STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056261	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchards at Tulare	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 38993 Based on interview and record review, the facility failed to follow physician orders when the physician was not notified of elevated blood sugars for one of three sampled residents (Resident 1) . This failure had the potential for Resident 1 to experience complications. Findings: During a review of Resident 1 ' s Order Summary Report (OSR), dated 10/1/24, the OSR indicated, Fingerstick Blood Sugar Monitoring three times a day notify MD (physician) if blood sugar is above 300 or below 70mg/dl (milligrams/deciliter-unit of measurement).order date 9/25/24. During a review of Resident 1 ' s Medication Administration Record (MAR), dated 10/2024, the MAR indicated, 10/1 BS (blood sugar) 0800 (8 a.m.) 349 10/2 BS 0800 349 10/3 BS 0800 339 10/4 BS 0800 350, 1100 (11 am) 312, 1600 (4 p.m.) 355 10/5 BS 0800 326, 1100 348 10/6 BS 0800 329, 1600 (4 pm) 333 10/7 BS 0800 349, 1600 303 10/8 BS 0800 302 10/9 BS 1600 302 10/10 BS 1100 347 10/11 BS 1600 409 (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10/12 BS 1100 343 10/13 BS 0800 347, 1100 338 10/14 BS 0800 347 10/15 BS 0800 329 10/16 BS 0800 349, 1600 344. During a concurrent interview and record review on 10/17/24 at 1:04 p.m. with Assistant Director of Nursing (ADON), Resident 1 ' s clinical record was reviewed. There was no evidence of the physician being notified of the blood sugars over 300. ADON stated the physician should have been notified every time Resident 1 ' s blood sugar was over 300. During a review of the facility ' s policy and procedure (P&P) titled Diabetes - Clinical Protocol dated 2020, the P&P indicated, The Physician will order desired parameters for monitoring and reporting information related to blood sugar management.The staff will incorporate such parameters into the Medication Administration Record and care plan.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 38993 Based on observation, interview, and record review, the facility failed to ensure medications were properly stored. This failure resulted in unidentified pills being in the bottom of the medication carts. Findings: During a concurrent observation and interview on 10/15/24 at 3:03 p.m. with Licensed Vocational Nurse (LVN) 1, medication cart 2 was observed. In drawers three and four there were several loose pills laying in the bottom of the drawers. LVN 1 stated the pills should not be loose in the bottom of the cart. During a concurrent observation and interview on 10/15/24 at 3:07 p.m. with Assistant Director of Nursing (ADON), ADON was unable to identify the loose pills and stated medications were not supposed to be loose in the drawers of the medication carts. During a concurrent observation and interview on 10/15/24 at 3:15 p.m. with LVN 2, medication cart 3 was observed. There were several loose pills laying in the bottom of drawers two and three. LVN 2 stated the pills should not be loose in the bottom of the drawers. During a review of the facility policy and procedure (P&P) titled, Medication Labeling and Storage dated 2001, the P&P indicated, Medications and biologicals are stored in the packaging, containers or other dispensing systems in which they are received.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 38993 Based on observation, interview, and record review, the facility failed to ensure the therapeutic menu was followed for three of five sampled residents (Resident 4, Resident 5, and Resident 6). This failure had the potential for unmet nutritional needs. Findings: During a review of the Fall Menu (FM) dated 9/18/24, the FM indicated, Chicken cacciatore, sauce, pasta with garlic and herbs, broccoli and cauliflower, parsley sprig, Italian green salad, dressing, cranberry crunch square and milk were to be served for lunch. 1. During a review of Resident 4 ' s Diet Card (DC), (undated), the DC indicated, Diet order: Regular Texture. During a concurrent observation and interview on 10/15/24 at 12:23 p.m. in Resident 4 ' s room, Resident 4 ' s lunch tray was at bedside. On the lunch tray there was a plate that contained pasta, cauliflower and mechanical soft (a texture-modified diet that limits foods that are difficult to chew or swallow) chicken cacciatore. There was a dessert and salad on the side. Resident 4 stated the kitchen ran out of regular texture chicken cacciatore entree and served her a mechanical soft texture. Resident 4 stated she did not know what it was and refused to eat it. During a concurrent observation and interview on 10/15/24 at 12:43 p.m. with Certified Nursing Assistant (CNA) 1, in Resident 4 ' s room. CNA 1 confirmed the findings and stated Resident 4 was provided a mechanical soft entree due to the kitchen running out of the regular texture entree. 2. During a review of Resident 5 ' s DC, (undated), the DC indicated, Diet order: Regular Texture. During a concurrent observation and interview on 10/15/24 at 12:44 p.m. with CNA 1, in Resident 5 ' s room, Resident 5 ' s lunch tray was at bedside. On the lunch tray there was a plate that contained pasta, cauliflower, and mechanical soft chicken cacciatore entree. There was a dessert on the side and no salad was provided. CNA 1 stated the kitchen ran out of the regular texture entree and served Resident 5 mechanical soft texture entree. 3. During a review of Resident 6 ' s DC, (undated), the DC indicated, Diet order: Chopped Meats Texture, Large Portion. During a concurrent observation and interview on 10/15/24 at 12:51 p.m. with Resident 6, in Resident 6 ' s room, Resident 6 was eating her lunch. Resident 6 ' s lunch tray contained chicken cacciatore, broccoli pasta and a dessert. There was no salad provided to Resident 6. Resident 6 stated she loved salad. During an interview on 10/15/24 at 12:55 p.m. with CNA 2, CNA 2 stated Resident 6 did not receive salad on her tray, and she should have been served salad. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/15/24 at 1:33 p.m. with Dietary Supervisor (DS), DS stated the regular texture chicken cacciatore ran out and the mechanical soft entree was served to the regular texture diets. DS stated the regular texture diet should have been served the regular texture chicken cacciatore and salad should have been served to all the residents. During a review of the facility ' s policy and procedure (P&P) titled, Menu Planning dated 2023, the P&P indicated, The menus are planned to meet nutritional needs of residents in accordance with established national guidelines, Physician ' s orders and, to the extent medically possible.Menus are written for regular and therapeutic diets in compliance with the diet manual.