE AT SHASTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CHURN CREEK RD. REDDING, CA 96002
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey of one complaint.</p> <p>Complaint Number: CA00946982</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Two deficiencies were issued for the complaint number: CA00946982 at F550 and F657.</p>	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p>	F 550	<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>3/14/25</u></p> <p>Compliance Date: <u>4/3/25</u></p> <p>Approved Date: <u>4/3/25</u></p> <p>Approved By: <i>Gvonne Mulcahy</i></p> </div>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/14/25</i>
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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.

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F 550	<p>Continued From page 1</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that staff responded in a timely manner to residents' requests for assistance for one of four sampled residents, (Resident 1), when call-lights were not answered for greater than 20 minutes multiple times.</p> <p>These failures had the potential to negatively impact residents' physical, emotional and psychosocial well-being and left Resident 4 feeling unfairly treated.</p> <p>Findings:</p> <p>During a review of the facility policy titled, "Resident Rights " dated 5/2010, the policy indicated that "3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with</p>	F 550	<p>F 550 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #1 call lights will be responded to timely.</p> <p>How the facility will identify other residents having the same potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents could be affected by this practice.</p> <p>Facility QA committee to meet to review call light logs for any patterns/units/shifts where longer call light times may be occurring and conduct a Root Cause Analysis for overall improvement in meeting timely call light times.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>DSD inserviced all staff on answering call lights in a timely manner. Including turning off call light when responding to needs, reactivating call light if more assistance is required by resident. Often call lights are forgotten to be deactivated until after all cares are delivered.</p> <p>How the facility plans to monitor its performance to make sure that the solutions are sustained.</p> <p>DSD will run call light report to ensure lights are being answered in a timely manner weekly x4 weeks, then monthly x90 days.</p>	
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			<p>SSD will conduct random audits of residents weekly X 4 weeks and monthly X 90 days of residents related to call light response times.</p> <p>All findings will be brought to facility QA Committee for review.</p> <p>Date corrective action will be completed: April 3, 2025</p>
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<p>F 550</p>	<p>Continued From page 2 respect, kindness, and dignity " .</p> <p>Review of admission records for Resident 4 indicated Resident 4 was admitted to the facility on 9/23/24, with diagnoses including depression, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), diabetes, insomnia, high blood pressure, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue), muscle weakness.</p> <p>A review of Resident 4's Minimum Data Set (MDS, an assessment tool), Resident 4 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) of 13 out of 15, which indicated she was able to make her own decisions.</p> <p>During an interview on 2/27/25 at 11:38 AM, with Resident 4, Resident 4 stated that she frequently had to wait for the call light to be answered for a long time. Resident 4 stated that this made her feel that facility staff were being unfair to her.</p> <p>During a concurrent interview and record review on 2/28/25 at 11:56 AM, with the Director of Staff Development (DSD) of call light logs for Resident 4 for 2/14/25 to 2/28/25 indicated 54 instances of call light responses being 20 minutes or longer. The longest wait time being 1 hour occurring on 2/16/24, 2/17/25, 2/18/25, and 2/20/25. The DSD stated that staff are expected to answer call lights as soon as possible.</p>	<p>F 550</p>	
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F 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to review and revise the care plan for one of four sampled residents (Resident 4), when Resident 4 had an unintentional significant weight loss of 5 percent (%) in one month.</p> <p>This failure had to potential for Resident 4 to have unwanted weight loss and negatively impact his</p>	F 657		

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F 657	<p>Continued From page 4 physical well-being.</p> <p>Findings:</p> <p>Review of admission records for Resident 4 indicated Resident 4 was admitted to the facility on 9/23/24, with diagnoses including depression, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), diabetes, insomnia, high blood pressure, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue), muscle weakness.</p> <p>Review of the facility's policy titled, "Weight Assessment and Intervention " dated 5/2018, indicated, "3. Any weight change of 5 pounds or more since the last weight assessment ...will be retaken the next day for confirmation " , "4. The Dietitian will respond either in person, phone consult or through electronic consult " , "1 month - 5% wt loss is significant ... " , "2. Individualized care plans shall address ...a. The identified causes of weight loss, b. Goals and benchmarks for improvement; and c. Time frames and parameters for monitoring and reassessment " .</p> <p>During an interview on 2/27/25 at 11:38 AM, with Resident 4, Resident 4 indicated that she had lost weight and wanted to gain some weight back.</p> <p>During a review of Resident 4's meal monitoring documentation for 1/29/25 to 2/27/25 indicated that out of 86 meals, Resident 4 consumed 25% or less of the meals 63 times.</p>	F 657	<p>F 657</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident 4's care plan was corrected to reflect the significant weight loss of 5% in one month.</p> <p>How the facility will identify other residents having the same potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All other residents with significant weight loss have the potential to be affected.</p> <p>RD will conduct 100% audit of all residents with significant weight loss to ensure interventions and/or revisions are reflected in the care plan.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>Resident Care Managers, RD, and LN were inserviced by DNS to ensure care plan is to be updated with significant weight loss.</p> <p>How the facility plans to monitor its performance to make sure that the solutions are sustained.</p> <p>RCMs will check each care plan to ensure significant weight loss is present if indicated weekly x4 weeks, then monthly x90 days.</p> <p>Results will be reviewed by QA Committee. Date corrective action will be completed: 4/3/2025</p>	

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F 657	<p>Continued From page 5</p> <p>During a review of Resident 4's Weights and Vitals Summary, the document indicated Resident 4 weighed in on the following dates:</p> <p>1/14/25 175.8 lbs</p> <p>1/21/25 173.3 lbs</p> <p>2/4/25 171 lbs</p> <p>2/11/25 167.3</p> <p>Additionally, the document noted, "MDS: -5.0% change over 30 day(s) [Comparison Weight 01/14/2025, 176.0 lbs, -5.1%, -9.0 lbs] "</p> <p>During a review of Resident 4's "Dietary Admission " dated 9/24/24, the document indicated that Resident 4 had lost weight and, "Resident stated she has lost a significant amount of weight and would like to gain some back " and that her nutritional goal was "To gain some weight back " .</p> <p>During a concurrent interview and record review on 2/27/25 at 2:14 PM, with the Registered Dietitian (RD), the RD stated that Resident 4's weight loss was considered a significant weight loss. The RD stated that she had not spoken to Resident 4 about the weight loss. The RD confirmed that Resident 4's care plan had not been revised to reflect Resident 4's significant weight loss.</p> <p>During a concurrent interview and record review on 2/28/25 at 8:51 AM, with the Resident Care Manager (RCM), the RCM stated that the facility usually re-weighs residents after a weight change to confirm that the resident's weight actually</p>	F 657			

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F 657	<p>Continued From page 6</p> <p>changed. The RCM stated that Resident 4 had not allowed them to re-weigh her, so they didn't know for sure if there was a weight loss.</p> <p>Review of the facility's document titled, "NAR (Nutrition At Risk) " no date, the document indicated that, "Every morning review weights and vitals portal. Weekly run a weights and vitals summary report and review " , "If a weight change of 5# [pounds] or more has occurred- need reweigh-within 24 hours " . The document was in flow chart form and gives two options, either the reweigh confirms the weight loss or the reweigh does not confirmed the weight loss. There is no option for how to proceed in the flow chart if the resident refuses to be weighed.</p> <p>During an interview on 2/28/25 at 9:49 AM, with the facility Administrator (ADM), the ADM confirmed that there should have been a care plan item that reflected Resident 4's significant weight loss.</p>	F 657		
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