

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 11/24/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to provide accommodation of needs for one of five sampled resident (Resident 1), when Resident 1 was left lying in bed while side rails (prevent falls and assist getting in and out of bed) were placed to Resident 1's bed using a drill (power tool). This failure resulted in Resident 1's bed shaking, causing severe pain to Resident 1's fractured (broken) left leg. Findings:During a review of Resident 1's admission Record (AR), dated 10/25, the AR indicated Resident 1 diagnoses including Left Tibia (shin bone) Fracture and chronic (persistent) pain syndrome. Resident 1's admission Minimum Data Set (MDS-a standardized, comprehensive assessment tool), dated 10/31/25, the MDS indicated, Resident 1 had a BIMS (Brief Interview for Mental Status-which evaluates cognition, the ability to remember and think clearly) score of 14 (score of 13-15 cognitively intact).During a concurrent observation and interview on 11/5/25 at 11:05 a.m. with Resident 1, Resident 1 was lying in bed. Resident 1's left leg was wrapped in a full support brace (type of wrap used after surgery). Resident 1 stated on 11/3/25, while she was lying in bed, Maintenance came into her room and started drilling the metal side rails in her bed. Resident 1 stated Maintenance continued drilling the side rails even after she had requested to be removed from bed and placed in a wheelchair. Resident 1 stated, My bed was shaking so much from him drilling, I was hurting so bad, I was crying. I was hurting so bad.During an interview on 11/5/25 at 12:28 p.m. with Maintenance, Maintenance stated he was ordered by the Director of Nurses (DON) to place side rails on Resident 1's bed. Maintenance stated on 11/3/25, he went into Resident 1's room and started drilling side rails to Resident 1's bed while Resident 1 remained lying in bed. Maintenance stated it took him approximately 15 minutes to attach the side rails.During an interview on 11/5/25 at 12:33 p.m. with DON, DON stated if Resident 1 complained of pain, Maintenance should have stopped drilling the side rails to Resident 1's bed.During a review of the facility's policy and procedures (P&P) titled, Resident Rights, dated 1/1/12, the P&P indicated, Residents have freedom of choice, as much as possible, about how they wish to live their everyday lives and receive care.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p>Based on interview and record review, the facility failed to ensure transportation was provided for one of five sampled residents (Resident 1). This failure resulted in Resident 1 missing scheduled follow up appointment with orthopedic doctor (treats injuries and disease affecting bones, muscle, and etc.) and potential for increased risk of complications, prolonged recovery, and worsening pain. Findings: During a review of Resident 1's admission Record (AR), dated 10/25, the AR indicated Resident 1 had a diagnosis of Left Tibia (shin bone) Fracture. Resident 1's Order Summary Report (OSR), dated 10/24/25 indicated, Follow up with [doctor] x 2 weeks. schedule transportation. During a review of Resident 1's Progress Notes (PN), dated 10/28/25 at 10 a.m. indicated, Resident has an appointment 11/11/25 @ 10:16 w/ [doctor] (orthopedic). During a concurrent interview and record review on 11/24/25 at 11:01 a.m. with Social Service Designee (SSD), SSD reviewed Resident 1's clinical records and confirmed Resident 1 had a scheduled orthopedic appointment on 11/11/25 at 10:16 a.m. SSD stated transportation did not pick up Resident 1 for the scheduled appointment. SSD stated Resident 1 missed her scheduled appointment on 11/11/25 and stated facility should have notified transportation and tried to find another transportation company. During a review of the facility's policy and procedure (P&P) titled, Referrals to Outside Services, dated 12/13, the P&P indicated, As necessary, the Social Service Department can coordinate transportation to outside services for residents.</p>		