

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Chico Terrace Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 188 Cohasset Lane Chico, CA 95926	

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)
<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide medical records for one out of four Residents (Resident 1) in a timely manner. This had the potential to interfere with Resident 1's care decision making and cause distress to his well-being. During a review of the facility's policy titled Resident Access to Protected Health Information (PHI), revised November 1, 2015, indicated If the resident and/or their personal representative requests a copy of the resident's medical record. [the facility] will provide the resident and/or their personal representative with a copy of the medical record within two (2) working days after receiving the written request. During a review of Resident 1's clinical record, indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses including Essential Hypertension, Type 2 Diabetes Mellitus, and Mild Protein-Calorie Malnutrition. Resident 1's quarterly Minimum Data Set (MDS, a resident assessment tool), dated 8/11/25, documented a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. During a telephone interview on 11/13/25 at 5:42 PM with Family A, Family A stated that multiple requests for medical records had been made since October 2025. Family A stated, We submitted an Advance Health Care Directive (AHCD - a legal document that states a person's wishes about receiving medical care if that person is no longer able to make medical decisions) and Durable Power of Attorney (POA - a legal document that allows someone else to make financial or health care decisions) to the facility. Despite this, the records were not released until 11/07/25. During an interview on 11/13/25 at 12:57 PM, Resident 1 stated that Family B was authorized to make medical decisions on his behalf, saying, I signed paperwork for him to be in control. During a concurrent interview and record review on 11/14/25 at 1:15 PM, the Administrator stated that the delay in releasing the records was due to the facility's belief that Resident 1 lacked capacity and that the AHCD was therefore invalid. The Administrator confirmed the first documented request was received on 11/03/25, and the records were released on 11/07/25-exceeding the two-working-day timeframe outlined in the facility's policy. During a concurrent interview and record review on 11/18/25 at 9:44 AM, the Director of Nursing (DON) confirmed that Family A was recognized as the decision-maker and acknowledged that the records were not released within the required timeframe.</p>

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
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