

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 03/09/2026
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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to ensure all allegations of abuse were reported within 2 hours to the State Survey Agency in accordance with State Law for one sampled resident (Resident 1). This failure had the potential to put Resident 1 at risk for continued abuse. Findings:A review of the facility policy titled, Abuse Prevention and Management, effective date 06/12/24, indicated, Notification of Outside Agencies for All Allegations of Abuse - The Administrator or designated representative will notify law enforcement, by telephone immediately, or as soon as practicably possible, but no longer than (2) hours of an initial report and send a written report to the Ombudsman, Law Enforcement, and CDPH Licensing and Certification within (2) hours.A review of a facility-reported incident, dated 2/25/26, indicated that CNA B reported an allegation of abuse. CNA B indicated that on 2/25/26 at approximately 3:45 pm, while giving care to Resident 1, she heard the Responsible Party (RP, decision maker), tell Resident 1 that she was an addict, and she was going to call Resident 1's doctor to get Resident 1 pain medication taken away. This report was received by The California Department of Public Health (CDPH, State Survey Agency) on 2/25/26 at 7:19 pm, more than three and a half hours after the incident.A review of the facility's record, written by the Director of Rehabilitation (DOR), indicated an allegation of abuse was reported to the DOR on 2/25/26 at 4:30 pm. During an interview on 3/5/26 at 2:06 pm, with the DOR, the DOR stated she had witnessed Resident 1's RP yelling at Resident 1 on the telephone. The DOR stated she asked Resident 1 if she felt safe with her RP, and her response was RP had mental health issues. Resident 1 informed the DOR she was concerned that when she was discharged with the RP, she was going to throw away her pain medications. The DOR stated she then informed the Administrator (ADMIN), of her concern about Resident 1 being discharged home with the RP. The DOR stated she was instructed to write a statement and give it to the ADMIN to submit with a similar allegation of abuse. The DOR confirmed she suspected abuse and acknowledged the allegation and that as a mandated reporter she should have reported it immediately to the appropriate agencies.During a concurrent interview and record review on 3/5/26 at 2:45 pm, with the ADMIN, the ADMIN stated the RP had concerns regarding Resident 1's pain medications and the ADMIN explained to the RP that medications are physician driven. When asked about numerous reports of abuse that were made regarding Resident 1, ADMIN stated she planned to combine two distinct allegations of abuse involving Resident 1 into a single report, rather than reporting each allegation independently which does not align with reporting requirements. When asked about the expectation of reporting abuse, the ADMIN acknowledged each report must be reported separately, that both she and the DOR had a responsibility to report the allegation and they did not follow their facility abuse policy.</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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