

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Autumn Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 587 Rio Lindo Avenue 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49934</p> <p>Based on observation, interview, and record review, the facility failed to report to the California Department of Public Health (CDPH), an allegation of misappropriation of resident property when Resident 1's Bank Debit card (ATM card) was missing.</p> <p>This had the potential for resident financial abuse to go unrecognized and unresolved in the facility.</p> <p>Findings:</p> <p>The facility's policy revised 5/30/24, Abuse Prevention and Management , indicated, The facility does not condone any form of resident abuse, neglect, misappropriation of resident property, exploitation, and/or mistreatment. The facility will report all allegations of abuse and criminal activity as required by law and regulations to the appropriate agencies .any suspicion off crimes are promptly reported .</p> <p>A review of Resident 1's clinical record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that include atherosclerotic heart disease (hardening of arteries from build-up of fat, cholesterol and other substances, known as plaque), need for assistance with personal care (any type of support with tasks essential to everyday living, such as getting dressed and undressed, washing, bathing, and using the toilet), and end stage renal disease (the kidneys can no longer filter waste product from the blood).</p> <p>A review of the most recent Minimum Data Set (MDS, a resident assessment tool), for Resident 1 dated 2/28/25, indicated that Resident 1 had no memory or decision making problems and had a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>A review of Resident 1's Admission Record dated 11/24/24, indicated that the Resident was his own Responsible Party, indicating Resident 1 is able to make healthcare decisions for himself.</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of an Interdisciplinary Team (IDT, a group of facility supervisors and managers who discuss the quality of resident care) note dated 4/17/25, indicated Resident 1 reported his ATM card missing on 4/16/25 to the Social Services Director (SSD). SSD called Resident 1's bank to review his ATM debit card transactions and found the card had been used on 4/15/25 at the same time Resident 1 was at the Dialysis Center (center where they filter your blood to remove toxins when the kidneys do not work). SSD then filed a Police report.</p> <p>During a record review of the facility's, Theft/Loss Report , dated 4/17/25, indicated Resident 1's ATM card was cancelled and his charges were disputed with the bank and a Police report was filed to assist Resident 1 with his missing ATM card.</p> <p>During an interview on 4/25/25 at 10:59 am, Resident 1 stated on 4/15/25, while he was at the Dialysis Center, his ATM card was stolen. Resident 1 indicated that his ATM card was hidden under his tablet and a few other things on his bedside table. Resident 1 indicated that on 4/15/25, his ATM card had been used at the facility's vending machine. On 4/16/25, Resident 1's ATM card was used at a fast food restaurant. Resident 1 discovered that his ATM card was missing on the morning on 4/16/25 and notified the SSD that same day.</p> <p>During an interview on 4/25/25 at 12:15 pm, the SSD confirmed the facility had not reported Resident 1's alleged misappropriation of property regarding his missing ATM card, to CDPH. SSD stated, we didn't have the name of the person who took the card, so it was not reported to you [CDPH].</p> <p>During an interview on 4/29/25 at 2:22 pm, the Administrator confirmed Resident 1's missing ATM card was not reported to CDPH and should have been. Administrator stated, When it came to the filling out abuser's name on the SOC [Abuse reporting form], we didn't know it, so we didn't report it.</p>		