

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Eastern Plumas Hospital- Portola Campus Dp/Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  500 First Street Portola, CA 96122	

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 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>06879</p> <p>Based on observation and interview, the facility failed to maintain handrails in the corridors for a 10.5 month period, from June 6, 2023 until April 25, 2024.</p> <p>Finding:</p> <p>During an onsite visit on 4/24-4/26 2024, the surveyor noted that there were sections of the corridors that had no handrails affixed to the corridor walls.</p> <p>In an interview on 4/25 at 2 pm with the Director of Plant Operations, he confirmed that all the handrails were removed on 6/6/2023, as the facility was embarking on a major renovation to the corridor walls. He stated that over the past two weeks, the facility had been replacing the old handrails with the new ones, but the project was not completed yet. He also stated, I was not aware that the regulations require that corridor handrails be in place.</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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