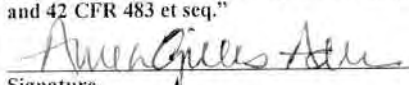


California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2011
NAME OF PROVIDER OR SUPPLIER WINDSOR REDDING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint: 273201 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 26842, HFEN A deficiency was issued for complaint 273201 at A164.	A 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 the conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq."  Signature A 164 T22 DIV 5 CH3 ART3 72311 (a)(1)(B) Nursing Service-General	
A 164	T22 DIV5 CH3 ART3-72311(a)(1)(B) Nursing Service--General (a) Nursing service shall include, but not be limited to, the following: (1) Planning of patient care, which shall include at least the following: (B) Development of an individual, written patient care plan which indicates the care to be given, the objectives to be accomplished and the professional discipline responsible for each element of care. Objectives shall be measurable and time-limited. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop an individual, written care plan which instructed the facility staff how to care for a patient (Patient 1) when Patient 1 did not have a care plan for her stated intolerance to odors and a care plan for behaviors/reactions to a new roommate. These failures could potentially result in a patient	A 164	<u>Corrective Action for Resident(s) Affected:</u> Resident 1 Care plan was updated to reflect her plan of care of "intolerance odors" and behaviors reaction to "new roommate". <u>Identification of Residents with the Potential to be Affected:</u> All residents have the potential to be affected by the issue alleged in the Statement of Deficiency. <u>Measures to Prevent Recurrence:</u> In-serviced for the licensed nursing will be conducted by July 25, 2011 by the Director of Nursing Services regarding documentation, initiating care plan and updating the resident care plan to reflect the plan of care for residents. <u>Monitoring Corrective Action and Responsibility:</u> The facility Quality Assessment & Assurance (QA&A) committee meets monthly to monitor compliance to ensure that the resident's care plan reflects his/her plans of care. This is done through completion and review of audits conducted by Medical Records/designee monthly. The QA&A committee will make recommendations for improvement as needed. The Director of Nursing Service is primarily responsible to ensure that residents Care reflect his/her plan of care. Compliance date: July 25, 2011	

Licensing and Certification Division

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

STATE FORM

6899

VZCT11

TITLE

(X6) DATE

If continuation sheet 1 of 3

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2011
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A 164	<p>Continued From page 1</p> <p>not receiving the appropriate interventions and medical treatment.</p> <p>Findings:</p> <p>Patient 1's record was reviewed on 6/22/11. Patient 1 was re-admitted to the facility on 4/25/11 with diagnoses that included kidney failure, morbid obesity, and stroke.</p> <p>On 6/22/11 at 2 pm, Patient 1 stated that a new roommate had moved into her room on 6/14/11. She stated that the nurse on 6/14/11 had applied a topical medication which had a strong odor, and that the "odor had caused my eyes to burn and caused difficulty in breathing." She also stated that she was "upset about having a roommate and I want to be alone."</p> <p>On 6/22/11 at 3:15 pm, Social Service (SS) A and License Nurse (LN) B stated that Patient 1 was upset about having a new roommate and had difficulties in the past with previous roommates. Both reported that Patient 1 had complained about multiple issues with her roommate. Social Service Staff A and LN B further stated that when Patient 1 complained on 6/15/11, of the odor from her roommates topical medication, an odorless medication was ordered and replaced the previous topical medication. LN B stated that Patient 1 had continued to report that she cannot tolerate odors of any kind.</p> <p>Patient 1's care plans did not instruct nursing staff how to care or manage for Patient 1's stated intolerance to odors or how to manage Patient 1's complaints and adjustment to having a new roommate.</p> <p>On 6/22/11 at 3:15 pm Social Service Staff A and</p>	A 164			

California Department of Public Health

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A 164	Continued From page 2 LN B acknowledged the above findings.	A 164			