

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER California Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure that a resident's right to self-administer medications was maintained in accordance with facility policy for one of three sampled resident (Resident 1). The facility did not assess, determine, or document through the interdisciplinary team (IDT, a group of healthcare professionals who work together to assess, plan, and manage the medical, functional, and social needs of a resident) that Resident 1 was clinically appropriate to self-administer medications. This resulted in medications being left at Resident 1's bedside, creating the potential for misuse, missed doses, or adverse drug outcomes. Findings: A review of the facility's Self-Administration of Medications policy, dated December 2016, indicated that residents were to be assessed by the IDT, staff, and Practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident prior to being authorized to self-administer medications. A review of Resident 1's admission Record, indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses including, high blood pressure, Major Depressive disorder (an intense, long-lasting mood disorder that makes you feel profoundly sad, empty, or hopelessness), muscle weakness, and anxiety (fear of the unknown). A review of Resident 1's Minimum Data Set (MDS - an assessment and care screening tool), dated 5/12/26, indicated Resident 1's Brief Interview for Mental Status (BIMS) score was 15, demonstrating intact cognition. Resident 1 was able to make his own healthcare decisions. During an interview on 7/13/26 at 12:00 pm, with Resident 1, Resident 1 stated, the Licensed Nurse (LN) 1 left a cup of pills on his bedside table on the morning of 6/28/26, and the medications remained there until Resident 1's grandson arrived that afternoon. During an interview on 7/13/26 at 1:15 pm, with LN 1, LN 1 stated that she had left five pills, Sertraline (an antidepressant medication), Nebivolol (for high blood pressure), Tylenol (for pain), Vitamin D, and Flomax (for prostate) on Resident 1's bedside table on 6/28/26, and she had done on multiple occasions. LN 1 said she didn't know Resident 1 had not taken them until the grandson came and told her that afternoon. During a concurrent interview and record review on 7/13/26 at 2:00 pm, Resident 1's medical record was reviewed with the Director of Nursing (DON). The DON confirmed that Resident 1 had no assessment, care plan notation, or documentation reflecting IDT involvement or approval regarding Resident 1's ability to self-administer medications. The DON confirmed that leaving medications at the bedside was not acceptable and not in accordance with facility policy.		

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
--	-------	-----------