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	12/04/2025

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Resident Representative (RP) had the right to retrieve the resident's personal belongings, when the RP of one of five sampled residents (Resident 5) was not given personal property back to them following the death of Resident 5. This failure by the facility had the potential to impact further property transfers, if not corrected. During a review of facility policy titled Personal Property, dated [DATE], indicated that the facility is required to ensure they take reasonable steps to protect resident's personal property, and the facility will return inventoried personal items to residents or their representative upon discharge in a timely manner, and take reasonable steps to safeguard the belongings in the interim. The facility policy also indicated that Upon the death of a resident, the resident representative will review the resident's inventory to ensure all personal items are taken at this time.During a review of Resident 5's clinical record, dated [DATE], indicated that Resident 5's RP was listed as RP 1, as the Emergency Contact #1, and as the Next of Kin. During a review of Resident 5's record titled, Personal Effects Inventory Form, dated [DATE], the record listed Resident 5's belongings as one nightgown with orange palm trees on it, and 1 pair of white socks. This form was signed by two staff members upon receipt of belongings at the facility, and followed facility procedure. This record did not have any documentation of removal or returning personal property to RP 1 following the death of Resident 5. During a review of Resident 5's records titled EInteract Change in Condition Evaluation, dated [DATE] at 10:30 pm, indicated that Resident 5 was transferred from facility to acute care via ambulance, due to a change in health condition. During a review of Resident 5's records titled Discharge Summary Notes - Death Summary, dated [DATE], indicated Resident 5 died at 2:10 pm, at local acute care hospital.During an interview with RP 1 on [DATE] at 11:52 am, RP 1 stated they never received Resident 5's personal property following their death outside the facility. RP 1 stated that after Resident 5 had died, they went to the facility to sign paperwork and retrieve personal property. Facility staff informed RP 1 that Resident 5's personal belongings had already been removed by Family member 3. Facility staff were unable to tell RP 1 or provide documentation regarding which belongings were taken by Family member 3. RP 1 stated that they were unable to retrieve any personal belongings from Family Member 3 and expressed sadness at the loss of those belongings. During a concurrent interview and record review with the administrator (ADMIN) on [DATE] at 2:37 pm, ADMIN confirmed that Resident 5's Personal Effects Inventory Form, dated [DATE], only listed the intake of belongings, and did not list any personal belongings were released to any family member after their death. ADMI stated No, [Resident 5's] inventory form is not signed. During an interview with Licensed Vocational Nurse (LVN)B on [DATE] at 2:46 pm, LVN B stated they had witnessed Family Member 3 inside the facility removing the personal belongings of Resident 5, a few days after Resident 5 died. LVN B stated she spoke to Family Member 3, expressed sympathy for Resident 5's passing, and observed Family Member 3 carrying a small bag of Resident 5's belongings out of the room. LVN B stated they did not think to check or update the inventory form at that time.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE