

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  02/06/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39942</b></p> <p>Based on observation and interview, the facility failed to provide a safe, clean, comfortable homelike environment for all residents when areas throughout the facility were unclean and/or in disrepair.</p> <ol style="list-style-type: none"> <li>1. A trash can in the Station One shower room contained trash with no liner and was dirty</li> <li>2. Resident 28's bed, restroom, bedside table, and walls were in disrepair</li> <li>3. A wall mounted piece of electronics outside room three was missing from the wall.</li> <li>4. The built-in wooden cabinet finishes in rooms [ROOM NUMBERS] appeared to be chipped, scratched, gouged and missing areas of finish and appear porous and uncleanable and unhomelike.</li> <li>5. Resident 92's bathroom ceiling fan had an accumulation of greyish debris on the blades and did not work when it was turned on.</li> </ol> <p>This failure had the potential to negatively impact the residents' emotional and physical well-being.</p> <p>Findings:</p> <p>A review of the facility's policy and procedure titled, Resident Rooms and Environment, dated 12/1/12, indicated the facility will provide a safe, clean, comfortable and homelike environment. The facility will pay attention to cleanliness and comfortable levels of ventilation.</p> <p>A review of the facility's policy and procedure titled, Maintenance Service -Operational Manual -Physical Environment, dated 12/1/12, indicated the Maintenance Department maintains all areas of the building, grounds, and equipment. The Maintenance Department will maintain the building in good repair, free from hazards and in good working order.</p> <ol style="list-style-type: none"> <li>1. During a concurrent observation and interview, on 2/5/25, at 3:30 pm, in the Station One shower room, Registered Nurse A (RN A) confirmed the waste basket contained trash with no plastic liner, and the inside of the basket had brown material smeared on it.</li> </ol> <p>(continued on next page)</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
---	-------	-----------

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  02/06/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41715</p> <p>2. In an observation on 2/05/25 at 10:30 AM, the wall behind Resident 28's bed was observed to be deeply scratched into the plasterboard and over an approximately five-foot section. Paint throughout the room appeared to be scraped and damaged.</p> <p>In a concurrent interview, Resident 28 stated that there was damage in other areas of disrepair in his room and said in Spanish it was not good, and he didn't like it. Resident 28 indicated the following areas in his room were in disrepair:</p> <p>Molding on restroom door has been badly gouged and chipped. Resident 28 stated that it was being scraped by wheelchairs coming in and out of the restroom. The molding on the left side of the door was observed to be deeply gouged and chipped, raw, porous wood that appeared to be uncleanable.</p> <p>Resident 28's bedside table was missing a large area of laminated surface (approximately 9x6 inches), exposing raw porous fiberboard that appeared dirty and uncleanable.</p> <p>An open section of wallboard to the right of the toilet that remains unpainted and visibly dirty.</p> <p>An open area of unpainted large rectangle of white wallboard approximately 1.5 feet by 1.5 feet showing through a dark blue wall.</p> <p>In an interview and concurrent observation on 2/4/25 at 10:40 AM, Janitor (JAN C) observed the damaged wall in room [ROOM NUMBER]. JANC stated, That needs to be fixed. It needs to be drywalled, mudded, (plastered) and repainted. No, it's not cleanable You wouldn't like it or your grandma was in that room looking at that wall.</p> <p>3. In an observation on 2/5/25 at 10:30 AM, a wall mounted piece of electronics outside room three was missing from the wall, leaving behind a broken mounting plate on the wall and an exposed electronic cord.</p> <p>4. In an observation on 2/5/25 at 10:35 AM, the built-in wooden cabinet finishes in rooms [ROOM NUMBERS] appeared to be chipped, scratched, gouged and missing areas of finish and appear porous and uncleanable and unhomelike.</p> <p>In an interview with Infection Prevention nurse (IP J) on 2/5/25 at 10:30 AM, IP J confirmed that the scratched wall, missing laminate on the tray table, and scratched cabinet finishes were not cleanable from an infection control standpoint.</p> <p>In an interview on 2/05/25 at 10:45 AM, Housekeeper M (HKP M) confirmed that surfaces in room [ROOM NUMBER] were not cleanable and were porous, would absorb cleaning solution. Stated, It needs to be painted. Maintenance needs to work on it.</p> <p>(continued on next page)</p>		

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  02/06/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 2/5/25 at 4:00 PM, Maintenance Supervisor (MS H) confirmed that walls and cabinets were in disrepair in rooms [ROOM NUMBERS], and stated they are next as part of a building-wide improvement currently underway. He stated that the wallpaper border in the rooms would be removed, and the walls repaired and painted, and that the chipped finish on the wooden cabinetry would be refinished. MS H stated that missing electronic from wall was a tablet that broke off its mount. MS H stated that a new mount has been ordered to correct this.</p> <p>47442</p> <p>5. During an interview on 2/3/25 at 10:35 am with Resident 92, Resident 92 stated her bathroom was dirty.</p> <p>During a concurrent observation and interview on 2/5/25 at 10:05 am with Maintenance Supervisor (MS) in Resident 92's bathroom, Resident 92's bathroom ceiling fan had an accumulation of greyish debris on the blades and did not work when it was turned on. MS confirmed it was dirty and the fan did not work. MS stated Resident 92's bathroom ceiling fan should have been clean and in working order.</p>

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  02/06/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39942</p> <p>Based on interview and record review, the facility failed to prevent abuse for two of three sampled residents (Residents 16 and 63) when Resident 16 complained to nursing staff about verbal abuse from their roommate, Resident 63, and the residents were not separated. This failure resulted in a physical altercation between the two residents, which had the potential to threaten their health and well-being.</p> <p>Findings:</p> <p>A facility policy, titled, Abuse - Prevention, Screening, &amp; Training Program, revised 7/1/18, was reviewed. The policy's stated purpose was to address the health, safety, welfare, dignity and respect of residents by preventing abuse. The facility did not condone any form of resident abuse. Verbal abuse was defined as any use of oral, written, gestured communication, or sounds that willfully included disparaging and derogatory terms directed to residents within their hearing distance, regardless of age, ability to comprehend, or disability. Physical abuse was defined as, but not limited to, hitting, slapping, punch, and/or kicking. To prevent abuse, the facility should have identified, corrected, and intervened in situations in which abuse, neglect, exploitation, misappropriation of resident property and/or mistreatment was more likely to occur.</p> <p>A facility policy, titled, Resident Safety, revised 4/15/21, was reviewed. The policy's stated purpose was to provide a safe and hazard free environment. Any facility staff member who identified an unsafe situation, practice, or risk factors should have immediately notified their supervisor or charge nurse.</p> <p>A facility policy, titled, Room or Roommate Change, revised 3/1/18, was reviewed. The policy's stated purpose was to ensure that a resident was able to exercise their right to change rooms or roommates. Changes in room or roommate assignment were made when the Facility deemed it necessary, or upon a resident's request. The Facility may have made an emergency change in room or roommate assignment if the change was necessary for the health, safety, or well-being of the resident.</p> <p>A review of Resident 16's clinical record indicated they were originally admitted to the facility on [DATE]. Resident 16's diagnoses included chronic obstructive pulmonary disease (COPD-a lung disorder), diabetes (a disorder of blood sugar regulation) and dementia (a mental disorder that caused memory loss and confusion). Resident 16's Minimum Data Set (MDS--a standardized resident assessment), dated 12/5/24, showed a Brief Interview for Mental Status (BIMS-a screening tool used in nursing homes to assess intellectual function) score of nine, which indicated a moderate level of cognitive (intellectual) impairment.</p> <p>A review of Resident 63's clinical record indicated they were admitted to the facility on [DATE]. Resident 63's diagnoses included hemiplegia and hemiparesis (paralysis and weakness affecting one side of the body) following cerebral infarction (a stroke), dysarthria (difficulty speaking) following cerebral infarction, and depression. Resident 63's MDS, dated [DATE], showed a BIMS score of six, which indicated severe cognitive impairment.</p> <p>(continued on next page)</p>		

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  02/06/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a Health Status Note, dated 1/31/25 at 11:54 pm, by Registered Nurse A, indicated, resident [16] tolerating room change well, however [Resident 63] was giving her trouble as she went in and out of the bathroom. Will continue to monitor. Situation calmed after initial verbal insults.</p> <p>Record review of a Health Status Note, dated 2/1/25 at 6:15 pm, by Licensed Nurse (LN) A, indicated, [Resident 16] doing well with room change. Had a little verbal issue with roommate [Resident 63]. But altercation was over quickly as reported to me. No issues on my shift. VSS (vital signs stable). Call light within reach. Will continue to monitor.</p> <p>Record review of a System Note, dated 2/2/25 at 1:55 pm, by LN B, indicated, [Resident 16] not happy with room change. Resident reported roommate [Resident 63] makes derogative statements at her whenever she passes by her bed to go to BR (bathroom). Resident requesting room change.</p> <p>Record review of an Alert Note dated 2/2/25 at 8:36 pm, by LN A, indicated, nurse was approached by staff member at 7:20 pm on 2/2/25 that there was abuse alleged by two residents in same room. Both throwing water at each other. Resident [16] threw the roommates [Resident 63] pitcher of water on her after [Resident 63] threw the cup from water pitcher at her (water only). No hitting was done. When asked she also stated that what the other resident stated what happened is exactly what happened.</p> <p>During an interview, on 2/5/25 at 9:25 am, LN B stated that they passed a message verbally to the oncoming nurse on 2/2/25 about Resident 16 complaining about Resident 63, but did not notify anyone else. LN B stated Resident 63 yelled at times. When asked about what kinds of things Resident 63 yelled, LN B replied, bad words.</p> <p>During an interview, on 2/5/25 at 1:45 pm, with the Social Services Director (SSD), SSD stated that staff could leave a message or call the SSD if residents were not getting along or a resident wished to change rooms. SSD stated Resident 16 moved into a new room with Resident 63 on 1/31/25, a Friday. SSD returned to work on Monday and did not receive any message about Resident 16 requesting a new room.</p> <p>During a telephone interview, on 2/6/25 at 8:40 am, LN A stated they did not notify administration or SSD about the verbal issues between Residents 16 and 63 as documented on 2/1/25. LN A stated that if the fight was verbal, they would usually monitor the situation and pass it on to the next shift.</p> <p>During an interview, on 2/6/25 at 9:05 am, with Director of Staff Development (DSD) B, DSD B described the usual procedure if residents sharing a room were having verbal disputes. DSD B stated staff should contact the SSD. If during the night or weekends and SSD was not available, staff should separate the residents, because it could become physical, and contact administration.</p>		

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  02/06/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43031</p> <p>Based on observation, interview and record review the facility failed to assure that there was sufficient, qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being for 11 of 32 residents sampled for sufficient staffing (Residents 307, 407, 132, 408, 147, 20, 117, 52, and three confidential residents) when call lights were observed and reported to be left on for extended periods of time, and/ or resident(s) could not locate their call bell, resulting in bowel and bladder incontinence, residents being left in bowel movement and urine, or waiting for assistance in bed for a variety of reasons, including attempting to go to the toilet.</p> <p>This failure had the potential to result in skin breakdown, infection, increase of resident accidents and falls due to frustration and attempting self-help, decline in physical health status, humiliation and diminished overall mental and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Communication - Call System, dated January 1, 2012, Communication - Call System indicated The facility will provide a call system to enable residents to alert the nursing staff from their rooms and toileting/bathing facilities .Nursing staff will answer call bells promptly .</p> <p>During a review of the facility's Job Description for Certified Nursing Assistant (CNA), undated, CNA Job Description indicated, A nursing assistant responsible for providing routine nursing care in accordance with established policies and procedures .Assure the nurse's call system is attached to the bed and within easy reach at all times when residents are bedfast .Answer resident's call lights promptly .</p> <p>During a review of the facility's Job Description for Licensed Vocational Nurse (LVN) Staff Nurse, undated, LVN Staff Nurse Job Description indicated, Administers professional services and provide care consistent with allowing residents to attain or maintain his or ER highest practicable physical, mental, and emotional well-being .Supervise CNAs .Assist in the supervision and direction of nursing personnel .</p> <p>Resident #307:</p> <p>(continued on next page)</p>		

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  02/06/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 307's medical record indicated that Resident 307 was admitted on [DATE] with diagnoses that included, Fall with Fractured Right Rib, Chronic Obstructive Pulmonary Disease (COPD, inflammatory lung diseases that block airflow and make it difficult to breathe), and Acute Respiratory Failure and Hypoxia (Rapid decline in the body's ability to breathe properly, resulting in insufficient oxygen delivery to tissues). The Minimum Data Set (MDS, Tool for evaluating and implementing a standardized assessment) Brief Interview for Mental Status (BIMS, Section C assessing cognitive function) score dated 2/3/2025, indicated Resident 307 rates 10/15, which equates to moderate cognitive impairment. Resident 307 makes their own medical decisions and can verbalize their own needs and preferences.</p> <p>During an interview on 2/5/25 at 2:00 pm, with Resident 307 in resident's room, Resident 307 stated, The call light took 45 minutes or more to answer resulting in me sh***ing my pants or peeing my pants. It probably takes 30 - 40 minutes realistically. I don't want to have to do that, it's humiliating.</p> <p>During a confidential interview on 2/9/25 at 10:00 am, with Resident Council members, three of seven sampled residents stated it can take a very long time for some residents to get their call lights answered. Residents indicate there have been times that they cannot locate their call lights. Residents report there have been other times where they have had to actually go to the nurse's station to request help for roommates or themselves because of the length of time to answer the call light. The time taken to have a call light answered for some has resulted in bowel movement and/or urinary incontinence.</p> <p>During an interview on 2/9/25 at 2:30 pm, with Director of Nursing (DON) in the DON's office, DON stated the facility is working hard attempting to ensure there is plentiful staff on all shifts, they are placing advertisements to hire staff in all forms of media. DON concurred that residents have complained of call lights not being answered timely, and expects all staff ensure that the call lights are answered promptly to care for resident needs.</p> <p>40425</p> <p>Resident #407</p> <p>A review of Resident 407's medical record indicated that Resident 407 was admitted on [DATE] with diagnoses that included, Fall with Wedge Compression Fracture of Third Lumbar Vertebra with Surgical intervention, Hypertension (high blood pressure), and weakness. The Minimum Data Set (MDS, Tool for evaluating and implementing a standardized assessment) Brief Interview for Mental Status (BIMS, Section C assessing cognitive function) score dated 2/3/2025, indicated Resident 407 rates 7/15, which equates to severe cognitive impairment. Resident 407 can verbalize their own needs and preferences.</p> <p>During an interview on 02/03/25 at 10:55 am, with Resident 407 in resident's room, Resident 407 stated, the call light was not in reach, they never put it where she can reach it. She has to ask her roommate to call for help.</p> <p>Resident #132</p> <p>(continued on next page)</p>		

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  02/06/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 132's medical record indicated that Resident 132 was admitted on ,d+[DATE]/ 2024 with diagnoses that included, Bacterial pneumonia, (lung infection caused by various bacteria), Weakness, and Need for assistance with personal care. The MDS BIMS, Section C, score dated 12/16/2024, indicated Resident 132 rates 9/15, which equates to moderate cognitive impairment. Resident 132 can verbalize their own needs and preferences.</p> <p>During a concurrent observation and interview on 02/03/25 at 10:58 am, with Resident 132 in resident's room, Resident 132 stated, the call light was not within reach. Resident 132 didn't even know where call bell was. Surveyor observed the call light not within the resident's reach, retrieved it and activated it, then observed four staff members walk by the resident's room, with the call light on, providing no assistance.</p> <p>Resident #147</p> <p>A review of Resident 147's medical record indicated that Resident 147 was admitted on [DATE] with diagnoses that included, Cerebral Infarction (Stroke, blood flow to the brain is interrupted causing brain cells to die), Generalized Muscle Weakness, and Need for assistance with personal care, and COPD. The MDS BIMS, Section C, score dated 1/10/2025, indicated Resident 147 rates 6/15, which equates to severe cognitive impairment. Resident 147 can verbalize their own needs and preferences.</p> <p>During an interview on 02/04/25 at 11:31 am, with Resident 147 in resident's room, Resident 147 stated she has to wait 30 or more minutes for the staff to answer her call light. She only calls when she needs help going to the bathroom, and a few times she was incontinent, and it was embarrassing.</p> <p>Resident #408</p> <p>A review of Resident 408's medical record indicated that Resident 408 was admitted on [DATE] with diagnoses that included, End Stage Renal Disease (ESRD, loss of kidney function reaching and advanced stage), Chronic Obstructive Pulmonary Disease (COPD, inflammatory lung diseases that block airflow and make it difficult to breathe), Diabetes Mellitus (DM). The MDS BIMS, Section C, score dated 2/4/2025, indicated Resident 408 rates 14/15, which equates to intact cognition. Resident 408 can verbalize their own needs and preferences.</p> <p>During a concurrent observation and interview on 02/03/25 at 11:22 am, with Resident 408 in resident's room, Resident 408 stated her call light was not within reach. Resident 408 didn't even know where it was. The call bell was observed and located out of reach under her pillow. I can't reach my call bell after I have been up for a while, and I am tired and need to lay down.</p> <p>Resident # 20</p> <p>Resident 20 was admitted to the facility with difficulty walking and a need for assistance with personal care.</p> <p>Review of the facility's Brief Interview of Mental Status (BIMS) performed on 11/26/24 indicated that he is Resident 20 was cognitively intact, (capable of understanding).</p> <p>(continued on next page)</p>		

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  02/06/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 20's Minimum Data Set (MDS, a scoring system for all aspects of a resident's care) section GG, Functional Abilities, performed on 11/26/24, indicated that he required a wheelchair to walk, had a prosthetic leg, and that he was unable to walk 10 feet without substantial/maximal assistance. Resident 20 was also unable to walk to the restroom.</p> <p>In an interview on 2/03/25 10:40 AM Resident 20 stated, Sometimes they answer the call light, sometimes never. Sometimes I push the button, and nothing happens, which is kind of irritating. I need their help.</p> <p>Resident # 117</p> <p>Resident # 117 was admitted to the facility with diabetes, morbid obesity and a history of falling. A review of his BIMS performed on 1/8/25 indicated that he was cognitively intact.</p> <p>In an interview on 02/03/25 11:16 AM stated Sometimes they come when you ring the call light, sometimes they don't</p> <p>Resident # 52</p> <p>Resident 52 was admitted for partial paralysis, muscle weakness, stroke, congestive heart failure and was oxygen dependent. A review of her BIMS performed on 12/5/25 indicated that she was cognitively intact. A review of Resident 52's functional abilities performed on 12/5/24 indicated that she was dependent for personal care including showering and bathing and was unable to rise from a sitting to a standing position on her own, depending on staff for assistance.</p> <p>In an interview on 02/03/25 at 11:25 AM, Resident 52 stated, I don't know what their way of getting CNAs (Certified Nursing Assistants) is, they have plenty for a week, and then these stretches when there's not a soul around. The last three days I would go for two to three hours at a time, and they wouldn't answer the buzzer. When they came, it wasn't for the buzzer, it was to bring my tray. I am very uncomfortable when I have a bowel movement, I need someone to help me. My biggest complaint is the lack of CNA help. It just doesn't happen.</p>		

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  02/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47442</p> <p>Based on observation, interview, and record review, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Parsley was stored under sanitary conditions when it was not labeled, dated or stored safely in the walk-in refrigerator.</li> <li>2. The walk-in freezer was free from frost build up.</li> </ol> <p>These failures had the potential to result in foodborne illnesses.</p> <p>1. During a concurrent observation and interview on the initial tour, in the walk-in freezer with Dietary Manager (DM), on 2/3/25 at 9:40 am, frost was noted to multiple areas on the ceiling of the walk-in freezer. DM confirmed frost was on multiple areas of the ceiling and confirmed frost should not be on the ceiling.</p> <p>During a concurrent observation and interview in the walk-in freezer, on 2/6/25 at 8:15 am with Maintenance Supervisor (MS), frost was noted on the ceiling. MS confirmed there was frost on the ceiling. MS stated frost has recently started to build up on the ceiling and the maintenance staff removed the frost but it continues to come back.</p> <p>2. During a concurrent observation and interview on the initial tour, in the walk-in refrigerator with DM, on 2/3/25 at 9:50 am, a metal pan on the bottom shelf contained parsley that was not covered and appeared shriveled up and dry. In the same metal pan, was a clear plastic bag that contained a larger quantity of parsley that was not labeled or dated. DM confirmed the parsley was not covered properly and the bag of parsley was not labeled or dated. DM confirmed the parsley should be covered and the bag of parsley should be labeled and dated.</p> <p>During a review of the facility's policy and procedure titled, Food Storage and Handling, dated 6/4/24, indicated food items will be stored, thawed, and prepared in accordance with standard sanitary practices. All items will be correctly labeled and dated.</p> <p>During a review of the facility's policy and procedure titled, Maintenance Service -Operational Manual -Physical Environment, dated 12/1/12, indicated the Maintenance Department maintains all areas of the building, grounds, and equipment. The Maintenance Department will maintain the building in good repair, free from hazards and in good working order.</p>		

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  02/06/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39942</p> <p>Based on observation, interview and record review, the facility failed to keep complete and accurate records for one of five sampled residents (Resident 16) when documentation about skin assessments and treatments was inconsistent. This failure had the potential to negatively impact Resident 16's skin care and treatment, and to make it difficult to track the history and progress of any skin issues.</p> <p>Findings:</p> <p>A facility policy, titled, Skin Integrity (health) Management, revised 6/27/24, was reviewed. The policy indicated that a Licensed Nurse (LN) would have completed a skin evaluation when there was a change in skin integrity. Treatments to pressure injuries or other skin integrity conditions would have been ordered by the physician. Treatments administered would have been documented in the resident medical record.</p> <p>A facility policy, titled, Skin and Wound Management, revised 1/1/2012, was reviewed. The policy indicated that all Nursing Staff was responsible for the prompt reporting of any skin related conditions to the LN. The LN was to have notified the Attending Physician promptly at the first occurrence of a pressure ulcer or other skin related problems.</p> <p>A facility policy, titled, Dressings - Application, revised 1/1/2012, was reviewed. The policy indicated dressings were applied under the direction of an Attending Physician order or to provide for cleanliness, protection and resident comfort until the Attending Physician could be reached for further orders.</p> <p>A review of Resident 16's clinical record indicated they were originally admitted to the facility on [DATE]. Resident 16's diagnoses included diabetes (a disorder of blood sugar regulation), peripheral vascular disease (poor circulation) and severe chronic kidney disease (the kidneys were damaged and could not filter blood properly).</p> <p>During an observation, on 2/3/25 at 2 pm, Resident 16 sat in a wheelchair in their room, with a dressing present on the top of their left hand. The dressing was pink foam, approximately four inches by four inches, with nothing written on it.</p> <p>Record review of a Long-Term Care Evaluation, dated 1/22/25 by LN N, indicated, no skin changes since last evaluation.</p> <p>Record review of a Health Status Note, dated 1/25/25 at 3:20 pm, by the Director of Nursing (DON), indicated, Registered Nurse was called and notified of resident's skin tear. Went to assess and found discoloration to left in between thumb and wrist hand and some skin tear [sic].</p> <p>Record review of a Health Status Note, dated 1/25/25 at 3:42 pm, by LN M, indicated, [Resident 16] reports no pain to ST (skin tear) left hand. ST covered with transparent dressing.</p> <p>(continued on next page)</p>		

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  02/06/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a Wound Location Chart, dated 1/25/25, by LN E, showed an outline of the human body with an arrow and notes by the left hand, skin tear and bruising. Tx (treatment): cleanse and cover, monitor bruising per M.D.</p> <p>Record review of a physician's order, dated 1/29/25 (four days after skin tear documented) indicated, monitor bruising to the back of hand for s/sx (signs and symptoms) of complications or infection every shift.</p> <p>Record review of a Long-Term Care Evaluation, dated 1/29/25 by LN N, indicated, no skin changes since last evaluation.</p> <p>Record review of a Care Plan problem, revised on 1/30/25, by DON, indicated, [Resident 16] has a skin tear on left hand between thumb and wrist. She pulled her hand, hit the wheelchair when LN tries [sic] to check her blood sugar on 1/24/25. Among the interventions listed for this problem was, keep skin clean and dry. Use lotion on dry scaly skin.</p> <p>Record review of a Skin Check note, dated 2/2/25 at 10:27 pm, by LN A, indicated, skin warm &amp; dry, skin color WNL (within normal limits) and turgor (elasticity) is normal.</p> <p>During an interview, on 2/4/25 at 11:15 am, Treatment LN D stated they could not find anything in the electronic health record about the pink foam dressing on Resident 16's left hand. LN D stated usually they write the date and time on dressings, but not always.</p> <p>During an interview, on 2/5/25, at 8:19 am, LN C stated they tried to get a drop of blood from Resident 16's hand on the morning of 1/24/25 while the resident sat in their wheelchair. LN C stated Resident 16 pulled their hand away and whacked it on the arm of the chair. LN C stated Resident 16 came out of their room a few minutes later and showed LN C their hand, said LN C made it bleed. LN C stated there were two small skin tears on Resident 16's hand, and they were bleeding, scant bleeding. LN C cleaned the hand and put a dressing on it, a white island dressing (a sterile bandage with a central absorbent pad and an adhesive border that protects wounds from contamination). LN C did not document anything or notify the Skin Team. LN C just applied the dressing and called it a day because they felt that it was so minor.</p>		

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  02/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41715</p> <p>Based on interview, observation and record review, the facility failed to meet this requirement when a nurse did not sanitize a blood pressure cuff in between using it on two of 32 sampled residents, (Residents 74 and 42). This practice was not supported by the facility's policy and resulted in the potential to spread infection and illness.</p> <p>Findings:</p> <p>Review of the facility's policy titled Cleaning and Disinfection of Resident Care Equipment, last revised 1/1/12, indicated that the purpose of the policy was To ensure that the cleaning and disinfection of environmental surfaces is in accordance with Centers for Disease Control and Prevention (CDC) and Occupational Safety &amp; Health Administration.</p> <p>The policy further indicated, Resident care equipment, including reusable items and durable medical equipment, is cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard.</p> <p>The policy indicated, Reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment).</p> <p>On 2/4/25 at 1:10 PM, Licensed Vocational Nurse (LVN K) was observed taking a blood pressure on Resident 74 before administering a medication. LVN K was then observed taking a blood pressure on another resident, Resident 42, immediately following, without sanitizing the blood pressure cuff between residents. In a concurrent interview, LVN K confirmed that she had not cleaned the cuff. LVN K stated that cleaning blood pressure cuffs between residents was standard nursing practice, and stated she forgot.</p> <p>In an interview on 2/5/25 at 8:30 AM, LVN L stated It's standard nursing practice to clean reusable equipment between residents. LVN L had just been observed sanitizing a blood pressure cuff between residents. LVN L stated, It's infection control. There are a lot of things going around.</p> <p>In an interview on 2/5/25 at 10:30 AM, Infection Prevention Nurse (IP J) stated that it is standard practice to clean blood pressure cuffs between residents and that it is necessary for infection control.</p>