STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555625	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Park Post Acute	2850 Sierra Sunrise Terrace Chico, CA 95928

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure one Certified Nursing Assistant (CNA A) had appropriate competency and skill sets to care for residents based on their identified needs. This failure had the potential to place residents' safety at risk.Findings:On 12/10/25 the facility reported to the California Department of Public Health that a resident-to-resident altercation had occurred on12/8/25 where Resident 1 walked into the dining room and grabbed Resident 2's arm. During a concurrent interview and record review on 12/16/25 at 1:32 pm with the Administrator (Admin) and the Director of Nursing (DON), the Admin stated that residents are not to be left unsupervised while in the dining room. CNA A was in the dining room during the resident-to-resident altercation. During the facility investigation, the Admin confirmed from video footage that CNA A failed to perform their job duties by keeping residents safe when Resident 1 was able to grab Resident 2 by the arm. During a facility job description titled Certified Nursing Assistant dated 3/1/14, indicated that job functions include demonstrating respect for co-workers, having working knowledge and ability to comply with facility policies and procedure for workplace safety, and have the ability to carry out essential job function.

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