

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 02/18/2025
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48140</p> <p>Based on observations, interviews and record reviews the facility failed to ensure one out of two sampled residents, Resident 1, was provided a therapeutic diet as ordered by the physician. This failure had the potential for Resident 1 to experience malnutrition and weight loss.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicate Resident 1 was admitted to the facility on [DATE] with diagnoses which included encephalopathy (a broad term for any brain disease that alters brain function or structure) and dysphagia (difficulty swallowing).</p> <p>A review of Resident 1's Order Summary Report (OSR, physician orders) indicated an order for a regular diet, soft and bite sized texture (foods that are soft, and chopped into bite-sized pieces) with a start date of 2/7/25.</p> <p>During a concurrent observation and interview on 2/18/25 at 12:05 p.m. in Resident 1's room, with Certified Nurse Assistant (CNA) 1, Resident 1's lunch and lunch tray card were observed. Resident 1's tray card indicated mince moist (foods that are soft, moist and minced to size) as the diet. Resident 1's meal included a green food item that was pureed (a food item that is smooth and free of lumps, holds their shape, without being too firm or sticky and will not weep). Resident 1 stated, I don't know what this green stuff is, I'm supposed to be getting a different diet, not this pureed stuff. CNA 1 confirmed Resident 1's lunch included an unidentified pureed food item and a lunch tray card that indicated Resident 1 should be receiving foods with a mince moist texture. CNA 1 confirmed Resident 1's lunch tray card and pureed food item on the lunch tray was incorrect.</p> <p>During a concurrent observation, interview and record review on 2/18/25 at 12:54 p.m. with Licensed Nurse (LN) 1, Resident 1's tray card, meal served and OSR were reviewed. LN 1 confirmed Resident 1's diet order was incorrect and did not match the lunch tray card or the food item that was served.</p> <p>During a concurrent observation, interview and record review on 2/18/25 at 2:02 p.m. with [NAME] (CK) 1, Resident 1's tray card, meal served and OSR were reviewed. CK 1 confirmed Resident 1's diet order did not match the lunch tray card or the food item that was served. CK 1 stated, Those diets [the mince moist and soft, bite sized] are two different orders.</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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation, interview and record review on 2/18/25 at 2:32 p.m. with the Director of Nursing (DON), Resident 1's tray card, meal served and OSR were reviewed. The DON confirmed Resident 1's diet order did not match the tray card or the food that was provided during lunch. The DON acknowledged they should have provided the correct diet that was indicated on the physician's order.</p> <p>A review of the facility's policy and procedure (P&P) titled, Therapeutic Diets, revised October 2017, indicated, Therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences .Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes .Diet order should match the terminology used by the food and nutrition services department.</p>		