

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 08/22/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified of a change of condition when one of four sampled residents (Resident 1) had a rash. This failure had the potential for the rash to worsen.</p> <p>Findings:</p> <p>During a review of the Shower Day Skin Inspection (SDSI), dated 8/5/24, the SDSI indicated, Skin Problem. Yes.Rash.All over body.8/5/24.(Nurse Signature).</p> <p>During a review of the Shower Day Skin Inspection (SDSI), dated 8/8/24, the SDSI indicated, Skin Problem. Yes.Rash.All over body.8/8/24.(Nurse Signature).</p> <p>During a review of Resident 1 ' s Progress Notes (PN), dated 8/13/24 (8 days after the rash was identified) at 6:06 p.m., the PN, documented by Infection Preventionist (IP) indicated, (Physician name) was consulted by this writer regarding her rash to her stomach.</p> <p>During a concurrent interview and record review, on 8/27/24 at 4:21 p.m. with Infection Preventionist (IP), Resident 1 ' s Progress Notes (PN) were reviewed. There was no documentation indicating the physician was notified of Resident 1 ' s rash until 8/13. IP stated she notified Resident 1's physician of the rash on 8/13 and the physician should have been notified when the rash was identified on 8/5/24.</p> <p>During a review of the facility policy and procedure (P&P) titled Change in a Resident ' s Condition or Status dated 2/21, the P&P indicated, The nurse will notify the resident ' s attending physician.when there has been a(an).significant change in the resident ' s physical/emotional/mental condition.a significant change of condition is a major decline or improvement in the resident ' s status that.will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions.</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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