STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055092	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yuba City Post Acute	1220 Plumas St Yuba City, CA 95991

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure adequate supervision and use of safety devises during transport for one of three sample residents (Resident 1), when Resident 1 was transported to a medical appointment without the use of a lap seat belt.This failure had the potential to result in falls or injuries during transport and caused Resident 1 to feel afraid and unsafe.Findings:During a review of the facility's policy and procedure titled, Abuse Prevention Program, undated, indicated residents have the right to be free from abuse and neglect. The policy further states that the facility will implement measures including staff training, prevention policies, and ongoing identification and assessment of potential abuse to ensure resident protection.During a review of Resident 1's medical record, indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses that include difficulty in walking, thrombocytopenia (a condition characterized by abnormally low platelet levels), myelodysplastic syndrome (a bone marrow disorder),and diabetes (high blood sugar).During a review of Resident 1's Minimum Data Set (MDS - an assessment and care screening tool), dated 2/27/26, the MDS indicated that Resident 1 had a brief interview for mental status (BIMS) score of 14 out of 15, indicating their cognition was not impaired.During an interview on 4/1/26 at 2:45 pm, Resident 1 stated that on 3/27/26, while being transported in the facility van in his wheelchair to a medical appointment, the driver secured the wheelchair with straps but did not apply a lap seat belt. Resident 1 stated he alerted staff that the lap belt was not in place but was told it was not needed. Resident 1 stated he does not use any type of securement device in his wheelchair and reported that during transport he held onto his wheelchair because he feared he might fall or be projected forward. Resident 1 stated he felt unsafe and afraid and would not want to be transported by that driver again.During an interview on 4/1/26 at 3:15 pm with the Facility Driver (FD), FD stated that wheelchair transport requires use of a four point securement system, application of wheelchair brakes, and placement of a lap belt across the resident. The driver stated that the lap belt is required to ensure safety, as without it only the wheelchair is secured and not the resident.During an interview on 4/1/26 at 4 pm with the Director of Staff Development (DSD), the DSD stated that Resident 1 was transported to an appointment without a lap belt. The DSD stated the wheelchair was secured but the lap belt was not used. The DSD reported the receiving facility notified them the resident was not properly secured. The DSD stated an alternate driver had been used that day and that this may have contributed to the oversight. The DSD stated the expectation is that the residents are safely secured prior to transport including the use of a lap belt to prevent falls and injury.

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.

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