

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Orchard Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4840 E.Tulare Avenue Fresno, CA 93727	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38961</p> <p>Based on observation, interview, and record review, the facility failed to ensure services provided meet professional standard of practice for one of three sampled residents (Resident 1), when Licensed Vocational Nurse (LVN) 1 and LVN 2 did not administer insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) per physician's order.</p> <p>This failure had the potential to cause Resident 1 to experience episodes of unstable blood sugar levels such as hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) that could have a serious outcome affecting resident ' s health and wellness.</p> <p>Finding:</p> <p>During a review of Resident 1's Admission Record (a document containing demographic information), dated, 11/20/2024 the Admission Record indicated, Resident 1 was admitted to the facility on [DATE]. Resident 1 had the following diagnosis . Partial Traumatic Amputation (loss of a body part) of Left Shoulder and upper Arm .Absence of Right Upper Limb below elbow .Absence of Right Leg Below Knee .Absence of Left Leg Below Knee .Type 2 Diabetes Mellitus (DM) (Chronic Condition that happens when you have persistently high blood sugar).</p> <p>During a review of Residents 1 ' s Minimum Data Set (MDS- a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated Resident 1 ' s Brief Interview of Mental status assessment (BIMS - assessment of cognitive status for memory and judgement) scored 15 of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment). The BIMS assessment indicated Resident 1 was cognitively intact.</p> <p>During an interview on 12/12/2024 at 08:45 a.m. with Resident 1, Resident 1 stated, she has two separate orders for Humalog (fast acting insulin) insulin. Resident 1 stated, she received her 10 units of insulin and a sliding scale (the amount of insulin administered based on current blood sugar level) insulin when needed. Resident 1 stated, staff checked her blood sugar prior to her meals and if her blood sugar was high and she needed insulin from her sliding scale order staff combine both orders for insulin and administer in one shot after her meals. Resident 1 stated, she had received more than 10 units of insulin after her meals.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Orchard Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4840 E.Tulare Avenue Fresno, CA 93727	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/26/24, at 10:10 a.m., with LVN 1, Resident 1's Medication Administration Record (MAR) dated 11/01/2024 and 12/01/2024 were reviewed. LVN 1 stated Resident 1 had two separate insulin orders. The MAR indicated, .physician orders . Humalog Kwik pen SolutionPen-injector100 UNIT/ML Milliliters (Unit of measure) (Insulin) Lispro Unit Dial) Inject 10 units subcutaneously (under the skin) after meals for DM notify MD if below 60 or higher than 400 . LVN 1 stated, the following was physician ' s order for sliding scale:</p> <p>Humalog 100 Unit/ML (Insulin Lispro (Human) Inject as per sliding scale:</p> <p>If 0-150=0 units</p> <p>151-200=2 units</p> <p>201-250=4 units</p> <p>251-300=6 units</p> <p>301-350=8 units</p> <p>351-400=10 units</p> <p>Subcutaneously before meals for diabetes, Notify MD if below 60 or higher than 400.</p> <p>During an interview on 11/26/24, at 10:10 am with LVN 1. LVN 1 stated, Resident 1 had an order for 10 units of Humalog after every meal and a sliding scale order before meals. LVN 1 stated, we checked her blood sugar about fifteen minutes before her meal arrived. LVN1 stated, physician order for the sliding scale insulin was indicated to be administered before her meals. LVN 1 stated, when Resident 1 needed insulin from her sliding scale order, LVN 1 was combining the required sliding scale insulin with the scheduled order of 10 unit. LVN 1 stated, for example on 11/02/2024, Resident 1 needed four units from her sliding scale and ten units from her scheduled order. LVN 1 stated, she administered fourteen units of Humalog using one insulin pen after Resident 1 was finished eating. LVN 1 stated, she administered the combined units of insulin after meals to Resident 1 on following days: 11/2/24,11/5/24,11/6/24.11/7/24,11/8/24,11/14/24,11/18/24,11/19/24, 11/20/24,11/29/24, 11/30/24, and 12/2/24. LVN 1 stated, her signature on the MAR indicated, she administered the insulin. LVN 1 stated, she did not follow physician orders and Resident 1 could have experienced adverse reactions affecting her health and wellness. LVN 1 stated, We were to follow physician orders at all times, and I did not.</p> <p>During a concurrent interview and record review on 11/26/24, at 10:50 a.m., with LVN 2, Resident 1's Medication Administration Record (MAR) dated 11/2024 and 12/11/2024 was reviewed. LVN 2 stated, her signature on the MAR indicated she administered insulin to Resident 1. LVN 2 stated she administered the combined units of insulin using one insulin pen after the meal to Resident 1 on the following dates: 11/3/24, 11/4/24,11/9/24, 11/10/24,11/15/24, 11/16/24,11/21/24,11/22/24,11/27/24, 11/28/24, 12/3/24,12/4/24, 12/9/24, and 12/10/24. LVN 2 stated, We were not following physician orders for the sliding scale insulin to be administered prior to Resident 1 ' s meals. LVN 2 stated, she was combining the scheduled dose of ten units with the sliding scale units using one insulin pen and administering after Resident 1 ' s meals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Orchard Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4840 E.Tulare Avenue Fresno, CA 93727	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Physician Orders (PO), dated 12/01/2024, the PO indicated, .Humalog Kwik pen SolutionPen-injector100 UNIT/ML Milliliters (Unit of measure) (Insulin) Lispro Unit Dial) Inject 10 units subcutaneously (under the skin) after meals for DM notify MD if below 60 or higher than 400 .</p> <p>During a review of Resident 1's PO, dated 12/01/2024, the PO indicated, .Humalog Solution 100 Units/ML (Insulin Lispro(Human) Inject as per sliding scale If 0-150=0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units, Subcutaneously before meals for diabetes, Notify MD if below 60 or higher than 400 .</p> <p>During a concurrent interview on 11/26/24, at 11:25 a.m., with Assistant Director on Nursing (ADON), ADON stated, Resident 1 had two separate orders for Humalog insulin. ADON stated, Resident 1 had a scheduled order for ten units of insulin after meals. ADON stated, Resident 1 had a sliding scale order for insulin before meals. ADON stated, the physician order indicated sliding scale Humalog be administered before meals. ADON stated I am aware the LVN ' s are using one insulin pen to administer both insulin orders. ADON stated, LVN ' s were not following physician order to administer sliding scale insulin to Resident 1 prior to meals. ADON stated, Resident 1 could have episodes of hypoglycemia or hyperglycemia if physician orders were not followed.</p> <p>During a concurrent interview on 11/26/24, at 11:45 a.m., with Director of Nursing (DON), [NAME] stated, Resident 1 had two separate orders for insulin. DON stated, LVNs should be administering two separate insulin shots if sliding scale insulin were needed, DON stated, she was not aware LVNs were administering insulin using one insulin pen after meals. DON stated, LVNs were not following physician orders for sliding scale insulin. DON stated, it was out of the scope of the LVNs to deviate from a physician order without consulting the physician. DON stated, Resident 1 ' s blood sugar could become unstable causing harm and affecting her health and wellness.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Insulin Administration dated 2001, the P&amp;P indicated. Purpose .to provide guidelines for the safe administration of insulin to residents with diabetes . Types of insulin, dosage requirements, strength and method of administration must be verified before administration, to assure that it corresponds with the order on the medication order on the medication sheet and physician ' s order</p> <p>During a review of the facility's document titled Job Description LPN/LVN, dated 02/2024 the job description indicated, .The primary purpose of your job position is to provide direct care to the residents .Prepare and administer medications as ordered by the physician</p> <p>During a review of the facility's (P&amp;P) titled, Administering Medication dated 2001, the P&amp;P indicated, . Medications are administered in a safe and timely manner and as prescribed .Medications are administered in accordance with prescriber orders including any required time frame .Medications are administered within one (1) hour of their prescribed time, unless otherwise specified example before and after meals .The individual administering the medications checks the label THREE(3) times to verify the right resident, right medication, right dosage, right time, and right method(route) of administration before giving the medication .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Orchard Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  4840 E.Tulare Avenue Fresno, CA 93727	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a professional reference review, retrieved from Lippincott Manual of Nursing Practice 10th Edition, dated 2014, page 16-17 indicated, Standards of practice General Principles . 1 The practice of professional nursing has standards of practice setting minimum levels of acceptable performance for which its practitioners are accountable .b. These standards provide patients with a means of measuring the quality of care they receive .5. A deviation from the protocol should be documented in the patient's chart with clear, concise statements of the nurse's decisions, actions, and reasons for the care provided, including any apparent deviation . Legal claims most commonly made against professional nurses include the following departures from appropriate care: failure to assess the patient properly or in a timely fashion, follow physician orders, follow appropriate nursing measures, communicate information about the patient, adhere to facility policy or procedure, document appropriate information in the medical record . Failure to formulate or follow the nursing care plan .</p>		