STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055649	A. Building B. Wing	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tulare Healthcare & Wellness Center, LP	680 East Merritt Avenue Tulare, CA 93274

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38993 Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was treated with respect. This failure resulted in Resident 1's rights being violated. Findings: During a review of Resident 1's Cognitive Patterns (CP), dated 4/14/24, the CP indicated, Should brief Interview for Mental Status be Conducted? .No (resident is rarely/never understood) . During a review of Resident 1's Transfer/Discharge Report (TDR), dated 7/3/24, the TDR indicated, Resident 1 was a [AGE] year-old admitted on [DATE] and had diagnoses of Unspecified Dementia (progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain), anxiety (characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities.) During a review of the Facility Reported Event (FRE), dated 6/8/24, the FRE indicated, Describe the incident. The resident was being assisted in the dining room during dinner time. Resident has a behavior of swinging his arms at staff. Resident was swinging his arms at the staff member but did not make any contact with her body as she was able to redirect his hands away from her. She did encourage him not to hit her.What is the outcome.The facility terminated the employee involved as she confirmed raising her voice toward resident when he was attempting to strike her. During an interview on 7/2/24 at 12:48 p.m. with Certified Nursing Assistant (CNA 2), CNA 2 stated during dinner on 6/8/24, she was assisting Resident 1 in the dining room. CNA 2 stated while she was assisting Resident 1, Resident 1 began to hit the table and came within an inch of hitting her arm. CNA 2 stated she blocked Resident 1 from hitting her arm by holding on to his arm for a second while telling Resident 1We don't hit. CNA 2 stated in the moment she was heated and told Resident 1 he hits like a girl. CNA 2 stated she should not have told Resident 1 he hit like a girl because it was rude, and she should have treated Resident 1 with respect and focused on the fact that he may have been confused. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Tulare Healthcare & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 680 East Merritt Avenue Tulare, CA 93274	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/3/24 at 11:39 a.m. with Administrator, Administrator stated on 6/8/22 during dinner, CNA 2 admitted to raising her voice at Resident 1 when he was attempting to hit her. Administrator stated CNA 2 should have never raised her voice at Resident 1 and she should have stepped away and got help. During a review of the facility's policy and procedure (P&P) tilted Resident Rights the P&P indicated, Employees are to treat all residents with kindness, respect, and dignity and honor the exercise of residents' rights.