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	06/25/2026

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on interview and record review the facility failed to ensure staff assigned to perform food and nutrition services possessed the competencies and skill sets necessary to carry out those functions. When the facility utilized Certified Nursing Assistants (CNA) to prepare and alter food without documented training or competency validation. These failures had the potential to place residents, a highly susceptible population, at risk of receiving improperly prepared or altered meals that did not meet prescribed therapeutic diets, texture modification, nutritional requirements.Findings:A review of the undated facility's Certified Nursing Assistant (CNA) job description identified the CNA's primary duties included providing direct resident care, assisting with activities of daily living, feeding residents, obtaining vital signs, and completing resident documentation. The CNA job description did not include food preparation or food and nutrition service functions as assigned duties.A review of the undated facility's Dietary Aide (DA) job description indicated that the DA's essential functions included preparing food, assembling meal trays, checking trays for accuracy, preparing snacks between meals, keeping food at safe temperatures, and completing kitchen cleaning tasks.During an interview on 6/24/26 at 11:45 am, with [NAME] J who was responsible for breakfast and lunch meals, [NAME] J stated that when the dietary department required additional assistance, CNAs were reassigned from the nursing units to assist in the kitchen with food preparation tasks. [NAME] J stated the dietary department was currently short staffed due to one employee being absent because of a death in the family.During an interview on 6/24/26 at 11:50 am, with [NAME] K who prepared the dinner meal, stated the dinner shift normally required three staff, or sometimes four if an evening^snack worker was scheduled or a morning staff member stayed to assist. [NAME] K reported that the dietary department had been short^staffed throughout June, and as a result, CNAs were sometimes pulled from the nursing units to help with kitchen duties.During an interview on 6/25/26 at 11:55 am, with Registered Dietician (RD), RD was asked to provide a list of dietary staff, a list of CNAs who helped in the kitchen, and the training and competency records for each staff member. The RD provided a blank packet of training and competency materials that were reportedly given to kitchen staff at hire, at the 90^day review, and then annually, along with a copy of the Dietary Aide job description. The RD stated the facility did not have any formal written training records or competency documentation for CNAs who were assigned to assist with dietary tasks in the kitchen.During an interview on 6/25/26 at 1:48 pm, with RD, RD stated facility has been required to pull staff for help intermittently for the past three weeks due to a dietary employee being out on a leave of absence. The RD stated that when CNAs assist with kitchen tasks, they are paired with a DA.During a phone interview on 6/25/26 at 2:07 pm, with CNA F, CNA F was asked about assigned kitchen duties. CNA F explained they were pulled from the nursing unit to help in the kitchen. Their tasks included preparing pudding, cottage cheese, and fruit cups. CNA F stated that some items were pre^prepared, while others required measuring ingredients and portioning them into containers. They also blended cottage cheese with milk in a blender to make the correct consistency for a pureed diet. CNA F reported that dietary staff did not provide continuous supervision but checked in periodically to ensure the tasks were done correctly and to offer help if needed.During a phone interview on 6/26/26 (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
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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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 11:53 am, with CNA G, CNA G stated they had worked in the kitchen three to four times, with the first assignment occurring about two weeks earlier, around 6/12/26. When asked about assigned duties, CNA G reported assisting with preparation of snacks such as pudding and sandwiches. CNA G stated they assisted in the preparation of tuna salad, serving food on the tray line. CNA G further stated they assisted in making a cake using a recipe from the facility recipe book with support from a dietary aide. When asked about supervision and direction, CNA G stated they were provided with both assigned tasks and general instruction. CNA G stated if questions arose, they would locate dietary staff for clarification and assistance.During an interview on 6/25/26 at 3:23 pm, with RD, RD was asked to clarify expectations for CNA involvement in kitchen and dietary preparation tasks. The RD stated CNAs may complete simple tasks independently after receiving instruction, if a DA is present in the kitchen. When informed that CNAs reported mixing and preparing pudding and blending cottage cheese for pureed diets, the RD stated they were not aware of these activities and confirmed CNAs should not be blending cottage cheese or modifying food textures. The RD added that CNAs are expected to perform only simple tasks and should not alter, prepare or modify food for consistency, including pureed textures. The RD further acknowledged that no formal written training, competency validation, or supporting documentation was present in CNA personnel files to demonstrate that CNAs had been trained or deemed competent to perform assigned dietary-related tasks.