STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A371	A. BUILDING _____ B. WING _____	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTWOOD WELLNESS AND RECOVERY CENTER	3062 CHURN CREEK RD. REDDING, CA 96002

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a Recertification survey conducted from 6/1/25 to 6/4/25. Nine facility reported incidents were investigated during the survey. Facility Reported Incidents: 953898, 957781, 958393, 960479, 962764, 963702, 963989, 964746, and 965381 Census: 91 Sample: 25 One deficiency was written for facility reported incident 964746 at F600. No deficiencies were written for facility reported incidents 953898, 957781, 958393, 960479, 962764, 963702, 963989, and 965381.	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction contained is prepared and/or executed solely because it is required by the provisions of health and safety code, the State of California, and CMS. CA DEPT OF PUBLIC HEALTH CHCQ Field Operations North Division- Chico Received Date: 6/25/25 Compliance Date: 6/27/25 Approved Date: 6/27/25 Approved By: Yvonne Mulcahy, HFES	
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced	F 600	The facility recognizes the importance of maintaining an environment that is free from abuse and neglect. The facility will continue to maintain an environment that is free of abuse and neglect. The facility intervened immediately when the incident involving Resident 56 occurred. Resident 38, the aggressor in this incident, was transferred to a different level of care immediately after the incident. Resident 38 will not return to the facility.	June 27, 2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrato | (X6) DATE 6/24/25

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 600	Continued From page 1 by: Based on interview, and record review, the facility failed to ensure that one of 25 sampled Residents (Resident 56) was protected from verbal and physical abuse when Resident 38 yelled at Resident 56 calling him names and hit Resident 56 with a closed fist to his head, then continued to chase Resident 56 down the hall until staff could intervene. This failure resulted in increased anxiety, and the potential to result in emotional stress, anger, depression, feelings of neglect, and the potential for negative clinical outcomes for Resident 56. Findings: A review of the facility's policy revised 10/2024, titled, "Client Abuse Prevention," indicated this facility will take all appropriate preventative measures to ensure that clients are not at risk for abuse. All Clients will be afforded the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, mistreatment, and misappropriation of client property. During a review of Resident 38's medical record, the "Admisison Record," indicated Resident 38 was admitted to the facility on 7/17/24 with diagnoses that included schizophrenia unspecified (a serious brain injury that affects how a person thinks, feels and behaves which may include false beliefs), psychoactive substance abuse (uncontrolled use of drugs or other substances that affect how the brain works including mood, thoughts, and behaviors), and visual hallucinations (seeing things that are not really there).	F 600	The facility initiated a Care Plan 5/24/25 to monitor Resident 56 for "feelings of being unsafe through the next review date". Interventions attached to the Care Plan included "Encourage Resident 56 to inform staff if he is feeling unsafe , "Provide Resident 56 with 1:1 contacts as needed for emotional support", and "Support Resident 56 with pro-social outlets to encourage feelings of safety in the milieu". Resident 56 was placed on routine monitoring immediately after the incident, with frequent Progress Notes reflecting his comfort, levels of anxiety, and safety. 5/254/25 0239 – "Resident was counseled on staying safe and letting us know if he is being bothered" 5/24/2025 0557 – Nurse Note "Resident has not shown any s/s of emotional distress". 5/24/2025 0851 – Alert Note "Resident denies any pain or discomfort". 5/24/2025 1302 – Nurses Note "No complaints of pain or discomfort". 5/24/2025 1428 – Welfare Check "No noted issues this shift. No statements of feeling unsafe". 5/24/2025 1514 – Program Note "Resident stated he is feeling fine…The writer encouraged Resident to seek staff if he felt unsafe". 5/24/2025 1538 - Welfare Check "Feeling fine, a little better". Asked I he has and concerns about safety, stated "No I think it was a one off, he even apologized to me". 5/24/2025 - Welfare Check "had an okay day" and felt safe in the facility. 5/24/2025 2209 - Welfare Check "I am doing good and feel safe here".	

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F 600	Continued From page 2 A review of the most recent Minimum Data Set, (MDS, a resident assessment tool) dated 4/14/25, indicated that Resident 38 had a Brief Interview for Mental Status, (BIMS) score of 15 out of 15 and was cognitively intact (able to think and reason). During a record review for Resident 38, a document dated 5/23/25, titled, "Progress Notes," indicated, "Staff was alerted to the dining room at 8:00 pm due to an altercation between a peer and [Resident 56]. The peer [Resident 38] was yelling at [Resident 56] stating "you are a rapist, a pedophile", then jumped out of his chair and starting punching [Resident 56]. [Resident 56] got up and tried to run away but [Resident 38] proceeded to run after [Resident 56] down the hallway. Staff intervened and separated the two clients." During a review of Resident 56's medical record, the "Admisison Record," indicated Resident 56 was admitted to the facility on 3/11/25 with diagnoses that included schizoaffective disorder, bi-polar type (hallucinations and delusions, and extreme mood swings between mania and depression; a mix of psychosis and mood instability), myopia (near sightedness, objects far away appear blurry) and self-reported anxiety (feeling of worry, nervousness or unease). A review of the most recent MDS dated 3/16/25, indicated that Resident 56 had a BIMS score of 15 out of 15 and was cognitively intact. During a record review for Resident 56, a document dated 5/24/25, titled, "Progress Notes," indicated, "Spoke with [Resident 56] regarding an	F 600	5/25/2025 1356 - Nurses Note "Compliant with neuro checks...no c/o pain or discomfort and this time". 5/25/2025 1528 – Nurses Note "stated they felt safe at this time". 5/25/2025 2145 – asked is he is okay "Yes, I am happy here. I feel good. I am okay". 5/26/2025 0618 – Welfare Check "Client has not made any statements of distress or feeling unsafe". 5/26/2025 1407 – Welfare Check "No noted issues or statements of feeling unsafe". 5/27/2025 0939 – IDT Note "Did not wish to discuss the incident further...Did not report feeling unsafe through the weekend...Did not express any s/s of distress...will be discontinued from welfare checks due to not expressing feeling unsafe". 5/28/2025 1722 – IDT Note "Ombudsman met with Resident 58...Resident denied feeling unsafe and had no concerns at the time of the interview". Facility will continue to provide Elder and Dependent Adult Abuse education as part of the new hire orientation for newly hired staff. Facility will continue to provide Elder and Dependent Adult Abuse in-service education to staff through the year as part of the facility's annual educational calendar. Facility DSD began providing in-services to staff 6/4/2025 , including guidelines and expectations of maintaining a facility free of abuse and neglect. As part of the facility admission process, the Admission Coordinator will screen for resident's with a history of abuse or assaultive behavior towards others.	

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F 600	Continued From page 3 altercation between him and another resident. [Resident 56] stated he was feeling fine, but his head felt tender." During an interview on 6/2/25 at 10:15 am, Resident 56 stated, "I have anxiety. I remember the incident. It happened in the dining room, [Resident 36] even hit a staff member the next day. To be honest I blacked out for most of it, I was upset. I tried to block it out." Resident 56 demonstrated where he was hit, leaned head over and pointed to the top back part of his head. Resident 56 stated, "The staff continued to check on me. I feel safe for the most part, if the man who hit me never comes back, I did not do anything to cause it. I have mental illness." During a concurrent interview and record review on 6/3/25 at 10:03 am, the Director of Nursing (DON) confirmed Resident 56 was hit by Resident 38 on 5/23/25, and was placed on every 15 minutes neurological checks (monitoring alertness) and for mental well-being, while they were trying to find placement for Resident 38. DON stated, "[Resident 56] does have anxiety, and [Resident 38] no longer lives here, he was moved to a higher level of care."	F 600	Further issues regarding Resident Abuse will be received during the QA process and brought QAPI Committee for review at least quarterly, or more frequently if an issue is identified. The Administrator, Director of Nursing, DSD, Medical Director, department heads, leadership team, nursing staff, and all departments shall be responsible to monitor for ongoing compliance.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State	F 812	The facility recognizes the importance of storing, labeling, and dating food products in accordance with professional standards. The facility shall continue to store, label, and date food products in accordance with professional standards.	June 27, 2025

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F 812	Continued From page 4 and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to store food in accordance with professional standards when they failed to label and date food product bags after opening the bags for use. The open, unlabeled, and undated product bags contained frozen soy chicken patties, frozen fried eggs, and frozen soy beef patties. This failure had the potential for the food products to be used for meals in an untimely manner leading to bacterial or fungal growth resulting in food borne illnesses amongst residents. Findings: During a review of the facility's policy and procedure titled, "Labeling and Dating of Foods", dated 2020, indicated, "Newly opened food items will need to be closed and labeled with an open date and used by the date that follows guidelines ..." During a concurrent observation and interview on 6/1/25 at 2:30 pm, with Food Service Supervisor (FSS), in the kitchen at the second freezer, a	F 812	The facility's Food Service Supervisor will begin utilizing a freezer proof storage bag that works well with our permanent markers with no smearing. The Food Service Supervisor ordered for delivery Friday 6/13/2025. The facility will continue to utilize these to prevent labeling and dating issues in the freezer. Food Service Supervisor and facility's Registered Dietician have not seen any "smearing" or "smudging". The facility's RD will include labeling, storing, and dating of food products in the freezer in the monthly audit. Further issues regarding storing, labeling, dating of food products in accordance to professional standards will be received by the Food Service Supervisor or Registered Dietician during the QA process and brought QAPI Committee for review at least quarterly, or more frequently if an issue is identified. The Food Service Supervisor, Registered Dietician, dietary staff, and Administrator shall be responsible to monitor for ongoing compliance.	

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F 812	Continued From page 5 package of frozen fried eggs, a package of frozen soy chicken patties, and a package of frozen soy beef patties were observed open and unlabeled. FSS confirmed the bags were previously opened for use and no apparent label was present. FSS confirmed once product packaging is open for use the products are to be labeled with an open date.	F 812	This page purposefully left blank.	