

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 05/18/2026
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to ensure that all resident hallways were kept free of hazards during deep cleaning of resident rooms. This resulted in both sides of the hallway being obstruction, representing both a safety hazard for residents as well as a potential fire hazard due to the obstructed exit. This had the potential to negatively impact the safety and well being of all residents. During an observation on 5/5/26 at 11:05 am the hallway on Station # 2 was reviewed. The hallway contained rooms 12 - 20. Both sides of the hallway were lined with equipment and resident items against the walls. Outside of room [ROOM NUMBER] was a paper sign that indicated room [ROOM NUMBER] scheduled for deep clean may 15 at 9 am a staff member was observed inside the room cleaning. Items along the left hand side of the hallway included 3 bedside tables, 3 stacks of boxes, a wheelchair, an oxygen concentrator, and a med cart. On the right hand side of the hallway was 1 Hoyer lift, 1 walker, 4 wheelchairs, 4 bedside tables, and a large metal box venting air through a ceiling duct. Residents were inside rooms in the effected area, as well as attempting to ambulate in the hallway. During a concurrent interview and observation on 5/15/26 at 11:15 am with HSK (Housekeeper) she stated that she was deep cleaning room [ROOM NUMBER], which required all belongings to be moved out into the hall. HSK was uncertain how long the items had been in the hallways but stated she had been cleaning for over an hour. HSK confirmed that resident personal items and equipment were on both sides of the hallway. HSK was uncertain if the facility had a policy about maintaining resident safety when performing a deep clean, but stated putting items outside of the residents room is the normal process housekeeping follows. During a concurrent interview and observation on 5/15/26 at 11:20 am with ADON (Assistant Director of Nurses) she reviewed the hallway with rooms 12 - 20. ADON confirmed that resident personal items and care equipment were lined on both sides of the hallway, and that this presented a hazard to residents. ADON was uncertain if the facility had a policy related to keeping hallways unobstructed or that addressed where items should be stored during deep cleaning procedures. During an interview on 5/15/26 at 3:50 pm with ADON she confirmed that the facility did not have a policy to address items on both sides of the hallways but verbalized that the expectation is for any items stored in the hallways to be maintained on only one side; leaving the other side unobstructed for resident safety.		

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