STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056074	A. Building B. Wing	08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Creek Post Acute	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056074	A. Building B. Wing	08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Creek Post Acute	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement Advance Directive (AD - a legal document that outlines a person's wishes for medical treatment in case they become unable to make their own decisions due to illness or injury) for one of three sampled resident's (Resident 1)This had the potential for Resident 1 to receive medical treatments that were against his wishes and negatively impact his quality of life.During a record review of facility policy titled, Advance Directives, revised 12/1/13, indicated Upon admission, the admission Staff of designee will obtain a copy of a resident's AD. A copy of the resident's AD will be included in the resident's medical record. Facility policy also indicated if a resident does not have an AD, the facility will provide the resident and/or resident's next of kin with information about AD upon request. Facility policy further indicated the director of social services or designee will also ask the resident whether he or she has a written AD. If the resident has an AD, the Facility shall obtain a copy of the document and place it in the resident's medical record.During a record review of Resident 1's admission record, Resident 1 was admitted to the facility on [DATE] with diagnoses that included cerebral palsy (neurological disorders that affect movement, posture, and muscle tone), acute respiratory failure with hypoxia (life-threatening condition where the lungs cannot adequately oxygenate the blood, resulting in low blood oxygen levels) and severe protein-calorie malnutrition (condition resulting from inadequate intake of both protein and calories). During a record review of Resident 1's Physician Orders for Life-Sustaining Treatment (POLST - form that outlines a seriously ill patient's preferences for medical treatment, especially regarding life-sustaining measures, and provides clear medical orders to healthcare providers) dated 3/6/25, indicated Resident 1 signed his own POLST.During a record review of Resident 1's facility documents, there was no AD or Power of Attorney (POA - a legal document that grants one person the authority to act on behalf of another to make certain decisions) found.During a concurrent observation and interview with Resident 1 on 8/1/25 at 8:00 am, Resident 1 brushed his teeth in the bathroom of his room. Resident 1 stated he was getting ready to go to work. Resident 1 made his wants and needs known. Resident 1's speech was clear. Resident 1 stated he had an AD, but he was unsure if facility had it in his chart.During an interview with Medical Records (MR) on 8/1/25 at 9:07 am, MR stated she saw a note in Resident 1's chart from December 2024, when he was originally admitted to the facility, that stated he had an AD. MR confirmed facility did not follow up with acute care hospital to retrieve a copy of the AD. MR stated facility should have followed up on securing a copy of Resident 1's AD. MR stated Resident 1 had mental capacity to make his wants and needs known. MR stated Resident 1 understood the treatment he received at the facility. MR stated Resident 1 appeared alert and oriented. During an interview with Social Services (SS) on 8/1/25 at 9:41 am, SS stated when a resident was admitted to the facility from an acute care hospital, their AD would come with all discharge/transfer paperwork. SS stated if a resident did not have an AD, facility would ask resident if they had one or wanted one. SS stated she did not remember if Resident 1 had an AD when he was admitted . SS confirmed Resident 1 did not have an AD in his chart. SS stated Resident 1 was able to make his wants and needs known. SS stated she considered Resident 1 to have mental capacity. SS stated she did not know why Resident 1 did not have an AD in his chart but stated he should have one.During an interview with Director of Nursing (DON) on 8/1/25 at 10:05 am, DON stated she agreed Resident 1 should have an AD in his chart. DON confirmed the facility did not follow its AD policy. DON confirmed Resident 1 was able to make his wants and needs known. DON stated facility failed to secure a copy of an AD for Resident 1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056074	A. Building B. Wing	08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Creek Post Acute	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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the physician's orders were appropriate for one of three sample residents (Resident 1) when Medical Director (MD) based Resident 1's ability to make healthcare decisions on a diagnosis of cerebral palsy (neurological disorders that affect movement, posture, and muscle tone) with no further explanation.This failure increased the potential for an inadequate medical evaluation of Resident 1 which could potentially result in unidentified or unmet medical and care needs.During a record review of Resident 1's admission record, Resident 1 was admitted to the facility on [DATE] with diagnoses that included cerebral palsy (neurological disorders that affect movement, posture, and muscle tone), acute respiratory failure with hypoxia (life-threatening condition where the lungs cannot adequately oxygenate the blood, resulting in low blood oxygen levels) and severe protein-calorie malnutrition (condition resulting from inadequate intake of both protein and calories).During a record review of Resident 1's Brief Interview for Mental Status (BIMS) dated 4/24/25, indicated Resident 1 had a score of 9 (scale of 0-15, moderate cognitive impairment).During a record review of Resident 1's physician orders dated 3/6/25, indicated Resident is incapable of making healthcare decisions. If incapable, state reason: cerebral palsy. Healthcare decision maker assigned to: son.During an interview with Social Services (SS) on 8/1/25 at 9:07 am, SS stated Resident 1 was able to make his wants and needs known and his speech was clear. SS stated she felt Resident 1 had mental capacity. SS stated a BIMS score of 9 was not considered mental capacity, but that Resident 1 likely received that score because His mind goes 90 miles a minute. He's always thinking about his next step in life. SS agreed that the physician order from 3/6/25 that stated Resident 1 was incapable of making his own healthcare decisions because of his diagnosis of cerebral palsy did not indicate mental incapacity. During an interview with MD on 8/1/25 at 9:30 am, MD stated cerebral palsy could be a reason to denote mental incapacity. MD stated cerebral palsy was more of a physical problem for Resident 1 than a mental problem. MD stated if cerebral palsy was only a physical problem with a resident, then resident should not be considered mentally incapacitated. MD stated if Resident 1's speech was clear and he made his wants and needs known, then he should not be considered mentally incapacitated. MD stated he would come to the facility to re-evaluate Resident 1 and update Resident 1's orders accordingly.During an interview with Medical Records (MR) on 8/1/25 at 9:41 am, MR confirmed Resident 1 made his wants and needs known. MR further confirmed Resident 1 had clear speech. MR stated Resident 1 appeared alert and oriented.During an interview with Director of Nursing (DON) on 8/1/25 at 10:05 am, DON confirmed MD should return to the facility to re-evaluate Resident 1. DON stated Resident 1 was able to make his wants and needs known and was able to be understood. DON confirmed Resident 1 needed his physician orders updated.