

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  04/30/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to follow its own policy and procedure when an allegation of abuse was not reported to the proper authorities for one of three sampled residents (Resident 1). This failure resulted in violation of Resident 1's rights. XXXXXCan you change the failureXXX</p> <p>Findings:</p> <p>During an interview on 4/30/25 at 9 a.m. with Ombudsman (an advocate for residents of nursing homes), Ombudsman stated they did not receive an SOC 341 (a required form used to report suspected abuse of dependent adults and elders) from the facility regarding the allegation of abuse between Resident 1 and Certified Nursing Assistant (CNA).</p> <p>During a review of Resident 1's Progress Notes (PN), dated 4/24/25 at 3:44 p.m., the PN indicated, Resident (1) stated male CNA, transferred her out of bed to wheelchair, resident stated that male CNA hurt her during transfer.</p> <p>During an interview on 4/30/25 at 10:18 a.m. with Director of Nurses (DON), DON stated on 4/24/25 Resident 1 reported CNA being rough on purpose during wheelchair transfer.</p> <p>During a concurrent interview and record review on 4/30/25 at 10:25 a.m. with Administrator and DON, the fax transmittal record dated 4/30/25 at 10:39 a.m. was reviewed. Administrator confirmed the fax number listed on the fax transmittal record was not the Ombudsman fax number. Administrator stated the SOC 341 was not faxed to the Ombudsman.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Abuse-Reporting &amp; Investigations dated 3/18, the P&amp;P indicated, B. The Administrator or designated representative will send a written SOC341 report to the Ombudsman and Law Enforcement and CDPH Licensing Certification within two (2) hours.</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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