STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555891	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Veterans Home of California - Redding	3400 Knighton Road Redding, CA 96002

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50669 Based on observation, interview and record review, the facility failed to implement the plan of care for two of 12 sampled residents (Resident 18 and Resident 25) when: 1. For Resident 18, the care plan intervention Call don't fall signs were not posted, and assistive devices were not within reach. 2. For Resident 25, the care plan intervention Call don't fall signs were not posted, and discontinued assistive devices with signage were present in room. These failures had the potential to result in subsequent falls and serious injuries for Residents 18 and 25. Findings: 1a. During a review of Resident 18's Face Sheet (demographics), the Face Sheet (demographics) indicated Resident 18 was admitted to the facility on [DATE], with diagnoses of left below the knee amputation, right transmetatarsal amputation (surgery to remove part of the foot) and has had frequent falls since admission. During a review of Resident 18's Quarterly MDS, dated [DATE], indicated Resident 18 was able to stand from a sitting position in a chair, wheelchair, or on the side of the bed, as well as transfer to and from a bed to a chair or wheelchair with assistance to set-up or clean-up. Review of Resident 18's BIMS score, indicated Resident 18's cognition was intact. During a review of Resident 18's Care Plan Weekly Summary, dated 4/20/24, Resident 18's Mobility plan of care included, left below knee amputee with prosthesis and able to self-propel manual wheelchair. During an observation on 4/24/24 at 11:02 a.m. in Resident 18's room, Resident 18 was lying in bed while Resident 18's wheelchair was observed across the room and the left prosthetic leg was observed in the bathroom, both not within reach. (continued on next page)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/24/24 at 11:04 a.m. with Quality Assurance Registered Nurse (QARN) in Resident 18's room, QARN stated, I do not know who put his prosthetic in the bathroom or the wheelchair across the room, but both need to be next to him. During an interview on 4/25/24 at 9:31 a.m. with Occupational Therapist (OT), OT stated, Resident is independent for donning and doffing of prosthetic and transfers. OT stated the prosthetic leg and wheelchair should be next to him. 1b. During a review of Resident 18's Fall Care Plan, dated 3/23/24, the Fall Care Plan indicated, Resident 18's interventions included displaying the Call don't fall signs. During an observation on 4/24/24 at 10:02 a.m., in Resident 18's room, there were no Call don't fall signs posted. During a concurrent observation and interview on 4/24/24 at 11:00 a.m., with Quality Assurance Registered Nurse (QARN) in Resident 18's room, QARN stated, I do not see any call don't fall signs posted, there should be three. 2a. During a review of Resident 25's Face Sheet (demographics), the Face Sheet indicated Resident 25 was admitted to the facility on [DATE], with diagnoses of Alzheimer's Disease (brain disorder that slowly destroys memory and thinking skills and the ability to carry out simple tasks) and other abnormalities of gait and mobility, and ataxic gait (impairment of the ability to coordinate the movements required for normal walking). During a review of Resident 25's Physical Therapy Evaluation, dated 2/13/24, the Physical Therapy Evaluation indicated, .Poor standing balance, fall risk . Gait: Unable . unsafe to ambulate . During a review of Resident 25's Significant Change Care Area Assessment (CAA), dated 3/4/24, the Significant Change CAA indicated, .Falls-CAAs triggered secondary to occasional falls with minor injuries . increased fall risk . for using four-wheel walker (FWW) . During observation on 4/24/24 at 10:22 a.m., in Resident 25's room, there was a sign posted, (Resident name) PLEASE USE YOUR WALKER and a walker was placed to the right side of the signage. During a concurrent interview and record review on 4/25/24 at 9:29 a.m., with Assistant Director of Nursing (ADON), Resident 25's Mobility Plan of Care, dated 4/9/24 was reviewed. The Mobility Plan of Care indicated, . Use of manual wheelchair . The ADON stated walker and signage should have been removed from Resident 25's room. During an interview on 4/25/24 at 9:34 a.m., with Physical Therapist II (PT II), PT II stated, He only uses wheelchair with one person assistance; the walker was discontinued. 2b. During an observation on 4/24/24 at 10:22 a.m., in Resident 25's room, there were no Call don't fall signs posted. During a review of Resident 25's Fall Care Plan, dated 4/9/24, the Fall Care Plan indicated, Resident 25's interventions included displaying of Call don't fall signs. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/24/24 at 10:55 a.m., with Quality Assurance Registered Nurse (QARN) in Resident 25's room, QARN stated, I do not see any call don't fall signs, and there should be three. QARN stated that the signage was bright yellow with the words Call don't fall. During a review of the facility's policy and procedure (P&P) titled, Care Plans-SNF [skilled nursing facility]/ICF [intermediate care facility] (All Homes), dated 2/13/24, the P&P indicated, . the facility must develop and implement a comprehensive person-centered care plan for each resident . the interdisciplinary team (IDT) will develop and implement comprehensive care plan within 7 days. During a review of the facility's policy and procedure (P&P) titled, Fall Risk Assessment and Prevention Program, dated 10/16/23, the P&P indicated, .the Interdisciplinary Team will develop an individualized plan . to prevent falls to maintain a safe environment for residents . transfer/activity parameters per PT/OT recommendations.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 49936 Based on observation, interview, and record review, the facility failed to ensure safe monitoring of pharmaceutical medical supplies when four expired filter needles (a needle designed to remove particles, like glass, that might contaminate medication) were found in the injectable Emergency Drug Kit (E-Kit, small supply of medications for emergency situations). This failure had the potential to result in expired and ineffective medical supplies being used for residents and had the potential to result in contaminated medications being injected into residents. Findings: During an observation on 4/22/24 at 10:29 a.m. in the Klamath Unit medication room, there was a sealed orange box labeled, Klamath E-kit. On the exterior of the E-kit, there was a list of contents, including filter needles, and the date for the earliest upcoming expiration date. The kit contained four filter needles, labeled lot #7025483 (code that identifies one batch of a product that is made at the same time) which did not have any expiration date. During an interview on 4/22/24 at 11:39 a.m. with the Pharmacy Technician (PT), PT stated some filter needles simply did not have any expiration date, but the most recent expiration date was posted on the lid of the E-kit for staff to know when to alert the main pharmacy to replace expired medications and supplies. During an interview on 4/23/24 at 12:06 p.m. with the Director of Nursing (DON), the DON stated she was unsure why there were no expiration dates on the filter needles. During a concurrent observation and interview on 4/24/24 at 9:55 a.m. with Registered Nurse (RN 2) in the Klamath Unit medication room, four filter needles in the emergency injectable medications kit did not have an expiration date. RN 2 stated the filter needles may be used for certain medications stored in the kit, but unable to identify which ones. RN 2 stated he could not find an expiration date for the filter needles. During an interview on 4/24/24 at 10:04 a.m. with PT, PT stated she was able to confirm that the product did not have an expiration date and never will expire by calling the pharmacy. During an interview on 4/24/24 at 11:15 a.m. with the filter needles [brand name] Manufacturer Representative (MR), the MR stated the filter needles associated with lot number #7025483 were produced in January 25, 2017, had a shelf life (time period during which an item may be stored and remain suitable for use) of 1825 days, and expired on January 24, 2022. The MR further stated all their medical supplies have an expiration date. During an interview on 4/24/24 at 2:21 p.m. with the DON, the DON stated the filter needles without expiration date should have been investigated for an expiration date and discarded. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of a published study titled, Maximizing patient safety: filter needle use with glass ampules, dated January 2005, the study indicated, Particle contamination of medications obtained from glass ampules can pose serious hazards to patients. Particle contamination may be reduced by using a filter needle when obtaining medication from glass ampules prior to administration. During a review of the facility's policy and procedure (P&P) titled, Emergency Drug Kit, dated 11/27/23, the P&P indicated, The contents are changed as needed depending on the SNF needs and reviewed by the pharmacy services committee. The pharmacist checking the Emergency Drug Kit will also indicate the earliest expiration date and the name of that item on the outside of the container. It is the responsibility of the contract production pharmacy to cycle out the E-kits prior to the expiration date listed on the exterior of the kit.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49936 Based on observation, interview, and record review, the facility failed to ensure the medication error rate did not exceed 5% for two of four sampled residents (Resident 21 and 26) when: 1. A non-crushable medication, pantoprazole (medication to reduce acid production in the stomach), was crushed and administered to Resident 26 despite manufacturer's guidelines not to crush medication due to delayed release. 2. A non-crushable medication, finasteride (medication to treat enlarged prostate), was crushed and administered to Resident 26 despite facility's guidelines regarding handling of finasteride. 3. Resident 21 was not instructed to rinse his mouth after being administered fluticasone furoate (nasal spray used to treat sneezing, itchy or runny nose), umeclidinium (medication used for chronic obstructive pulmonary disease), and vilanterol inhalation powder (a combination of inhaled medications to treat breathing issues) despite manufacturer guidelines to rinse mouth after use to prevent hoarseness and oropharyngeal candidiasis (fungal infection in mouth). These failures resulted in three identified errors out of 27 opportunities for medication administration medications; the facility's medication error rate was 11.11%. Findings: 1. During a review of Resident 26's Face Sheet (demographic), the Face Sheet indicated Resident 26 was admitted on [DATE] with diagnoses of gastroesophageal reflux disease (GERD, disease that causes heartburn), dysphagia (condition that causes swallowing difficulty), and benign prostatic hyperplasia (BPH, condition that causes urination difficulty). During an observation on 4/23/24 at 7:34 a.m. in [NAME] Unit, Licensed Vocational Nurse (LVN 1) was observed crushing pantoprazole, mixing it in applesauce, and administering it to Resident 26. The packaging for the pantoprazole pills was labeled, Do Not Crush. During an interview on 4/23/24 at 9:55 a.m. with LVN 1, LVN 1 stated she was following the physician's order to crush crushable medications. LVN 1 stated that she did not see the Do Not Crush label on the medication blister pack. LVN 1 stated delayed release pantoprazole table was not a crushable medication. During a record review of Resident 26's Physician's Orders, dated 10/18/23, the orders indicated, May crush all crushable medications. During an interview on 4/24/24 at 2:21 p.m. with the Director of Nursing (DON), the DON stated the pantoprazole should not have been crushed. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled, Medication Administration, General Guidelines, dated 4/15/24, the P&P indicated, Altering the form of a medication, including crushing, requires a physician order . long acting or enteric coated dosage forms should not generally be crushed; an alternative form should be sought. During a review of the Prescribing Information (PI) for Pantoprazole, dated May 2012, the PI indicated, Patients should be cautioned that Protonix (pantoprazole) Delayed-Release Tablets and Protonix For Delayed-Release Oral Suspension should not be split, chewed, or crushed. 2. During a review of Resident 26's Face Sheet (demographic), the Face Sheet indicated Resident 26 was admitted on [DATE] with diagnoses of gastroesophageal reflux disease (GERD, disease that causes heartburn), dysphagia (condition that causes swallowing difficulty), and benign prostatic hyperplasia (BPH, condition that causes urination difficulty). During an observation on 4/23/24 at 7:34 a.m. in [NAME] Unit, Licensed Vocational Nurse (LVN 1) was observed crushing finasteride, mixing it in applesauce, and administering it to Resident 26. The packaging for the finasteride pills was labeled, Caution Special Handling. During an interview on 4/23/24 at 9:55 a.m. with LVN 1, LVN 1 stated she was following the physician's order to crush medications. LVN 1 stated that she did not see the Caution Special Handling label on the medication blister pack and was unaware of what that label meant. During an interview on 4/24/24 at 2:21 p.m. with the Director of Nursing (DON), the DON stated the finasteride should not have been crushed. During a record review of Resident 26's Physician's Orders, dated 10/18/23, the orders indicated, May crush all crushable medications. During a review of the facility's policy and procedure (P&P) titled, Medication Administration, General Guidelines, dated 4/15/24, the P&P indicated, Altering the form of a medication, including crushing, requires a physician order. During a review of the facility provided document titled, NIOSH (National Institute for Occupational Safety and Health) Hazard Drugs, provided 4/23/24, the document indicated, These drugs require special handling. Use caution when handling these drugs by wearing gloves and do not cut/crush. The document indicated finasteride as one of the drugs that required special handling. 3. During a review of Resident 21's Face Sheet (demographic), the Face Sheet indicated Resident 21 was admitted on [DATE] with diagnosis of mild cognitive impairment. During an observation on 4/23/24 at 8:04 a.m. in Klamath Unit, Registered Nurse (RN 3) was observed administering fluticasone furoate, umeclidinium, and vilanterol inhalation powder with an inhaler to Resident 21 without instructing Resident 21 to rinse his mouth afterwards. The packaging for the inhaled medication included instructions that stated, Rinse your mouth after use. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/23/24 at 10:31 a.m. with RN 3, RN 3 stated Resident 21 did not rinse his mouth after inhaling fluticasone furoate, umeclidinium, and vilanterol inhalation powder, was not advised to rinse his mouth after use, and did not have history of refusing to rinse his mouth after inhaling the medication. RN 3 stated Resident 21 should have rinsed his mouth after receiving a dose of his oral inhaler. During an interview on 4/23/24 at 12:07 p.m. with the Director of Nursing (DON), the DON stated the licensed staff administering fluticasone furoate, umeclidinium, and vilanterol inhalation powder should have coached Resident 21 how to use the inhaler disk, including instructing Resident 21 to rinse and spit after use. During a review of a published study titled, Influence of Mouth Washing Procedures on the Removal of Drug Residues Following Inhalation of Corticosteroids, dated 6/12/06, the study indicated, Mouth washing after inhalation of corticosteroids is effective for prevention of local adverse effects such as hoarseness and oropharyngeal candidiasis. During a review of the facility's policy and procedure (P&P) titled, Medication Administration, General Guidelines, dated 4/15/24, the P&P indicated, Medications are administered by legally authorized persons as prescribed in accordance with good nursing principles and practices. During a review of the Full Prescribing Information (PI) for Trelegy Ellipta (fluticasone furoate, umeclidinium, and vilanterol inhalation powder), dated January 2019, the PI indicated, Advise the patient to rinse his/her mouth with water without swallowing following inhalation to help reduce the risk of oropharyngeal candidiasis (fungal infection in the mouth).

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50148 Based on observation, interview, and record review, the facility failed to ensure safe and sanitary conditions in the food service department when: 1. Equipment was not replaced when considered unsafe, 2. Foods were found uncovered in the storage area, 3. Foods were not labeled appropriately, 4. Unsafe food was not discarded. These failures had the potential to expose residents to food contamination and foodborne illnesses (sickness by consuming contaminated food or drinks) for a population of forty-one residents who consume food from the kitchen. Findings: 1. During a concurrent observation and interview on [DATE] at 8:21 a.m. with the Dietetics Assistant Director (DAD) in the main kitchen, a can opener was found with metal chipped off the cutting tip. DAD confirmed, the missing metal part of the can opener and acknowledged the metal was likely flaking into the canned food during use. During a concurrent observation and interview on [DATE] at 8:31 a.m. with the Food Manager (FM) in the main kitchen, four out of twelve cutting boards were discolored with deep scratches. FM confirmed, the four cutting boards were overworn and stated bacteria growth could occur in the deep scratches. During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Sanitation (All Homes), dated [DATE], the P&P indicated, All utensils, counters, shelves, and equipment will be kept clean and maintained in good repair (i.e. free from breaks, corrosion, open seams, cracks, and chipped areas). During a review of the 2022 Federal Food and Drug Administration (FDA) Food Code, Section ,d+[DATE].12, titled, Cutting Surfaces, dated [DATE], indicated, Surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces. 2. During a concurrent observation and interview on [DATE] at 8:28 a.m. with the Food Manager (FM) in the main kitchen, frozen burritos were found in the reach in freezer that were uncovered with ice build-up resembling freezer burn (frozen foods damaged). Also seen in this freezer were three chicken breasts and three vegetable patties in uncovered steam table pans that had ice covering the visible surfaces. FM stated, It should be covered. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on [DATE] at 8:30 a.m. in the main kitchen, a bag of pork was left open to the air in the walk-in freezer. A steam table pan containing vegetarian chicken and two large pans of uncooked ravioli were uncovered in the walk-in freezer. During an interview on [DATE] at 2:30 p.m. with the Dietetics Assistant Director (DAD), DAD stated items are to be covered during storage to prevent cross contamination as well as to maintain food quality. During a review of the 2022 Federal Food and Drug Administration (FDA) Food Code, Section ,d+[DATE].11, titled Packaged and Unpackaged Food - Separation, Packaging, and Segregation, dated [DATE], indicated, FOOD shall be protected from cross contamination by: . storing the food in packages, covered containers, or wrapping. 3. During a concurrent observation and interview on [DATE] at 8:28 a.m. with the Food Manager (FM) in the main kitchen, a large plastic container of black pepper and a large plastic container of whole bay leaves had black labeling on top of the black surface. FM confirmed, staff would not be able to visualize the use-by date on these items. During an observation on [DATE] at 10:29 a.m., in the reach-in freezer for the satellite (Skilled Nursing) kitchen, eight out of nine ice cream bowls did not have a label. During an interview on [DATE] at 2:35 p.m. with the Dietetics Assistant Director (DAD), DAD stated staff were expected to label food items with a used-by date. DAD further stated, staff were expected to check the use-by date in order to ensure food products were served before they became unsafe to eat. During a review of the facility's policy and procedure (P&P) titled, Food and Nutrition Services - Leftover and Extra Food, dated [DATE], the P&P indicated, Labeling, dating, and monitoring refrigerated food, including but not limited to, leftovers, so it is used by its used-by date or frozen were applicable or discarded. 4. During a concurrent observation and interview on [DATE] at 8:28 a.m. with the Food Manager (FM) in the main kitchen, two apple juice boxes were labeled with an opened date of [DATE] and a received date of [DATE]. FM stated they seemed to be mismarked which could be confusing to staff regarding the products safety. One apple juice box was shown with a manufacturer expiration date of [DATE]. FM confirmed, the apple juice box was expired and discarded it. During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Food Storage Procedure Guidelines (All Homes), dated [DATE], the P&P indicated, A. Expiration dates printed by the manufacturer apply until the product is opened. B. Once opened, use the manufacturer's stated time limits.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 50148 Based on observation, interview, and record review the facility failed to ensure that two out of eight dumpsters were covered for the main and the satellite kitchens. This failure had the potential to attract pests, rodents and spreading bacteria and leading to food contamination for a population of forty-one residents. Findings: During a concurrent observation and interview on 4/22/24 at 9:05 a.m., with the Assistant Administrator (Admin 2), one out of four trash dumpsters for the main kitchen was not covered, exposing trash. Admin 2 confirmed, it should be closed and proceeded to close the two lids. During an observation on 4/23/24 at 10:56 a.m., in the satellite kitchen, one out of four trash dumpsters was not covered, exposing trash. During an interview on 4/24/24 at 2:30 p.m., with the Dietetics Assistant Director (DAD), DAD stated, trash dumpsters need to be closed at all times when not in use, because it can attract rodents or pests to the facility. During a review of the facility's policy and procedure (P&P) titled, Waste Management Program, dated 12/12/23, the P&P indicated, Movable bins, when used for storing or transporting solid wastes from the premises, will have tightfitting covers and be closed when not being loaded.