

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  12/02/2024
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 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>38993</p> <p>Based on interview and record review, the facility failed to ensure physician orders were implemented for one of two sampled residents (Resident 1). This failure had the potential for Resident 1's injuries to worsen.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Summary Report (OSR) dated 12/1/24, the OSR indicated, Cleanse sutures to back of head with NS (normal saline), pat dry and leave open to air. Every day shift.start date. 11/28/24.monitor discoloration to chest for s/s (signs and symptoms) of worsening and notify MD (doctor of medicine) of changes.start date 11/27/24.monitor discoloration to right breast for s/s of worsening and notify MD of changes every shift for 14 days.start date 11/27/24.monitor discoloration to right under breast for s/s of worsening and notify MD of changes every shift for 14 days.start date 11/27/24.monitor discoloration to right upper arm for worsening and notify MD of changes every shift for 14 days.start date 11/27/24.monitor for pain before, during and after treatment to head. Every day shift.start date 11/28/24.monitor sutures on right side back of head for s/s of infection and notify MD of changes every shift. start date .11/27/24.</p> <p>During a concurrent interview and record review on 12/2/24 at 1:32 p.m. with Director of Nursing (DON), Resident 1's Treatment Administration Record (TAR) dated November 2024 and December 2024, were reviewed. The TAR's indicated Resident 1's treatments were not administered on 11/30 day and evening shifts, and 12/1 evening shift. DON stated when the treatments were administered they should have been documented on the TAR. DON stated there was no way to know if the treatments were administered when it was not documented.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Wound Treatment Management dated 12/24, the P&amp;P indicated, Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.Treatments will be documented on the Treatment Administration Record or in the electronic health record.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38993</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled resident's (Resident 1) fall assessment was accurate. This failure had the potential for staff to be unaware of Resident 1's fall risk.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR) , dated 12/3/24, the AR indicated, Resident 1 was admitted on [DATE] with diagnosis including Dementia (the loss of thinking, remembering, and reasoning that interferes with a person's daily life and activities).</p> <p>During a review of Resident 1's Cognitive Patterns (CP) dated 11/13/24, the CP indicated, BIMS (Brief Interview for Mental Status).04 (indicating severe cognitive impairment).</p> <p>During a review of Resident1's S (Situation) B (Background) A (Appearance) R (Review and Notify) dated 11/24/24 at 7:20 p.m., the SBAR indicated, Falls.Resident complain to pain to head and right shoulder.send resident out to hospital.</p> <p>During a review of Resident 1's FRE dated 11/24/24 at 8:01 p.m. (completed after the fall), the FRE indicated, Fall Risk Evaluation Score: 0.Fall Risk Evaluation Category: Low.mental status.oriented x3 (person, place, time).History of falls (past 3 months) . No falls in past 3 months.Gait/Balance/Ambulation. gait/balance normal.</p> <p>During an interview on 12/9/24 at 1:02 p.m. with Director of Nursing (DON), DON stated after Resident 1's fall on 11/24/24, the FRE was inaccurate. DON stated Resident 1 was not oriented x3, had a fall in the past three months, and had a shuffling gait. DON stated the FRE score on 11/24/24 after the fall should have been greater than 10 indicating Resident 1 was a fall risk.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Fall Risk assessment dated ,d+[DATE], the P&amp;P indicated, The risk assessment will be completed by the nurse or designee upon admission, quarterly, or when a significant change is identified.The risk assessment will contain the following components.identify environmental hazards and individual risks, including the need for supervision.evaluate and analyze hazards and risks.</p>		