

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

PRINTED: 09/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR REDDING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2490 COURT STREET</b> <b>REDDING, CA 96001</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of one entity-reported incident:  Entity-reported incident: 795921  Representing the Department:  HFEN # 41715  The inspection was limited to the specific entity-reported incident  investigated and does not represent the findings of a full inspection of the facility.  A deficiency was issued for facility reported incident 795921 at F600.	F 000	See attached POC		
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;	F 600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Donna*

Don / Admin

9-13-22

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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect one of four residents (Resident 1) from verbal abuse when Activities Coordinator (AC) 1 moved Resident 1's wheelchair from her usual sitting area without explanation and then threatened to take her smoking privilege away. This resulted in Resident 1 fearing retaliation by AC1 by not being allowed to smoke.</p> <p>Findings</p> <p>In an interview on 8/16/22 at 11:25 am, Director of Nursing (DON) stated that Assistant Activities Coordinator (AAC) 2 reported to her that she witnessed and heard AC1 rudely telling Resident 1 that she could not sit in her usual spot in the smoking area and threatened that her smoking privileges would be taken away if she did not comply.</p> <p>In an interview on 8/16/22 at 11:28 am, Resident 1 stated that AC1 "didn ' t want me to sit in my wheelchair where I was and told me to move. She didn ' t hurt me. I think she just didn ' t like smokers."</p> <p>In an interview on 8/16/22 at 11:30 am, AAC2 confirmed that she witnessed the incident and described that Resident 1 was sitting where she always sits in the smoking area, and AC1 moved Resident 1 from the spot she was sitting in. When Resident 1 indicated she did not want to be moved, AC1 replied, "Not today," and told her her smoking was "a privilege not a right." AAC2 added that during a care conference that Resident 1's family member stated that AC1 had "personal issues" that caused her to be "mean" to</p>	F 600			

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F 600	<p>Continued From page 2</p> <p>residents. AAC2 stated that smoking in long term care facilities is a right, not a privilege. AAC2 stated that she reported it to the DON.</p> <p>In an interview on 8/16/22 at 11:40 am, Resident 2 stated that AC1 was "nasty."</p> <p>In an interview on 8/16/22 at 12:00 pm, Office Manager (OM)1 stated that she overheard AC1 in the hallway talking to a resident using a harsh tone of voice and added that she stepped out and asked her to use a nicer tone.</p> <p>In an interview and concurrent record review on 9/1/22 at 10:46 am, the DON provided the facility's abuse policy titled, "Abuse-Prevention, Screening and Training Program," Version 2.0 revised July 2018.</p> <p>Review of the policy indicated that its purpose was "To address the health, safety, welfare, dignity, and respect of residents by preventing abuse ...freedom from corporeal punishment," and "involuntary seclusion." The record further indicated, "The facility does not condone any form of resident abuse, neglect ...and/or mistreatment ..." Abuse was defined within the policy as the "willful, deliberate infliction of injury, unreasonable confinement, involuntary seclusion, physical or chemical restraint not required to treat symptoms and/or imposed for the purposes of discipline or convenience, intimidation, exploitation," and includes "verbal abuse," "physical abuse," and "mental abuse," among others. "Verbal abuse" was defined by the policy as "any use of oral, written, gestured communication, or sounds that willfully include disparaging and derogatory terms directed to residents within their hearing distance, regardless of age, ability to comprehend, or</p>	F 600			

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F 600	Continued From page 3 disability." Mental abuse, emotional abuse, and psychological abuse were defined as verbal or nonverbal conduct that causes "humiliation, intimidation, fear, shame, agitation, or degradation."  The DON confirmed that AC1 's actions constituted verbal abuse because the remarks made by AC1 were "disparaging," particularly by ordering Resident 1 from her usual spot and threatening her.	F 600			

#### F-600

Preparation, submission, and implementation of the Plan of Correction (POC) does not constitute an admission of or agreement with the facts and conclusion set forth on the survey report. The Plan of Correction is prepared and executed as a means to continuously improve the quality

#### Corrective Action

AC-1 is no longer employed at the facility. She was immediately suspended pending investigation and employment terminated after the investigation. The resident involved has required no changes to her routine of smoking or required any additional medication or counseling related to the event.

#### Identification of Others

All other residents have the potential to be identified as all residents interact with activities. No incident of verbal or any other type of abuse has been reported since this incident.

#### Systemic Changes

All staff were in-service on abuse on 08/25/2022. All new employees receive abuse training as part of their new hire orientation.

An additional make up in-service on abuse for anyone absent or unable to attend the previous one will be held no later than 09/20/2022

The DSD, DON/ADON or Charge nurses will monitor all residents after activities for one week to observe interaction of staff with residents. Smoking area to be observed as well once a day for one week then once a week thereafter by either the DSD, DON/ADON or charge nurse

Date Compliance 09/20/2022

# Reporting Abuse

## Operational Manual – Abuse & Neglect

### Purpose

To ensure compliance with federal and state laws and regulations regarding reporting of incidents and suspected incidents of abuse, neglect and mistreatment of residents.

### Policy

- I. The Facility will ensure that the resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.
- II. For definitions of terms in the policy, please refer to AN – 04 – Form A – Definitions.

### Procedure

#### I. Mandatory Reporters

##### A. Facility Staff as Mandatory Reporters

- i. Facility owners, operators, employees, managers, agents, and contractors are obligated by the Elder Justice Act and the California Elder Abuse and Dependent Adult Civil Protection Act to report known or suspected instances of abuse of elder or dependent adults.
- ii. The Facility will not impede or inhibit a Facility Staff member's reporting duties, nor will Facility Staff be reprimanded or disciplined for reporting abuse.
- iii. The Facility has a strict non-retaliation policy for good faith reporting in compliance with the Elder Justice Act and the Elder Abuse and Dependent Adult Civil Protection Act.
- iv. Upon an allegation of abuse by a Facility Staff member, the Facility Staff member will be suspended and removed from the premises.
- v. If the allegation is regarding a resident-resident altercation, the residents will be separated immediately, pending the investigation.

##### B. Administrator, or his/her designee, as Abuse Coordinator

- i. In order to facilitate reporting, ensure confidentiality, and promote order at the Facility, the Administrator, or his/her designee, of the Facility shall be the individual who reports known or suspected instances of abuse of residents at the Facility to the proper authorities.
- ii. Facility Staff will report known or suspected instances of abuse to the Administrator, or his/her designee.
- iii. Facility Staff members shall be notified that the Administrator, or his/her designee, has this responsibility, and that inquiries concerning resident abuse and reporting requirements should be referred to the Administrator, or his/her designee.

#### II. Responding to an Allegation

- A. Upon an allegation of abuse by a Facility Staff member, the Facility Staff member will be suspended and removed from the premises during the investigation.
- B. If the allegation is regarding a resident-resident altercation, the residents will be separated immediately, pending the investigation.

#### III. Reporting Requirements

- A. The Facility will report known or suspected instances of physical abuse to the proper authorities by telephone or through a confidential internet reporting tool as required by

# Reporting Abuse

## Operational Manual – Abuse & Neglect

state and federal regulations.

- i. If the reportable event results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately and no later than two (2) hours of the observation, knowledge or suspicion of the physical abuse. In addition, a written report shall be made to the local Ombudsman, the California Department of Public Health, and the local law enforcement agency within two (2) hours of the observation, knowledge, or suspicion of the physical abuse.
  - ii. If the reportable event does not result in serious bodily injury, the Administrator, or his/her designee, will make a telephone report to the local law enforcement agency within twenty-four (24) hours of the observation, knowledge, or suspicion of the physical abuse. In addition, a written report shall be made to the local Ombudsman, the California Department of Public Health, and the local law enforcement agency within twenty-four (24) hours of the observation, knowledge, or suspicion of the physical abuse.
- B. If the suspected abuse is allegedly caused by a resident who has been diagnosed with dementia, and a Licensed Nurse reasonably determines that there is no serious bodily injury, the Administrator, or his/her designee, shall report to the local Ombudsman or law enforcement agency by telephone as soon as practically possible, and file a written report within twenty-four (24) hours of the observation, knowledge, or suspicion of the abuse.
- C. If the reportable event relates to an incident other than physical abuse, including emotional or psychological abuse, neglect, abandonment, or financial abuse, that occurred at the Facility, a telephone report and a written report will be made to the local Ombudsman or to the local law enforcement agency within twenty-four hours.
- D. If a resident experienced or alleges an instance of abuse at a location other than the Facility, the Administrator, or his/her designee, shall report the instance of abuse to Adult Protective Services agency or the local law enforcement agency.
- E. Failure to file a report within the required time frames may result in disciplinary action, up to and including termination.
- F. Facility Staff may use AN – 04 – Form B – California Abuse Reporting Requirements as a reference for abuse reporting.

#### IV. Content of Report

- A. A telephone or internet report of known or suspected instance of elder or dependent adult abuse shall include the following information, if known:
- i. The name of the person making the report;
  - ii. The name and age of the resident;
  - iii. The present location of the resident;
  - iv. The names and addresses of the resident's responsible party, family members, or any other adult responsible for the resident's care;
  - v. The nature and extent of the resident's condition;
  - vi. The date of the incident; and
  - vii. Any other information, including information that led that person to suspect elder or dependent adult abuse.

#### V. Submission of Report

- A. If multiple staff members become aware of the same incident, Facility Staff may choose to submit individual reports or submit a joint report containing each staff member's name and information about the suspected abuse from each staff person.
- i. In no way will a single or multiple person report prevent an individual from

# Reporting Abuse

## Operational Manual – Abuse & Neglect

reporting separately.

- B. After a report is made regarding a particular incident, the original report may be supplemented by reports from additional staff members that become aware of the same incident.
  - i. The supplemental information may be added to the report, and shall include the name of the additional staff along with the date and time of their awareness of the incident.

### VI. Notice to Facility Staff

- A. The Facility will post a notice that informs Facility Staff of their reporting obligation and their right to file a complaint with the Department of Public Health if they feel that the Facility has retaliated against them for making the report. (See AN – 04 – Form C – Elder Justice Act – Notice.)
  - i. The Notice will be posted in the same area that the Facility posts other required employee notices, such as wage/hour and OSHA posters.
  - ii. Size and type requirements for the are as follows:
    - a. The writing in red will be that of a size 48 font, with the rest being a size 14 font.
    - b. The size of the paper for the posting will be that of legal size paper measuring 8 ½" by 14."
- B. Facility Staff members will annually receive a notice of their obligation to comply with the law and the Facility's policies and procedures.
  - i. New hires will receive a notice of their obligation to comply with the law and will receive training on this policy as part of their orientation at the Facility.

### VII. Investigation Results

- A. The Administrator, or his or her designee, shall provide the appropriate agencies or individuals with a written report of the findings of the investigation within five (5) working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken and documented.
- B. Appropriate professional and licensing boards will be notified when a Facility Staff member is found to have committed abuse, neglect or mistreatment of residents.
- C. The Facility shall retain documentation relating to the Facility Staff member's involvement with the incident in the Facility Staff member's personnel record, according to regulations.

### References

#### Sources:

42 U.S.C. § 1320b-25. 42 C.F.R. §§ 483.13(b), 483.13(c). CAL. HEALTH & SAFETY CODE § 1418.91. CAL. WELF. & INST. CODE §§ 15610.07, 15610.63, 15630, 15631.

#### Forms:

AN – 04 – Form A – Definitions  
AN – 04 – Form B – California Abuse Reporting Requirements  
AN – 04 – Form C – Elder Justice Act Notice  
AN – 04 – Form D – California Report of Suspected Dependent/Elder Abuse

#### Employees:

Facility Staff

Version No. 4.0

Date Revised: January 08, 2014



# In-Service/Meeting Sign-In Sheet

Date:

08/25/2022

Time: 1400 #AM staff

Title:

Abuse - Reporting Abuse - Mandated Reporter

Instructor(s):

Justine Long Lunsford

Target Audience

(check all that apply):

☒ All Staff

☐ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other:

Teaching Method:


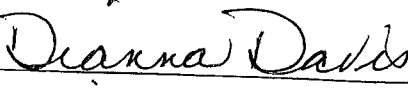
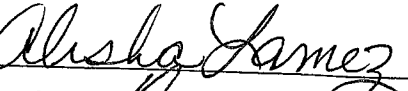
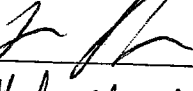

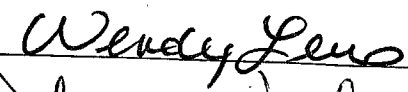

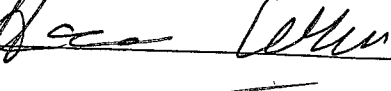



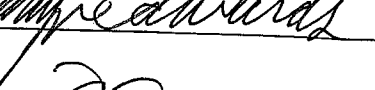


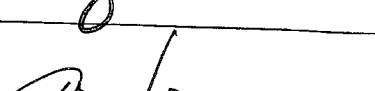
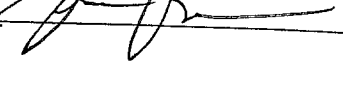
(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☐ Q&A

Printed Name	Signature	Title and Department	Shift
1. Kristopher Cornelio		Housekeeping	Am
2. Dianna Davis		Admin	AM
3. Alisha Lamez		Activities	AM
4. Heather Pierce		FSA/CNA	Am
5. Gabriella Cotton		Laundry	AM/PM
6. WENDY LEWIS		MED	DAY
7. Tina Wood		OWIA	Am
8. Heidi Whipple		HSK	Am
9. kyle truller		Hck	Am
10. Patrick Rich		Maintenance	Am
11. Morgan Amstead		Maintenance	Am
12. Kathryn Edwards		ADON	AM
13. Julianna Olmstead		SSA	Am
14. Christine Ford		SSD	am
15. Stephanie Dunn		Cm/mms	Am
16. Toni Freitas		Marketing	Am

17.	Gary Younger <i>Gry Younger</i>	Admissions	AM
18.	Jenny Holt <i>JH</i>	Bell	AM
19.	Tiffany Chamberlain <i>TC</i>	Central	AM
20.	Tessie Paepeneers <i>Tessie Paepeneers</i>	CNA	AM
21.	Imelda Herriott <i>Imelda Herriott</i>	LLN	PM
22.	Priscilla Steveden <i>Priscilla Steveden</i>	CNA	AM
23.	Chris Allen <i>CA</i>	House Keef.	AM
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