

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Orchards at Tulare		STREET ADDRESS, CITY, STATE, ZIP CODE 604 E. Merritt Ave. 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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure for one of three sampled residents (Resident 1) when a laboratory test was not completed. This failure had the potential for the facility to be unaware of health issues for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Progress Notes (PN), dated 5/22/24 at 11:37 a.m. the PN indicated, IDT (Interdisciplinary Team-a group of health care professionals with various areas of expertise who work together toward the goals of their clients) Risk Management Follow Up.As staff heard loud voices coming from room [Resident 1 and Resident 2 ' s room]. Staff ran to room and saw [Resident 1] was [sic] standing at the end of his bed exchanging voices with other [Resident 2].Staff noticed a skin tear to [Resident 1] ' s right lower eyelid.New Interventions put into place.psych (psychological) eval (evaluation).</p> <p>During a review of Resident 1 ' s Psychiatric F/U (follow up) Note (PFUN), dated 5/22/24, the PFUN indicated, Plan.Will recommend labs [laboratory] (CBC (complete blood count), CMP (comprehensive metabolic panel-14 panel blood test used to tell how the body is using food and energy).</p> <p>During a concurrent interview and record review, on 5/29/24 at 12 p.m. with Director of Nursing (DON), Resident 1 ' s clinical record was reviewed. DON was unable to find documentation the recommended labs were completed. DON stated the labs should have been completed.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Lab and Diagnostic Test Results - Clinical Protocol dated 2018, the P&P indicated, The physician will identify and order diagnostic and lab testing based on the resident ' s diagnostic and monitoring needs.The staff will process test requisitions and arrange for tests.</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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