

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  12/23/2025
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure it's policy and procedure (P&amp;P) was followed when apple crisp was substituted with apple cake and the Registered Dietician (RD) was not notified. This failure had the potential for the residents to be at risk of inadequate nutrition. Findings: During an observation on 12/23/25 at 12:36 p.m. in the hallway, Resident 1's lunch meal tray contained macaroni and cheese, zucchini and a large piece of cake. During a review of the facility's Winter Menu (WM) dated 12/23/25, the WN indicated Chicken Jambalaya, seasoned zucchini, parsley garnish, garlic bread, apple crisp and milk. was to be served for lunch. During a review of the Substitution List (SL) dated 12/22/25, the SL indicated, Menu Day/meal.lunch.date.12/22/25.item being substituted.apple crisp.replacement item.apple cake.reason for substitution.out of stock.RD initials.(blank) During an interview on 12/23/25 at 1:03 p.m. with Certified Dietary Manager (CDM), CDM stated the apple crisp for lunch was substituted with apple cake due to not having all the ingredients for the apple crisp. CDM stated when a substitution is made the RD should be called to approve the substitution. CDM stated the RD was not notified of the substitution and she should have been. During an interview on 1/22/26 at 1:32 p.m. with RD, RD stated she was not made aware of the apple cake being substituted for the apple crisp on 12/23/25. RD stated she should have been notified prior to the substitution being made. During a review of the facility's policy and procedure (P&amp;P) titled Menus dated 4/1/2014, the P&amp;P indicated, The Dietary Manager will develop menus in collaboration with the Dietitian. Foods served should adhere to the written menu. Substitutions to the written menu may be in the following instances when the item or ingredient is unavailable when a substitution is requested, the substitute item should be reviewed by the dietary manager and dietitian for appropriateness per the diet order; and recorded on Form A-substitution list.</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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