

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 04/16/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&P) when one of three sampled resident's (Resident 1) Release for responsibility for leave of absence (RFRFLOA) form was incomplete. This failure had the potential for Resident 1 to be at risk for injury or harm. Findings: During a review of Resident 1's Release for responsibility for leave of absence (RFRFLOA) form, dated 4/10/26, the RFRFLOA indicated, Date. 4/10/26. time out. 10:00 a.m. nurse initial. blank (missing initials) .date/time expected to return. blank (not documented) .date/time actually returned. blank (not documented. nurse initial. blank (missing initials) . During an interview on 4/16/26 at 11:42 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated when residents leave the facility for appointments it was the responsibility of the nurse to complete the RFRFLOA with the transport driver. During an interview on 4/16/26 at 11:49 a.m. with Registered Nurse (RN), RN stated it was the responsibility of the nurse to complete the RFRFLOA form when a resident leaves and returns to the facility. During an interview on 4/16/26 at 11:57 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated when a resident leaves the facility it was the responsibility of the nurse to ensure the RFRFLOA was completed. During an interview on 4/16/26 at 12:21 p.m. with Social Services Director (SSD), SSD stated when a resident goes out on an appointment the nurse should be made aware and were responsible to complete the RFRFLOA form when the resident leaves and returns to the facility. During a concurrent interview and record review on 4/16/26 at 12:35 p.m. with Receptionist (RP), Resident 1's RFRFLOA was reviewed. RP stated on 4/10/26 Resident 1 went to an appointment at 10 a.m. but the RFRFLOA was not completed by the nurse when Resident 1 left or returned and it should have been. During an interview on 4/20/26 at 1:48 p.m. with LVN 2, LVN 2 stated it was the responsibility of the nurse to complete the RFRFLOA with transport when residents leave the facility and return. During a review of the facility's policy and procedure (P&P) titled, Out on Pass dated 2/2/26, the P&P indicated, Licensed Nurse. the time the resident left the facility, the name of the accompanying responsible person as indicated, the destination, a contact phone number if possible, and expected time of return. when the resident returns to the facility, a Licensed Nurse will re-assess the resident to determine the resident's condition and account for any medication returned after going out on pass.</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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