

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2024
NAME OF PROVIDER OR SUPPLIER  Pioneer House		STREET ADDRESS, CITY, STATE, ZIP CODE  415 P Street Sacramento, CA 95814	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>42255</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of 44 sampled residents' (Resident 2 and Resident 4), call lights were within reach and easily accessible.</p> <p>This failure placed Resident 2 and Resident 4 at risk of not being able to ask staff for assistance.</p> <p>Findings:</p> <p>Resident 2 was admitted to the facility in late 2023 with diagnoses which included dementia (loss of memory), history of falling and glaucoma (vision loss).</p> <p>Resident 4 was admitted to the facility in early 2024, with diagnoses which included dementia (loss of memory), chronic kidney disease, stage 3 (kidney damage) and hypertension (high blood pressure).</p> <p>During an observation on 4/2/24 at 2 p.m. in Resident 2's and Resident 4's room, the call lights were observed to be bundled up and placed in a black basket above the bedside dresser.</p> <p>During a concurrent observation and interview on 4/2/24 at 2:30 p.m. with Certified Nurse Aide (CNA) 1, in Resident 2's and Resident 4's room, CNA 1 confirmed the call lights were in the basket out of reach of the Residents and stated, We usually put the call lights within reach. So, that the residents feel safe and can call us.</p> <p>During an interview on 4/2/24 at 2:25 p.m. with the Administrator (ADM), the ADM stated, I would expect the staff to always place the call lights in reach of the residents.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Answering the Call Lights dated 9/2022, the P&amp;P indicated, Ensure that the call light is accessible to the resident when in bed .</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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