

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  01/24/2025
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43247</b></p> <p>Based on interview and record review, the facility failed to provide a safe discharge for one of three sampled residents (Resident 1), when Resident 1 was discharged to a room and board facility (a home that offers housing accommodations, may offer meals, but does not provide personal care services) and did not have care needed for activities of daily living (ADL).</p> <p>This failure resulted in Resident 1 living in an unsafe environment that could not meet Resident 1's needs which prompted a transfer to the hospital.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility in September 2024 with multiple diagnoses including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke- disrupted blood flow to the brain causing brain tissue death), right leg above the knee amputation, bipolar disorder (mental health condition causing extreme mood swings that include emotional highs and lows) and chronic obstructive pulmonary disease (lung disease that blocks air flow and makes it difficult to breathe).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a federally mandated assessment tool). Cognitive Patterns, dated 12/18/24, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 13 out of 15 that indicated Resident 1 was cognitively intact. A review of Resident 1's MDS, Functional Abilities, dated 12/18/24, indicated Resident 1 used a wheelchair, required substantial assistance for toileting, showering, dressing, bed mobility, and transfers. Resident 1's MDS, Bladder and Bowel, dated 12/18/24, indicated Resident 1 was always incontinent of bladder and bowel.</p> <p>A review of Resident 1's MDS, Functional Abilities-Discharge, dated 1/7/25, indicated Resident 1 required substantial assistance for toileting, showering, dressing, bed mobility, and transfers. A review of Resident 1's MDS, Bladder and Bowel, dated 1/7/25, indicated Resident 1 was always incontinent of bladder and bowel.</p> <p>A review of Resident 1's PT [Physical Therapy] Discharge Summary, dated 10/7/24, indicated Resident 1 was minimum assist for bed mobility and moderate assist for transfers.</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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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's OT [Occupational Therapy] Discharge Summary, dated 10/10/24, indicated Resident was minimum assist for lower body dressing and moderate assist for toileting.</p> <p>A review of Resident 1's Order Summary Report indicated order dated 1/7/25, Resident may discharge with current medications and belongings when ready.</p> <p>A review of Resident 1's Progress Note, dated 1/7/24, indicated .Resident is set to discharge today 01/07/25, with all proper orders in place. This writer met with resident to ensure she is prepared to be discharged and answer any questions if any .Resident will discharge to [name] Room &amp; Board .Resident declined all HH [Home Health] Services .</p> <p>During an interview on 1/24/25 at 1:40 p.m. with the Director of Nursing (DON), the DON stated Resident 1 was discharged to room and board on 1/7/25 with Resident 1's consent. The DON stated the Social Service Director (SSD) handled the discharge.</p> <p>During an interview on 1/24/25 at 1:48 p.m. with the SSD, the SSD stated Resident 1 decided to move to a room and board. The SSD stated the manager from a room and board came to talk to the resident on 1/6/25 and Resident 1 went to the room and board on 1/7/25. The SSD stated Resident 1 was able to transfer to wheelchair with help using a transfer pole. The SSD stated she was not present in the room when the room and board manager came to interview Resident 1 and was not aware what Resident 1 told the room and board manager about ability to care for himself or what assistance was needed. The SSD stated Resident 1's insurance and healthcare provider was arranging for In Home Supportive Services (IHSS- program that provides in home assistance to eligible aged, blind, or disabled individuals). The SSD acknowledged she did not document her conversation on 1/6/25 with the room and board manager.</p> <p>During a telephone interview on 1/24/25 at 2:41 p.m. with the Room and Board Representative (RBR), the RBR stated he met with Resident 1 on 1/6/25 who indicated he could stand and mobilize with the wheelchair. The RBR stated he relied on Resident1's assessment of his abilities. The RBR stated that Resident 1 reported he had applied for IHSS. The RBR stated he relied on Resident 1's reporting that IHSS had been applied for and was going to provide care. The RBR stated he believed that IHSS was in place based on what Resident 1 told him. The RBR stated he expected IHSS to be in place when Resident 1 arrived, but no IHSS caregiver came to see him. The RBR stated that in a room and board the resident needs to be very independent. The RBR stated, In my opinion, [Resident 1] needs help. The RBR stated Resident 1 was managing on day 1 and day 2, not doing well on the 3rd day, then on the 4th day, Resident 1 was not able to care for self and went to the hospital.</p> <p>During an interview on 1/24/25 at 2:53 p.m. with the SSD, the SSD stated she was aware that IHSS was not in place when Resident 1 was discharged to the room and board. The SSD stated she was not present during Resident 1's discussion with the RBR on 1/6/25 but relied on a conversation with the RBR on 1/6/25 that Resident 1 had the assistance needed. The SSD stated Resident 1 indicated the RBR could provide the help he needed. The SSD stated she did not confirm IHSS was in place.</p> <p>During an interview on 1/24/25 at 3:09 p.m. with Licensed Nurse (LN) 1, LN stated Resident 1 was able to transfer self with much assistance. LN 1 stated if discharged to room and board, and no one to help, he should have stayed in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/24/25 at 3:18 p.m. with LN 2, LN 2 stated Resident 1 was dependent for transfers, for changing briefs due to incontinence, and needed help with ADLs.</p> <p>During a concurrent interview and record review on 1/24/25 at 3:33 p.m. with the DON, the DON acknowledged that Resident 1's MDS on 1/7/25 indicated Resident 1 needed substantial assistance for transfers and ADL care. The DON acknowledged that the SSD did not document on 1/6/25 any discussion with the RBR regarding Resident 1's functional ability and the room and board's ability to provide care. The DON acknowledged that IHSS was not confirmed prior to Resident 1's discharge on 1/7/25. The DON stated, IHSS should have been confirmed prior to discharge.</p> <p>Review of the facility's Policy and Procedure (P&amp;P) titled Transfer or Discharge, Preparing a Resident for, revised 12/16, indicated .Residents will be prepared in advance for discharge .A post-discharge plan is developed for each resident prior to his or her transfer or discharge. This plan will be reviewed with the resident, and /or his or her family, at least twenty-four (24) hours before the resident's discharge or transfer from the facility .</p> <p>Review of the facility's P&amp;P titled Discharging the Resident, revised 12/16, indicated .The resident should be consulted about the discharge .If the resident is being discharged home, ensure that resident and /or responsible party receive teaching and discharge instructions .</p>		