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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055649 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Tulare Healthcare & Wellness Center, LP |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>680 East Merritt Avenue<br>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.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0906</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough power supply for lighting all entrances and exits; equipment for fire detection and alarm systems, and extinguishers.</p> <p>34401</p> <p>Based on observation, interview, and record review, the facility failed to provide a working generator for 13 of 13 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13) requiring an oxygen concentrator (a device that provides oxygen) during a power outage. This failure resulted in the facility having no power for approximately 15 minutes and potential for Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13 without oxygen and potential for respiratory distress.</p> <p>Findings:</p> <p>During an interview on 12/27/24 at 10:50 a.m., with Administrator, Administrator stated a plan power outage with the electric company was initiated on 12/19/24 at 9:30 p.m. Administrator stated the generator immediately turned on at approximately 9:30 p.m. but continued shutting off after 12 p.m. Administrator stated the facility was without power for approximately 15 minutes from 12 a.m. until 4 a.m.</p> <p>During a concurrent observation and interview on 12/27/24 at 10:57 a.m., with Maintenance Environmental Services (MEVS), the facility generator located outside of the facility premises was observed. MEVS stated on 12/19/24, the generator had turned on after a plan power outage was initiated by the electric company at 9 p.m. MEVS stated the generator's oil pressure sensor was not working causing the generator to shut off four times. MEVS stated the facility was without power for approximately 15 minutes. MEVS stated the oil pressure sensor failure was not detected during the annual generator maintenance.</p> <p>During an interview on 12/27/24, at 11:10 a.m., with Director of Nurses, DON stated Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13 required the use of an oxygen concentrator.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Emergency Generator Testing, dated 9/2017, the P&amp;P indicated, Emergency generators are maintained in operational state and are tested by the Director of Maintenance as required by state regulations.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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