

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 07/15/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review, the facility failed to meet this requirement when nursing staff failed to develop nursing care plans (a roadmap of care to be provided) for two of 9 sampled residents (Residents 1 and 2) who were involved in resident-to-resident altercations. This had the potential for additional resident-to-resident altercations, injury, and to negatively impact residents' sense of security and well-being. A review of the facility's medical record indicated that Resident 1 was admitted on [DATE] for conditions that included stroke, morbid obesity (life-threatening weight gain), anxiety, chronic pain, and a history of alcohol abuse. A review of Resident 1's Basic Interview for Mental Status (BIMS), a test for memory and brain function, indicated that her score was 5, cognitively impaired (reduced ability to think and act). A review of the facility's medical record indicated that Resident 2 was admitted on [DATE] for conditions that included leg fracture, stroke, muscle weakness, and a need for assistance with personal care. A review of Resident 2's BIMS indicated her score was 3, or severely cognitively impaired. A review of Resident 1 and 2's facility progress notes dated 6/5/25 indicated that on that date, Resident 1 attempted to pull resident 2 from her bed by the arm after becoming upset. Resident 2 did not sustain injury. A review of Resident 1 and 2's medical record failed to show that care plans were written or updated following an altercation between them on 6/4/25. A review of the facility's policy titled, Resident to Resident Altercations, dated 11/1/15, indicated: The facility acts promptly and conscientiously to prevent and address altercations between residents. The policy further indicated that response to the altercation should include, .D. Review the events with the Charge Nurse and Director of Nursing Services, including interventions staff can take to prevent additional incidents; and, .F. Make any necessary changes in the Care Plan for any or all involved residents, as necessary. In a confirming interview and concurrent record review on 7/15/25 at 12:15 PM, Director of Nursing (DON A) was unable to locate care plans addressing Resident 1 and 2's altercation, and that it was missing. DON A stated that usually the staff who completes the reporting paperwork makes sure care plans are updated; DON A confirmed that it had not been done. In a confirming interview on 7/15/25 at 12:30 PM, Social Services Director (SSD B) confirmed that no care plan had been entered for Residents 1 and 2. SSD B further confirmed, there should have been one written into the medical records for both residents. SSD B confirmed the importance of meaningful care plans in providing care to residents, particularly following suspected abuse.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on interview, observation and record review, the facility failed to meet this requirement when two of six medication carts were observed to be unlocked, with medication accessible, while unattended by nursing staff. This had the potential to result in residents, unlicensed staff, and visitors to have unauthorized access to prescribed medications and their misuse. On 7/15/25 at 10:03 AM, two medication carts were observed to be unlocked and openable at the facility's Nursing Station Three. Topical medications and creams were observed to be accessible to residents with dementia (loss of memory and ability to think). Surveyor opened the cart and was unquestioned and unobserved by nearby staff. On 7/15/25 at 10:05 AM, Licensed Vocational Nurse (LVN C) was observed returning to the cart and confirmed that she was the on-call treatment nurse responsible for the cart, and that it should have been locked. Review of the facility's policy titled Medication Storage in the Facility, dated 1/2018, indicated: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. The policy further indicated: .B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are permitted to access medications. Medication rooms, carts, and supplies are locked when not attended by persons with authorized access .</p>		