

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/03/2026
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)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to implement ordered measures to promote wound healing for one of four sampled residents (Resident 1), when staff did not ensure that low air loss (LAL) mattress (a specialized medical-grade support surface used to prevent and treat bedsores [pressure ulcers] by combining continuous airflow with pressure relief) air pump for Resident 1 was working or connected to the power outlet. This failure increased the potential for slower healing or worsening pressure ulcer in Resident 1. Findings: During a review of Resident 1's admission Record (AR), dated 6/3/26 (print date), the AR indicated, Resident 1 was admitted to the facility in March of 2026 with diagnoses which included a need for assistance with personal care, and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 1's Care Plan Report (CPR), dated 6/3/26 (print date), the CPR indicated, [Resident 1] is at risk for worsening skin breakdown/pressure injuries. Utilize pressure-relieving mattress and other pressure redistribution devices as ordered. During a review of Resident 1's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for June of 2026, the MAR indicated that the following order was carried out daily on every shift, including the morning shift of 6/3/26, Low air loss mattress. Monitor for functioning and correct setting. During a review of Resident 1's wound progress note (WPN), dated 6/3/26, the WPN indicated, [Resident 1] has MASD [moisture associated skin damage caused from prolonged exposure to moisture] to coccyx [tailbone], progressed as stage 3 pressure ulcer [Stage 3 PU, Full-thickness loss of skin. Dead and black tissue may be visible] and identified as such on 06/03/26 per [wound physician]. During an observation on 6/3/26 at 10:45 a.m. in Resident 1's room, the room was observed without a roommate, and Resident 1 was sleeping in her bed with the LAL mattress air pump at the feet of the bed. The air pump was observed not working, and its power cord was observed unplugged under the bed. During a hallway observation commencing on 6/3/26 at 10:59 a.m. multiple staff room checks or entries were observed for Resident 1's room, including the following events:- On 6/3/26 at 11:55 a.m. a Certified Nursing Assistant (CNA 1) delivered a lunch food tray to Resident 1.- On 6/3/26 at 12:01 p.m. CNA 2 and Licensed Nurse (LN 1) entered Resident 1's room to check on the resident.- On 6/3/26 at 12:07 p.m. LN 1 entered Resident 1's room and attempted to talk to the resident.- On 6/3/26 at 12:24 p.m. CNA 2 came to Resident 1's room and took the food tray out of the room.- On 6/3/26 at 12:40 p.m. CNA 2 came to Resident 1's room and brought sheets for the second (empty) bed in the room and made the bed. During a concurrent observation and interview on 6/3/26 at 1:09 p.m. with LN 1 in Resident 1's room, the LAL air pump was observed unplugged from the power outlet. LN 1 confirmed the observation and re-plugged the pump, and the light indicator on the pump came on, and the pump started making humming noises. During a concurrent observation and interview on 6/3/26 at 1:20 p.m. with LN 2, LN 2 was observed exiting Resident 1's room. LN 2 stated that Resident 1's LAL mattress air pump was not working correctly because the mattress wasn't firm enough, and the pump will likely need a replacement. LN 2 stated that she expected the LAL mattress air pump to be plugged in and working at all times. LN 2 further stated that on 5/21/26, Resident 1 developed MASD on the coccyx, which worsened over time and during examination today was determined to be a Stage 3 pressure ulcer. During an interview on (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555542	Facility ID: 555542 If continuation sheet Page 1 of 2

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6/3/26 at 2:21 p.m. with the Director of Nursing (DON), the DON confirmed that she expected the LAL mattress pump to be plugged in and working when ordered and staff to be checking on its function every shift or when they attend to the resident. The DON confirmed that if the LAL mattress air pump was not on, it could increase the risk of skin breakdown for the resident. During a review of the facility's policy and procedure (P&P) titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol, dated April 2018, the P&P indicated, .The physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents.		