

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 12/26/2024
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>44946</p> <p>Based on interview and record review, the facility failed to make sure that an inventory of personal belongings sheet was completed, and a copy was given upon admission to one of three sampled residents (Resident 1.)</p> <p>This failure had the potential for the resident ' s personal belongings being lost or stolen.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated, Resident 1 was admitted in late 2024 with diagnoses which included anxiety.</p> <p>During a review of Resident 1 ' s Inventory of Personal Effects (IPE - inventory sheet), dated 12/2/24, the IPE did not have the Resident 1 ' s signature on the ' Certification of Receipt ' portion of the document.</p> <p>During a review of Resident 1 ' s closed record, there was no documented evidence that Resident 1 signed the inventory sheet and was given a copy upon admission on the nurse ' s notes or admission record.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) Section C, dated 12/5/24, the MDS indicated, Resident 1 was cognitively intact.</p> <p>During a telephone interview on 12/26/24 at 11:00 a.m.with Resident 1, Resident 1 stated that an inventory of his belongings was not done upon his admission, and he was not given a copy of the inventory sheet during his admission.</p> <p>During an interview on 12/26/24 at 12:26 p.m.with Director of Nursing (DON), DON stated that during admission an inventory sheet for resident ' s belongings should be done and either the resident or responsible party for the resident would sign it and a copy would be given to them.</p> <p>During an interview on 12/26/24 at 2:45 p.m.with Director of Nursing (DON), DON stated that the facility cannot provide a documentation that Resident 1 was given a copy of the inventory sheet upon admission. The DON indicated there wasno documentation on the chart or in the notes.</p> <p>(continued on next page)</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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s policy and procedure (P&P) titled, Admitting the Resident: Role of the Nursing Assistant, dated September 2013, the P&P indicated, When all personal items have been inventoried and recorded on the Inventory of Personal Effects Record, sign your name and title and instruct the family member that witnessed the inventory to also sign the form .provide the resident and/or family member with a copy of the completed and signed inventory record.		