STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555281	A. Building B. Wing	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oroville Hospital Post-Acute Center	1000 Executive Parkway Oroville, CA 95966

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50363 Based on interview and record review, the facility failed to follow the care plan for one of three residents (Resident 1) when Resident 1 was left unattended in his room when a hospitality aide (HA - someone hired by the facility to provide non-medical assistance to residents, focused on their comfort, safety, and well-being) took a break and left Resident 1's room. This failure had the potential to result in physical and/or psychosocial harm to other residents when Resident 1 eloped (unsupervised wandering) from his room and entered Resident 2's room. Findings: A record review of facility job description titled Job Description for Hospitality Aide dated 4/1/22 indicated HAs must demonstrate the ability to .understand, plan and carryout resident care plans. A record review of facility policy titled Care Plans (undated) did not indicate any policy related to developing, implementing or following resident care plans. A record review of Resident 1's Admission Record indicated he was admitted to the facility on [DATE] with diagnoses that included Wernicke's encephalopathy (a serious neurological condition caused by a deficiency of vitamin B1 often due to chronic alcohol abuse), Alzheimer's Disease (a progressive brain disorder that primarily affects memory, thinking, and behavior), and dementia with agitation (involves behavioral and psychological symptoms like anxiety, depression, and aggression, in addition to cognitive decline). A record review of Resident 1's Care Plan dated 2/17/24 indicated Resident 1 had a history of elopement with impaired safety awareness. Intervention listed was 1:1 supervision. Care plan also indicated Resident 1 had multiple behaviors (agitation, restlessness, aggression, yelling, and irritability) related to dementia. Intervention listed was 1:1 supervision. Care plan indicated Resident 1 had potential to wander into others rooms related to dementia. Intervention listed was 1:1 for redirection. Care plan further indicated Resident 1 had a communication problem related to expressive aphasia (difficulty expressing their thoughts and ideas through spoken or written language,), weak or absent voice, and word salad (confused or unintelligible mixture of seemingly random words and phrases). Intervention listed was 1:1 sitter to assist with care and communication. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555281	A. Building B. Wing	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Social Service Progress Note dated 11/18/24 10:04 am indicated Resident 1 was considered a wandering and elopement risk and had a 1:1 sitter for all shifts. A record review of Social Service Progress Note dated 2/13/25 10:01 am indicated Resident 1 was considered a wandering and elopement risk and had a 1:1 sitter for all shifts and is in the wandering risk binder. During an interview with Director of Nursing (DON) on 4/22/25 at 10:20 am, DON confirmed facility did not have a care plan policy. DON confirmed facility document titled Policy: Care Plans (undated) was not an appropriate care plan policy. DON stated she did not consider the document to be a care plan policy. DON stated Resident 1 was expected to have a 1:1 sitter every shift, every 24 hours, every day. DON confirmed at time of incident, Resident 1 should have had a sitter even if it was for a short duration of time. DON stated facility expectation was for HAs to have another staff member go into Resident 1's room when they took a break. DON further confirmed HA did not follow their job description when Resident 1 wandered from his room. DON stated although HA told Registered Nurse (RN) A they needed a break, DON confirmed RN A should have physically been in Resident 1's room. DON confirmed staff did not follow Resident 1's care plan.