

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 02/20/2026
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)		
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop an initial person-centered care plan related to diabetes (blood sugar disease) for one of three residents (Resident 1). This failure had the potential to place Resident 1 at risk for not receiving the appropriate interventions and goals related to their diagnoses. Findings: During a review of the facility policy titled Person-Centered Care Planning, dated 4/24/25 indicated that the baseline care plan must include the minimum healthcare information necessary to properly care for each resident immediately upon their admission. It should address resident-specific health and safety concerns. The baseline care plan will be developed and implemented within 48 hours of the resident's admission. During a review of Resident 1's medical record indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses that included diabetes, kidney disease (loss of kidney function), and depression. During a review of Resident 1's initial Care Plan Report created on 2/6/26, indicated that there was no baseline care plan initiated for diabetes care. A care plan for diabetes was not created for Resident 1 until 2/20/26, 15 days after Resident 1 was admitted to the facility. During a review of Resident 1's electronic medication administration record (eMAR), dated 2/5/26, indicated that if Resident 1 had a blood sugar level of 400 or greater that the facility doctor needs to be notified for further instructions. On 2/11/26 at 5:30pm the eMAR indicated that Resident 1 had a blood sugar level of 435 and on 2/16/26 at 5:30pm Resident 1 had a blood sugar level of 400. During a review of Alert Note for Resident 1 dated 2/11/26 at 8:22pm, Licensed Nurse (LN) A documented that Resident 1 had a blood sugar of 435. LN A gave Resident 1 medication as ordered and the doctor was contacted for further orders. During an interview in Resident 1's room, on 2/17/26 at 10:55am, Resident 1 indicated that before they came into the facility their blood sugar was ranging from 55-200 but while they have been at the facility, it has been between 300-500. Resident 1 stated that no one has talked to them about the high blood sugars and what the facility is doing to manage their blood sugar. During a concurrent interview and record review, on 2/17/26 at 11:47 am with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON), the DON and ADON confirmed that being diabetic should have been on Resident 1's care plan. The ADON confirmed that Resident 1's care plan should have also been updated when Resident 1 had a high blood sugar that required the facility to call the doctor.		

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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