

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  06/16/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on Interview, observation and record review, the facility failed to meet this requirement when the care plan for a resident who had nine falls was not followed and the resident did not have a fall mat beside the bed. This had the potential to contribute to additional falls and injuries.</p> <p>Findings:</p> <p>Review of the facility ' s medical record for Resident 1 indicated that the resident was admitted to the facility on [DATE] following cranial surgery for a brain tumor. The record indicated Resident 1 had a need for assistance with personal care, difficulty in walking, and generalized muscle weakness. Resident 1 also had visual loss in her left eye from the tumor, which was a contributor to her fall risk.</p> <p>Review of Resident 1's Minimum Data Set (MDS, a comprehensive nursing home assessment of the resident) indicated that Resident 1 used walker and wheelchair to move, and required Substantial/Maximum assist to get from a sitting to standing position, partial assist to transfer from bed to chair or vice-versa. Resident 1's MDS indicated that she was totally dependent to be put on and off of the toilet.</p> <p>Review of Resident 1 ' s history of falls indicated that she had many subsequent falls following the 4/26/25 care plan entry: 4/28/25, 5/5/25, 5/9/25 (two falls), 5/12/25, 5/13/25, 5/19/25, 5/26/25, all without injuries.</p> <p>Review of the facility ' s policy titled Fall Management Program, Nursing Manual&amp;mdash;Falls revised 3/13/21, indicated that Following every resident fall, the licensed nurse will perform a post-fall evaluation and update, initiate, or revise the resident ' s care plan (a roadmap used in nursing, to plan short and long term care goals) as necessary, and The licensed nurse will evaluate the resident ' s response to the interventions on the Weekly Summary and update the resident ' s care plan as necessary.</p> <p>Review of the facility ' s Fall Care Plan for Resident 1 indicated that on 4/26/25, after the resident fell, the intervention Bilateral [both sides] Fall Mats was added to the Plan as an intervention, indicating the need for fall mats on both side of Resident 1 ' s bed.</p> <p>In an observation on 6/16/25 at 2:30 PM, Resident 1 ' s bed had only a single fall mat, located on the right side of her bed as viewed from the foot of the bed. Resident 1 was observed in bed.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 6/16/25 at 2:49 PM, Resident ' s nurse, LVN A, confirmed that There should be two fall mats per the care plan, which she stated was dated 4/26/25. LVN A instructed a certified nursing assistant (CNA) to place an additional fall mat at the left side of the bed. LVN A stated that sometimes the fall mat had been placed behind the door of Resident 1 ' s bedroom; it was not there at this time.</p> <p>In an interview on 6/16/25 at 2:50 PM, Resident 1 stated, I have to be careful about where I fall, so I don't fall on hard surfaces like concrete or brick. If I'm gonna fall, I need a soft surface. That's why they put the fall mat. There were two at one time, but they took one of them away. Resident 1 stated that the fall mat was kind of slippery, which might be the reason it was taken from her room.</p> <p>In an interview on 6/16/25 at 3:45 PM, DON B confirmed that Resident 1 ' s care plan indicated bilateral fall mats while in bed.</p> <p>In an interview on 6/16/25, Administrator C stated that she recalled only seeing one fall mat in Resident 1 ' s room.</p>