

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER The Orchard - Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 12385 E. Washington Blvd Whittier, CA 90606	
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete the required Notice of Proposed Transfer/Discharge Form by not documenting the reason or basis for the transfer/discharge for one of one sampled resident (Resident 1). This deficient practice resulted in Resident 1 not receiving a complete written explanation of the basis for the transfer/discharge as required. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the resident was admitted to the facility on [DATE] and re-admitted to the facility on [DATE], with diagnoses that included sepsis (a life-threatening blood infection), anxiety disorder (feelings of fear, dread, and uneasiness that may have occurred as a reaction to stress), and encephalopathy (a disease, disorder, or damage that affected the brain's structure or function). During a review of Resident 1's History and Physical (H&P) dated 7/9/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 7/12/2026, the MDS indicated the resident had moderate cognitive impairment (a person was experiencing noticeable and significant difficulties with thinking, learning, remembering, and other cognitive skills that impacted their daily life). The MDS indicated the resident required substantial/maximal assistance (helper did more than half of the effort) from facility staff for toileting hygiene, showering, and transfers. During a review of Resident 1's physician's order dated 7/17/2026, the physician's order indicated to discharge Resident 1 home on 7/18/2026 per resident/family request. Follow up with urology and the primary care physician in one to two weeks and continue routine medications. The physician's order indicated Home Health for physical and occupational therapy and a home safety evaluation. Durable medication equipment included three in one commode. The physician's order indicated caregiver training with the family or caregiver was to be given prior to the resident's discharge. During a review of Resident 1's Notice of Proposed Transfer/Discharge Form dated 7/17/2026, the Form indicated for the resident to discharge/transfer on 7/18/2026 and an address was included. The form did not include the reasons explained as to the decision why the resident was to transfer/discharge from the facility, as required and in accordance with the facility's P&P. During a concurrent interview and record review on 7/30/2026 at 1:34 PM with the Medical Records Director (MRD), Resident 1's Notice of Proposed Transfer/Discharge Form dated 7/17/2026 was reviewed. The MRD stated the form was not filled out entirely but should have been to notify the family and the ombudsman for the reason/basis of the transfer/discharge. The MRD stated he was unsure why the form was not filled out and the facility staff must have missed that portion of the form. During a concurrent interview and record review on 7/30/2026 at 1:40 PM with Registered Nurse Supervisor (RNS) 3, Resident 1's Notice of Proposed Transfer/Discharge Form dated 7/17/2026 was reviewed. RNS 3 stated the facility staff that was in charge of the transfer was (continued on next page)		

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	supposed to fill out the form and should have filled the form out entirely to indicate the reason the resident was transferring so the resident and the family would know why. During an interview on 7/31/2026 at 1:10 PM, the Director of Nursing (DON) stated having the Notice of Proposed Transfer/Discharge Form filled out entirely was important for the resident and the ombudsman to know the reason of the resident's transfer/discharge. During a review of the facility's policy and procedure (P&P) titled Admission, Transfer, and Discharge dated November 2016, the P&P indicated When the Facility transfers or discharges a resident, the Facility shall ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. The P&P indicated When the Facility transfers or discharges a resident who meets the criteria specified above (A-F), the resident's medical record shall include documentation of the basis for the transfer.		