STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056225	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Post Acute	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents received adequate supervision and assistance to prevent accidents for one of three sampled residents when certified nursing assistant (CNA) 1 was aware that Resident 1 required two person total dependent assistance with turning and repositioning while in bed and CNA 1 performed the task independently causing Resident 1 to roll off of the raised bed onto the floor. This failure resulted in Resident 1 sustaining an injury to the right eyebrow and transferred to the acute care hospital for further evaluation.Findings: During a review of Resident 1's admission Record (AR- a summary of information regarding a resident which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis for Alzheimer's disease (disorder that primarily affects memory, thinking, and behavior), adult failure to thrive. During a review of Resident 1's Minimum Data Set [MDS a resident assessment tool used to identify cognitive (mental processes) and physical functional level assessment] dated 3/2/26, the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS screening tool used to assess resident cognitive level) score was 1 out of 15 (0 - 7 indicated severe cognitive impairment [memory loss, poor decision making skills] 8-12 moderate cognitive impairment, (13 -15) cognitively intact) which indicated Resident 1 had severe cognitive impairment. During an interview on 4/30/26 at 11:35 a.m. with certified nursing assistant (CNA) 1, CNA 1 stated that Resident 1 had a witnessed fall on 4/10/26 during care. CNA 1 stated she had entered Resident 1's room, approached Resident 1 and raised the bed to initiate care. CNA 1 stated she had removed the pillows that were located on Resident 1's left and right-side providing support and noted Resident 1 was lying close to the edge of the bed to the left. CNA 1 stated she proceeded to turn Resident 1's body to the left side to provide care when Resident 1 suddenly began moving her arms and legs. CNA 1 stated she was attempting to calm Resident 1 by speaking to her but ultimately Resident 1 rolled off the left side of the bed onto the floor. CNA 1 stated Resident 1 was dependent on all care which included toileting, turning and repositioning. CNA 1 stated dependent care was when the staff member completed resident task and resident was not able to participate in task completed. During a concurrent interview and record review on 4/30/26 at 12:01 p.m. with the director of staff development (DSD), Resident 1's document titled, Bed mobility, dated 4/1/26-4/17/26 was reviewed. The document indicated, . Roll left and right, the ability to roll from lying on back to left and right side and return to lying on back on the bed. Dependent. The DSD stated the document indicated Resident 1's ability to perform the task of rolling left to right in bed. The DSD stated the document indicated Resident was dependent on staff to perform task. The DSD stated Resident 1 required two staff member assistance with ADL care including turning and repositioning. During an interview on 4/30/26 at 12:29 p.m. with CNA 2, CNA 2 stated the facility process was for the CNAs or other staff members to read the Kardex (provides resident care information and specific details of resident care), located in the residents' electronic medical record to ensure the residents were receiving appropriate care. CNA 2 stated the residents who were totally dependent on care automatically required two staff (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	members to perform the task that the residents could not complete. CNA 2 stated the process was for two staff members to assist dependent residents to ensure safety and ensure residents were comfortable when tasks were completed. During a concurrent interview and record review on 4/30/26 at 12:50 p.m. with the minimum data set nurse (MDS), Resident 1's document titled, Section GG-Functional Abilities- Mobility, dated 3/2/26 was reviewed. The document indicated, . Safety and Quality of performance, if helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Dependent- Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. Dependent- Roll left and right: the ability to roll from lying on back to left and right side and return to lying on back on the bed. Dependent- Sit to lying: the ability to move from sitting on side of bed to lying flat on the bed. The MDS stated Dependent meant the CNAs needed to provide Resident 1 with total care when performing the task. The MDS stated Resident 1 required two-person assistance with turning and repositioning. During an interview on 4/3026 at 12:59 p.m. with LVN 2, lvn2 stated the facility expectation was for the staff to provide residents with assistance they required and needed. LVN 2 stated when a resident was dependent on care, there should have been two staff members assisting the resident to perform the task. LVN 2 stated it was important to ensure two staff members were present during care of a resident who was dependent on staff to ensure the resident was safe and comfortable. During a concurrent interview and record review on 4/30/26 at 1:31 p.m. with the director of nursing (DON), Resident 1's document titled, Section GG-Functional Abilities- Mobility, dated 3/2/26 was reviewed. The document indicated, . Safety and Quality of performance, if helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Dependent- Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. Dependent- Roll left and right: the ability to roll from lying on back to left and right side and return to lying on back on the bed. Dependent- Sit to lying: the ability to move from sitting on side of bed to lying flat on the bed. The DON stated that Resident 1 was dependent on staff assistance for turning and repositioning while in bed. The DON stated dependent meant the resident could not perform the task independently. The DON stated the facility process was for Resident 1, who was total dependent on task to turn and reposition, to have two-person assistance unless otherwise specified in the EMR. During an interview on 4/30/36 at 2:10 p.m. with the administrator (ADM), the ADM stated the facility expectation was for the residents to receive the proper level of care that was needed. During a record review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, dated 2001, the P&P indicated, .Residents are provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. During a record review of the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, dated 7/2017, the P&P indicated, .Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility wide priorities. the care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices. Communicating specific interventions to all relevant staff. Providing training as necessary. Bed safety.