

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER ARBOR POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1200 SPRINGFIELD DRIVE 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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on observation and interview, the facility failed to clean and care for one of five sampled residents (Resident 1) when Certified Nursing Assistant (CNA) 1 left Resident 1 covered in urine and feces. This failure had the potential to cause skin breakdown and emotion distress for Resident 1. Findings: During an interview with CNA 2 on 4/2/18 at 11:41 AM, CNA 2 stated she came into the facility at approximately 2:30 PM after CNA 1 had finished her morning shift. CNA 2 stated as she did rounds with CNA 1 she noticed Resident 1 was still in bed. CNA 2 pulled the covers back and Resident 1 was soaked head to toe in urine. CNA 2 stated CNA 1 said someone else can change the resident. CNA 2 stated she showered the resident and noticed a puddle of urine in the bed. CNA 2 stated she reported the issue to the Director of Staff Development (DSD 1). During a concurrent observation and interview on 4/2/18 at 4:03 PM, Resident 1 stated she was not sure how long it took nurses to answer the call light. Resident 1 stated she had been at the facility for five months. During a concurrent observation and interview on 4/2/18 at 4:25 PM, Resident 2 stated sometimes it takes CNA's 30 minutes to answer the call light. Resident 2 stated she had accidents with a bowel movement in her diaper because of the slow response by CNA's.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.