

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 09/18/2024
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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure previous employment and personal reference checks were completed for two of two sampled employees (Registered Nurse [RN] 1 and RN 2) prior to being hired. This failure had the potential to put residents at risk for abuse.</p> <p>Findings:</p> <p>During a review of RN 1's Employee Information Sheet (EIS) dated 7/11/24, the EIS indicated, Hire Date 7/11/24.</p> <p>During a review of RN 2's Employee Information Sheet (EIS) dated 8/1/24, the EIS indicated, Hire Date 8/1/24.</p> <p>During a review of RN 1's Previous/Current Employment Verification (PCEV) form undated, the PCEV indicated, RN 1's previous employment and personal references were not verified prior to hire.</p> <p>During a review of RN 2's PCEV undated, the PCEV indicated, RN 2's previous employment and personal references were not checked prior to hire.</p> <p>During a concurrent interview and record review, on 9/18/24 at 10:30 a.m. with Administrator, Administrator reviewed RN 1 and RN 2's personnel record. Administrator stated the previous employment, and personal references were not checked prior to hire and should have been.</p> <p>During a review of the facility's policy and procedure (P&P) titled Abuse Prevention and Management dated 6/12/24, the P&P indicated, The facility will screen potential employees for history of abuse, neglect, or mistreating residents, including attempting to obtain information from previous employers and/or current employers, and checking with the appropriate boards and registries.</p>

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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was monitored every 30 minutes after eloping from the facility. This failure had the potential for Resident 1 to be at risk for further elopement and at risk for harm.</p> <p>Findings:</p> <p>During a review of Resident 1's Progress Notes (PN) dated 9/13/24 at 7:37 p.m., the PN indicated, 5 p.m. staff noticed resident was not to be found in facility. Resident was found on Prosperity Ave in Tulare, CA on his wheelchair by staff member. Staff member redirected resident back to facility. Recommendations: Q (every) 30 (minutes) monitoring.</p> <p>During a review of Resident 1's Q 30 minute checks (QMC), dated 9/13/24-9/24/24, the QMC indicated, Resident 1 was monitored one time on 9/13, two times on 9/14, 9/15, 9/21 and 9/24, and three times a day on 9/16, 9/17, 9/18, 9/19, 9/20, 9/22, and 9/23.</p> <p>During a concurrent interview and record review, on 9/26/24 at 9:11 a.m. with Director of Nursing (DON), Resident 1's QMC dated 9/13/24- 9/24/24 was reviewed. DON stated the documentation indicated the resident was being monitored two to three times a day. DON stated Resident 1 should have been monitored every 30 minutes.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Wandering and Elopement dated 7/17, the P&P indicated, When an individual who departed without following proper procedures return to the Facility, the Director of Nursing Services or Licensed Nurse should. Upon return the Licensed Nurse will implement immediate interventions to prevent further elopement of the resident and update the plan of care.</p>