California Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | CA230000247 | A. BUILDING: _____ B. WING _____ | 06/05/2025 |

| 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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| C 000 | Initial Comments<br><br>The following reflects the findings of the California Department of Public Health during a relicensing survey conducted 6/3/25 to 6/5/25.<br>Census: 91<br>Sample: 6 | C 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 on the page 1 through 5 is prepared and/or executed solely because it is required by the provisions of State of CA and Federal CMS regulations. | |
| C4910 | T22 DIV5 CH3 ART5-72535(b) Employees' Health Exam and Health Records<br><br>(b) The initial health examination and subsequent annual examination shall include a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA). A chest X-ray is indicated if the employee has previously had a positive tuberculosis test result or is currently being treated for tuberculosis. A positive tuberculosis test result shall be followed by a chest X-ray. Evidence of tuberculosis screening within 90 days prior to employment shall be considered as meeting the intent of this Section.<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the facility failed to provide evidence of the results of the Director of Nursing Services' (DNS) tuberculosis infection screening (TB - infectious disease that mainly affects the lungs) on the TB examination form.<br><br>This failure had the potential for the DNS, to expose patients, visitors, and other employees to TB.<br><br>Findings:<br><br>During a review of the DNS's personnel record | C4910 | DNS's personnel record was reviewed by DNS, Clinical Care Manager, Medical Director and Administrator 6/5/2025. The document was corrected and updated to reflect a negative TB result 6/7/2025.<br><br>The facility's Clinical Care Manager, DNS, Medical Director, and Administrator are responsible for the correction.<br><br>Results of TB screening, examinations, and completion of forms will be conducted by the Clinical Care Manager. The Facility QA Manager will perform quarterly audits of initial health exams and annual exams to monitor for ongoing compliance.<br><br>The DNS personnel file was corrected 6/7/2025.<br><br>Further issues regarding Employee Health Exams and/or Health Records will be brought to the QA/QAPI Committee for review at least quarterly, or with more frequency if an issue is identified. The Clinical Care Manager, DSD, DNS, Medical Director and Administrator shall be responsible to monitor for ongoing compliance.<br><br>CA DEPT OF PUBLIC HEALTH<br>CHCQ Field Operations North Division- Chico<br>Received Date: 6/25/25<br>Compliance Date: 6/27/25<br>Approved Date: 6/27/25<br>Approved By: Yvonne Mulcahy, RNCS | June 27, 2025 |

Licensing and Certification Division

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

Administrator | 6/24/25

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| C4910 | Continued From page 1<br>The DNS's most recent annual TB exam dated 12/6/24 did not have results indicating positive or negative for TB recorded on the document.<br><br>During a concurrent interview and record review with Human Resources (HR) on 6/4/25 at 2:32 PM, HR acknowledged that the DNS's most recent annual TB exam did not have results indicating positive or negative for TB recorded on the document. | C4910 | | |
| C5160 | T22 DIV5 CH3 ART5-72547(a)(5)(G) Content of Health Records<br><br>(a) A facility shall maintain for each patient a health record which shall include:<br><br>(5) Nurses' notes which shall be signed and dated. Nurses' notes shall include:<br><br>(G) Documentation of oxygen administration.<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure oxygen administration was documented on the Medication Administration Record (MAR - a record used by licensed nurses to document medications and treatments given to patients), failed to formally assess patients for the ability to self-administer oxygen safely, and failed to provide formal patient education about the self-administration of oxygen for two of six sampled patients (Patient 3 and Patient 5).<br><br>These failures resulted in an incomplete health record for Patient 3 and Patient 5 and could have | C5160 | The facility recognizes the importance of maintaining complete and accurate health records. The facility shall continue to maintain complete and accurate health records.<br><br>For Resident 3 and Resident 5, the oxygen administration was documented on MAR June 4, 2025, formal education regarding self-administration of oxygen was completed June 4, 2025 by Clinical Nurse, and assessments will be performed by Clinical Nurse Supervisor by July 15, 2025.<br><br>The DNS, Clinical Care Manager, Director of Staff Development, LN Shift Supervisors, Medical Records Supervisor, and Nursing staff shall be responsible for the correction.<br><br>Newly admitted patients with supplemental oxygen orders will have a self-administration evaluation assessment completed upon admission. Education on self-administration of supplemental oxygen will be provided upon admission. | June 27, 2025 |

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| C5160 | Continued From page 2<br><br>resulted in incorrect oxygen use by Patients 3 and 5, without the staff's knowledge.<br><br>Findings:<br><br>During a review of the facility's policy titled, "Medication Administration" dated 4/2024, the policy indicated, "Clients are allowed to self-administer medications when specifically authorized by the attending physician, the IDT Team, and in accordance with procedures for self-administering medications."<br><br>During a review of the facility's policy titled, "HA10: Self-Administration of Medications" dated January 2018, the policy indicated, "A....an assessment is conducted by the interdisciplinary team of the resident's cognitive (including orientation to time), physical, and visual ability to care out this responsibility...", "...the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment conducted on a [quarterly] basis or when there is a significant change in condition", "The resident is instructed in the use of ...", and is "...asked to demonstrate...and verbalize the steps involved in administration."<br><br>Review of Patient 3's admission record indicated that Patient 3 was admitted to the facility on 4/23/17 with diagnoses including schizoaffective disorder.<br><br>Review of Patient 3's Quarterly Minimum Data Set (MDS a federally mandated assessment tool) dated 3/4/25, indicated that Patient 3 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating she was cognitively intact.<br><br>During a review of Patient 3's Physician's Orders | C5160 | Residents with supplemental oxygen orders will have a self-administration evaluation assessment completed at least quarterly by licensed staff.<br><br>Education on self-administration of supplemental oxygen will be provided at least quarterly, by licensed staff.<br><br>Further issues regarding the Content of Health Records and documentation of oxygen administration will be received during teh QA Process and brought to the QAPI Committee for review at least quarterly, or with more frequency if an issue is identified.<br>The Clinical Care Manager, DSD, DNS, Medical Director, Nurse Shift Supervisors, Nursing staff, Medical Records Supervisor, and Administrator shall be responsible to monitor for ongoing compliance. | |

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| C5160 | Continued From page 3<br><br>(written instructions from a doctor detailing specific treatments, medications, or tests for a patient) the Physician's Orders indicated that Patient 3 "May use Oxygen at 2 liters/min via nasal canula."<br><br>During a review of patient 3's MAR for March 2025, April 2025, and May 2025 the record indicated that licensed nursing staff had no place in Patient 3's MAR to document if they needed to administer oxygen to Patient 3.<br><br>Review of Patient 5's admission record indicated that Patient 5 was admitted to the facility on 11/4/24 with diagnoses including schizoaffective disorder.<br><br>Review of Patient 5's Quarterly MDS dated 4/29/25, indicated that Patient 5 had a BIMS score of 15 out of 15 indicating he was cognitively intact.<br><br>During a review of Patient 5's Physician's Orders, the Physician's Orders indicated that Patient 5 "May use Oxygen via NC (nasal canula) 2LPN (2 liters per minute)."<br><br>During a review of patient 5's MAR for April 2025, May 2025, and June 2025, the record indicated that licensed nursing staff had no place in Patient 5's MAR to document if they needed to administer oxygen to Patient 5.<br><br>During a concurrent interview and record review on 6/4/25 at 1:00 PM with the Director of Nursing Services (DNS), the DNS confirmed that neither Patient 3 nor Patient 5's MARs had anywhere for staff to document if oxygen was administered. The DNS indicated that both Patient 3 and Patient 5 were allowed to self-administer oxygen. The | C5160 | This page is purposefully left blank. | |

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| C5160 | Continued From page 4<br>DNS confirmed that the facility had not formally assessed for ability to self-administer oxygen and safety of oxygen self-administration by Patient 3 or Patient 5 and failed to provide formal patient education about self-administration of oxygen to either Patient 3 or Patient 5. | C5160 | This page is purposefully left blank. | |