

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  11/29/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48140</p> <p>Based on interviews and record reviews the facility failed follow physician orders for one resident out of five sampled residents (Resident 1) when Resident 1 ' s weight was not measured at admission.</p> <p>This failure had the potential for facility to be unable to recognize if Resident 1 experienced unexpected weight loss.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission records indicate Resident 1 was admitted to the facility in October 2024 with diagnoses including dysphagia (difficulty swallowing) and severe protein-calorie malnutrition (critical deficiency in protein and calories in the diet).</p> <p>During a review of Resident 1 ' s Order Summary Report (OSR, physician orders), dated 10/31/24, an order for admission weight was noted.</p> <p>During a concurrent interview and record review on 11/26/24 at 4:03 p.m., with the Assistant Director of Nursing (ADON), the Director of Nursing (DON), and the Nurse Consultant (NC), the following documents were reviewed:</p> <ol style="list-style-type: none"> <li>1. Resident 1 ' s OSR,</li> <li>2. Progress Notes, dated 10/31/24 - 11/17/24 and,</li> <li>3. Weights and Vitals Summary, dated 10/31/24 - 11/13/24.</li> </ol> <p>The ADON, DON and NC confirmed there was no admission weight for Resident 1 per the OSR and no way to track weight loss.</p> <p>A request for the facility ' s policy and procedure (P&amp;P) for their Admission Assessment, which included documentation of a resident ' s admission weight was requested on 11/26/24 and 11/27/24. The facility did not provide the requested P&amp;P.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48140</p> <p>Based on interviews and record reviews the facility failed to ensure one resident out of five sampled residents (Resident 1), who was unable to carry out activities of daily living (ADLs) received the necessary services to maintain grooming and personal hygiene, when Resident 1 did not receive showers as scheduled.</p> <p>This failure had the potential for Resident 1 to experience a decrease in hygiene and psychosocial wellbeing.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission records indicate Resident 1 was admitted to the facility in October 2024 with diagnoses including cerebral infarction (blood flow to the brain is blocked, causing brain cells to die) and muscle weakness.</p> <p>A review of Resident 1 ' s Order Summary Report (OSR, physician orders), dated 10/31/24, indicated Resident 1 had the capacity to understand and make his own health care decisions.</p> <p>During a review of Resident 1 ' s 48 Hour Baseline Care Plan, (a document that provides person centered instructions for a resident's care), dated 10/31/24, indicated Resident 1 was dependent on staff for grooming and hygiene care, needed the assistance of one to two staff members for bathing and had a preference for showers.</p> <p>A review of Resident 1 ' s Care Plan (a plan that outlines the type of care a resident needs and the steps nurses will take to meet them), dated 10/31/24, indicated Resident 1 was at risk for altered ADLs related to the cerebral infarction, with an intervention that included providing a shower or bathing at least two times a week.</p> <p>During a review of Resident 1 ' s Task: Bathing Performed, dated 10/31/24 to 11/16/24, indicated Resident 1 ' s bathing task was completed on 11/5/24 and 11/7/24. There were no bathing tasks completed from 11/8/24 to 11/16/24.</p> <p>During a concurrent interview and record review on 11/26/24 at 4:03 p.m., Resident 1 ' s 48 Hour Baseline Care Plan, Care Plan, and Bathing Tasks were reviewed with the Assistant Director of Nursing (ADON), the Director of Nursing (DON) and the Nurse Consultant (NC). The ADON, DON and NC confirmed Resident 1 was dependent on staff for grooming and hygiene needs and he did not receive showers as indicated. The CN stated, The CNA (Certified Nursing Assistant) should have told the nurse why that specific task wasn ' t done.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure (P&amp;P) titled, Activities of Daily Living (ADLs), Supporting, revised March 2018, indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care) .</p>		