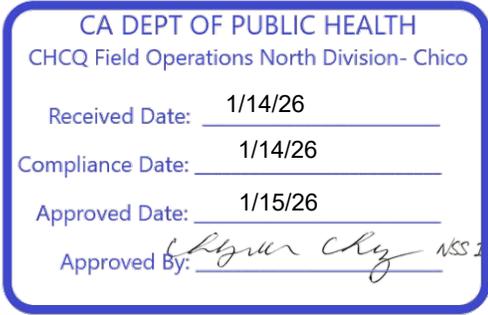


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555625	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER CALIFORNIA PARK POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2850 SIERRA SUNRISE TERRACE , CHICO, California, 95928	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey for an incident.</p> <p>Incident number: 2669882.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. The facility was found to be not in compliance with 42 CFR 483.5-483.75 - Subpart B - Requirements for Long Term Care Facilities.</p> <p>A deficiency was cited for incident number 2669882 at F726.</p>	F0000		01/06/2026
F0726 SS = D	<p>Competent Nursing Staff</p> <p>CFR(s): 483.35(a)(3)(4)(d)</p> <p>§483.35 Nursing Services</p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p>	F0726	<p>Signed POC and Evidence is attached:</p> <p>2567 POC 1DEC1D-H1</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Two residents were found to be affected by the deficient practice. Care plans have been updated for both residents.</p> <p>Care plan established for Resident 1 to dine in SCU dining room away from Resident 2 dining in DCU.</p> <p>First and Final Write up will be issued to responsible CNA A for failing to meet job performance standards and not maintaining established care plan for Resident 1.</p> <p>Resident 1 referred to mental health services</p> <p>Resident 1 underwent medication review with pharmacist</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p>	01/14/2026

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 reverse for further 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 Electronically submitted	TITLE	(X6) DATE 1/14/26
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555625	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER CALIFORNIA PARK POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2850 SIERRA SUNRISE TERRACE , CHICO, California, 95928	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0726 SS = D	<p>Continued from page 1</p> <p>§483.35(d) Proficiency of nurse aides.</p> <p>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>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.</p> <p>This failure had the potential to place residents' safety at risk.</p> <p>Findings:</p> <p>On 12/10/25 the facility reported to the California Department of Public Health that a resident-to-resident altercation had occurred on 12/8/25 where Resident 1 walked into the dining room and grabbed Resident 2's arm.</p> <p>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.</p> <p>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.</p>	F0726	<p>Continued from page 1</p> <p>No other residents were found to be effected by the deficient practice. Residents residing in the DCU or those who dine in the DCU had the potential of being affected by the deficient practice.</p> <p>DCU staff were in serviced on Redirecting Residents with Behaviors</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>Resident 1 will eat all meals in the SCU dining room with supervision</p> <p>How the facility plans to monitor its performance to ensure that the solutions are sustained:</p> <p>Final Write up Delivered to CNA A, follow up review scheduled on 1/30/2026, 1:1 education delivered to CNA A</p> <p>DSD will perform sections of the CAN competency check with CNA A weekly for 1 months followed by 2x per month for 2 months.</p> <p>Dates when corrective action will be completed:</p> <p>1/30/26</p>	