STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 an abbreviated standard survey for one complaint and one entity reported incident.

Complaint number: 497485
Entity Reported Incident: 498307

The inspection was limited to the specific complaint and entity reported incident investigated and does not represent the findings of a full inspection of the facility.

Representing the Department of Public Health: 29391, HFEN

Four federal deficiencies were written for complaint number 497485 at F157, F247, F279 and 514.

No deficiency was issued for entity reported incident 498307.

F 157 SS=D NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) CFR(s): 483.10(b)(11)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment

F 000

"Preparation, submission 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 in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law."

Signature

This Plan of Correction constitutes the facility's credible allegation of compliance.

F-157 NOTIFY OF CHANGES(INJURY/DECLINE/ROOM ECT.)

F 157

How Corrective Action will be accomplished for residents affected:

Resident 1 no longer resides at the facility.

Identification of Residents with the Potential to be affected:

All residents who had a room change or roommate change had the potential to be affected.

29391
(Revised Per A.B.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/7/18

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 157 Continued From page 1

significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, for one of three sampled residents, the facility failed to promptly notify the resident's interested family member or responsible party when a decision to change her room assignment was made (Resident 1).

This failure had the potential for the rights of the residents, interested family members, and responsible parties to be denied as well as avoidable distress of all parties involved.

Findings:

A facility policy titled, "Room or Roommate Change," dated 12/1/13, was reviewed and read.

F 157 **Measures to Prevent Recurrence:**

Social Services Director was educated by the Administrator on 1/22/2018 regarding the facility policy titled, "Room or Roommate Change," and will follow this policy effective 1/22/2018 for all residents who require a room change and/or roommate change.

Monitoring Corrective Action and Responsibility:

Medical Records will audit all room changes for proper notification and report findings to stand up daily.

Social Services Director will report findings to QA for 6 months for further intervention and follow up as necessary.

Date of compliance: 1/29/18

F-247 RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE

How Corrective Action will be accomplished for residents affected:

Resident 1 no longer resides at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1. PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2. MULTIPLE CONSTRUCTION	X3. DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 157 Continued From page 2

"Purpose to ensure that a resident is able to exercise their right to change rooms or roommates ... Prior to changing room or roommate assignment, the resident, the resident's representative (if available), the resident's new roommate and the resident's current roommate will be given timely advanced notice of such change .... Information regarding room transfers will be documented in the resident's medical record ...."

Resident 1's record was reviewed. Resident 1 was admitted to the facility on 11/11/15 with diagnoses that included diabetes and Parkinson's Disease (a nervous system disease with symptoms including tremors, muscle rigidity/stiffness, muscle weakness, pain, and eventual mobility problems and difficulty in completing activities of daily living). Resident 1's record also read that she was considered legally blind in both eyes.

Resident 1's "Admission Record", dated 11/11/15 was reviewed and identified that a family member was her Responsible Party (RP) for health care decisions. Her last Minimum Data Set (MDS, a resident assessment tool), dated 5/15/16, identified that she had some mild memory loss, unable to walk, and required moderate to extensive assist with hygiene.

A nurse's progress note, dated 7/29/16 at 6:10 pm, when Resident 1 returned back to her original room, was reviewed and read "Resident moved rooms, she is ok with the room, getting along with roommate, no complaints at this time."

An Interdisciplinary Team (IDT) note, dated 8/2/16 at 8:59 am, was reviewed and read, "IDT review

F 157

Identification of Residents with the Potential to be affected:

All residents who had a room or roommate change had the potential to be affected.

Measures to Prevent Recurrence:

Social Services Director was educated by the Administrator on 1/22/2018 regarding the facility policy titled, "Room or Roommate Change," and will follow this policy effective 1/22/2018 for all residents who require a room change and/or roommate change.

Monitoring Corrective Action and Responsibility:

Medical Records will audit all room changes for proper notification and report findings to stand up daily.

Social Services Director will monitor findings through QA for 6 months for further intervention and follow up as necessary.

Date of compliance: 1/29/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1: PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2: MULTIPLE CONSTRUCTION	X3: DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

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 157 Continued From page 3

of room changes. Resident moved back to Room 22 per her request. On Monday 7-25 resident was moved to Room 11 C per her request to move due to issues with roommate ..."

During an interview on 8/10/16 at 4 pm, Resident 1's Family Member (FM) A stated that Resident 1 was moved to a new room, without facility notification or consent from either Resident 1 or her Responsible Party (RP). FM A stated that when she visited Resident 1 on 7/27/16 she had learned that Resident 1 was moved into a new room. FM A stated that she contacted Resident 1's RP on 7/27/16 who stated he was unaware that Resident 1 had been moved.

During an interview on 8/11/16 at 8:30 am, the Director of Nursing (DON) stated Resident 1's RP was not notified on the day of the original room change and a few days later she had moved Resident 1 back into her original room due to FM A's complaints.

During an interview and observation with Resident 1 on 8/11/16 at 11:15 am, Resident 1 was observed back in her original room that she had been moved out of on 7/25/16. Resident 1 stated that she had not "given permission" for staff to move her and her belongings on the first move 7/25/16, that she felt that her roommate should have moved due to their conflict.

During an interview on 8/11/16 at 11:40 am, DON acknowledged that no care planning or monitoring was made related to the room changes and that when the decision to move Resident 1 was actually made that no contact was made with her RP. DON stated that the facility did not follow it's policy on room changes

F 157

F-279 DEVELOP COMPREHENSIVE CARE PLANS

How Corrective Action will be accomplished for residents affected:

Resident 1 no longer resides at the facility.

Identification of Residents with the Potential to be affected:

All residents who had a room change or roommate change had the potential to be affected.

Measures to Prevent Recurrence:

IDT members and social services were educated by the Administrator on 1/22/2018 regarding creating comprehensive care plans specifically to room changes and or roommate changes.

Monitoring Corrective Action and Responsibility:

Medical Records will audit all room changes for comprehensive care plans and report findings to stand up daily.

DON/Designee will monitor findings through QA for 6 months for further follow up and intervention as necessary.

Date of compliance: 1/29/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1. PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2. MULTIPLE CONSTRUCTION	X3. DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

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 157 Continued From page 4

when no progress notes or care plans were developed.

During an interview, on 8/11/16 at 2 pm, Resident 1's RP, stated that he was angry about Resident 1's move and that the facility did not notify him when the facility decided to move her. RP stated that Resident 1 did not understand why she was being moved.

F 247 SS=D RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE
CFR(s): 483.15(e)(2)

A resident has the right to receive notice before the resident's room or roommate in the facility is changed.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, for one of three sampled residents, the facility failed to properly notify the resident when a decision to change her room assignment was made (Resident 1).

This failure had the potential to cause residents avoidable psychological distress.

Findings:

A facility provided policy "Room or Roommate Change," dated 12/1/13, was reviewed and read "Purpose to ensure that a resident is able to exercise their right to change rooms or roommates .... Prior to changing room or roommate assignment, the resident, the resident's representative (if available), the

F 157

F-514 RECORDS COMPLETE/ACCURATE/ACCESSIBLE

How Corrective Action will be accomplished for residents affected:

Resident 1 no longer resides at the facility.

F 247

Identification of Residents with the Potential to be affected:

All residents who had a room change or roommate change had the potential to be affected.

Measures to Prevent Recurrence:

Licensed Nursing Staff were educated by the DON/Designee on 1/22/2018 regarding appropriately documenting conflicts between room mates when they occur including but not limited to when they lead to a room change.

Monitoring Corrective Action and Responsibility:

Medical Records will audit all room changes for documentation of conflicts between room mates if they occurred and report findings daily in stand up.

DON/Designee will monitor through QA for 6 months for further follow up and intervention as necessary.

Date of compliance: 1/29/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 247	Continued From page 5	F 247		

resident's new roommate and the resident's current roommate will be given timely advanced notice of such change .... Information regarding room transfers will be documented in the resident's medical record ...."

Resident 1's record was reviewed. Resident 1 was admitted to the facility on 11/11/15 with diagnoses that included diabetes, and Parkinson's Disease (a nervous system disease with symptoms including tremors, muscle rigidity/stiffness, muscle weakness, pain, and eventual mobility problems and difficulty in completing activities of daily living). Resident 1's record also read that she was considered legally blind in both eyes.

Resident 1's "Admission Record", dated 11/11/15, was reviewed and identified that her family member was her Responsible Party (RP) for health care decisions. Her last Minimum Data Set (MDS, a resident assessment tool), dated 5/15/16, identified that she had some mild memory loss, unable to walk, and required moderate to extensive assist with hygiene.

A nurse's progress note, dated 7/29/16 at 6:10 pm, when Resident 1 returned back to her original room, was reviewed and read, "Resident moved rooms, she is ok with the room, getting along with roommate, no complaints at this time."

An Interdisciplinary Team (IDT) note, dated 8/2/16 at 8:59 am, was reviewed and read, "IDT review of room changes: Resident moved back to Room 22 per her request. On Monday 7-25 resident was moved to Room 11 C per her request to move due to issues with roommate ...."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 247	Continued From page 6 During an interview, on 8/10/16 at 4 pm, Resident 1's family member (FM) A stated that Resident 1 was moved to a new room without facility notification or consent from either Resident 1 or her Responsible Party (RP). During an interview and observation with Resident 1, on 8/11/16 at 11:15 am, Resident 1 was observed back in her original room that she had been moved out of on 7/25/16. Resident 1 stated that she had not "given permission" for staff to move her and her belongings on the first move 7/25/16. During an interview, on 8/11/16 at 11:40 am, DON acknowledged that the facility had not documentation in Resident 1's record related to the meeting with Resident 1 and her RP that had occurred on 7/22/16, or her move on 7/25/16. DON acknowledged that when the decision to move Resident 1 was actually made that no contact was made with her RP. DON stated that the facility did not follow it's policy on room changes.	F 247		
F 279 SS=D	DEVELOP COMPREHENSIVE CARE PLANS CFR(s): 483.20(d), 483.20(k)(1) A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 279	Continued From page 7	F 279		

to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, for two of three sampled residents, the facility failed to develop psychosocial care plans for addressing difficulties between roommates. (Residents 1 and 2).

This failure had the potential that residents' psychosocial needs may be neglected.

Findings:

A facility policy, "Room or Roommate Change," dated 12/1/13, was reviewed and read, "Purpose to ensure that a resident is able to exercise their right to change rooms or roommates .... .Prior to changing room or roommate assignment, the resident, the resident's representative (if available), the resident's new roommate and the resident's current roommate will be given timely advanced notice of such change .... Information regarding room transfers will be documented in the resident's medical record ...."

Resident 1's record was reviewed. Resident 1 was admitted to the facility on 11/11/15 with diagnoses that included diabetes, and Parkinson's Disease (a nervous system disease

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 279	Continued From page 8	F 279		

with symptoms including tremors, muscle rigidity/stiffness, muscle weakness, pain, and eventual mobility problems and difficulty in completing activities of daily living). Resident 1's record also read that she was considered legally blind in both eyes.

Resident 1 "Admission Record", dated 11/11/15, was reviewed and identified that her family member was her Responsible Party (RP) for health care decisions. Her last Minimum Data Set (MDS, a resident assessment tool), dated 5/15/16, identified that she had some mild memory loss, unable to walk, and required moderate to extensive assist with hygiene.

An Interdisciplinary Team (IDT) note, dated 8/2/16 at 8:59 am, was reviewed and read "IDT review of room changes: Resident moved back to room 22 per her request. On Monday 7-25 resident was moved to room 11 C per her request to move due to issues with roommate ...."

Resident 2's record was reviewed. Resident 2 was admitted to the facility 8/22/15 with diagnoses that included metabolic encephalopathy (abnormalities of the water, electrolytes, vitamins, and other chemicals that adversely affect brain function), anxiety, and depression. Resident 2's care plans identified that she had thinking and memory (cognitive) problems with communication, and had a goal to stop taking things from other residents.

During an interview on 8/11/16 at 8:30 am, the Director of Nursing (DON) stated that she was aware of a previous roommate incompatibility complaint made from Resident 1's RP. She stated the RP's complaint alleged there was an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 279	Continued From page 9 ongoing conflict between Resident 1 and her prior roommate (Resident 2) over the window shades being open and AC unit being on. During an interview, on 8/11/16 at 11:40 am, DON acknowledged that the facility had no documentation in Resident 1's record related to the meeting with Resident 1 and her RP that had occurred on 7/22/16. Also no documentation of the roommate conflict was made in either Resident 1's or Resident 2's record. DON stated that the facility did not follow it's policy when no progress notes or care plans were developed related to the residents' conflicts.	F 279		
F 514 SS=D	RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE CFR(s): 483.75(l)(1) The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, for two of three sampled residents, the facility failed to document ongoing allegations of	F 514		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 514	Continued From page 10	F 514		

problems between roommates (Residents' 1 and 2).

This failure had the potential that the medical record did not accurately reflect the status of residents and their care needs.

Findings:

1. Resident 1's record was reviewed. Resident 1 was admitted to the facility on 11/11/15 with diagnoses that included diabetes, and Parkinson's Disease (a nervous system disease with symptoms including tremors, muscle rigidity/stiffness, muscle weakness, pain, and eventual mobility problems and difficulty in completing activities of daily living). Resident 1's record also read that she was considered legally blind in both eyes.

Resident 1 "Admission Record" dated 11/11/15 was reviewed and identified that her family member was her Responsible Party (RP) for health care decisions. Her last Minimum Data Set (MDS, a resident assessment tool), dated 5/15/16, identified that she had some mild memory loss, unable to walk, and required moderate to extensive assist with hygiene.

An Interdisciplinary Team (IDT) note, dated 8/2/16 at 8:59 am, read "On Monday 7-25 resident was moved to Room 11 C per her request to move due to issues with roommate ...."

2. Resident 2's record was reviewed. Resident 2 was admitted to the facility 8/22/15 with diagnoses that included metabolic encephalopathy (abnormalities of the water, electrolytes, vitamins, and other chemicals that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056258	A. BUILDING _____ B. WING _____	C 12/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR REDDING CARE CENTER	2490 COURT STREET REDDING, CA 96001

(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 514	Continued From page 11	F 514		

adversely affect brain function), anxiety, and depression. Resident 2's care plans identified that she had thinking and memory (cognitive) problems with communication, and had a goal to stop taking things from other residents.

During an interview on 8/11/16 at 8:30 am, the Director of Nursing (DON) stated that she was aware of a previous roommate incompatibility complaint made from Resident 1's RP. She stated the RP's complaint alleged there was an ongoing conflict between Resident 1 and her prior roommate over the window shades being open and AC unit being on.

During an interview and observation with Resident 1, on 8/11/16 at 11:15 am, Resident 1 was observed in her room. Resident 1 stated that she felt that her roommate should have moved due to their conflict.

During an interview, on 8/11/16 at 11:40 am, DON acknowledged that the facility had no documentation of the roommate conflict in either Resident 1's or Resident 2's records. DON acknowledged the missing documentation related to the roommate conflicts.