

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 12/11/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure one of twelve sampled residents (Resident 8) was referred to the dermatologist as ordered by the physician. This failure had the potential to result in a delay of treatment.</p> <p>Findings:</p> <p>During a review of Resident 8's Progress Note (PN), dated 11/26/24 at 1:54 p.m., the PN indicated, (Doctor name) in to see resident on 11/25/24. Dermatology consult ordered.</p> <p>During a review of Resident 8's Order Details (OD), dated 11/26/24, the OD indicated, May see dermatologist for generalized rash.</p> <p>During a concurrent interview and record review on 12/11/24 at 12:06 p.m. (16 days after the order was received) with Licensed Vocational Nurse/Infection Preventionist (LVN/IP) 1, LVN/IP 1 reviewed Resident 8's clinical record. LVN/IP 1 was unable to provide documentation Resident 8 was referred to the dermatologist. LVN/IP 1 stated the referral process had not been started.</p> <p>During an interview on 1/10/25 at 9:45 a.m. with Social Service Director (SSD), SSD stated when a referral was ordered by the physician the nurses were to place it in the social service binder so the appointment could be scheduled. SSD stated a referral should be followed up on within a week.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Referrals, Social Services dated 12/08, the P&P indicated, Social Services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician.</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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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure (P&P) when an outbreak was not reported to California Department of Public Health (CDPH-state health department) when two of twelve sampled residents (Resident 3 and Resident 4) were diagnosed with scabies (a contagious skin disease marked by itching and small raised red spots, caused by the itch mite). This failure resulted in the CDPH being unaware of the outbreak.</p> <p>Findings:</p> <p>During a review of Resident 3' s Wound Physician Consultation Note (completed by Physician 1) (WPCN), dated 12/9/24, the WPCN indicated, The patient with rash on chest.Treatment.Better now, continue scabies treatment.</p> <p>During a review of Resident 4' s Wound Physician Consultation Note (completed by Physician 1) (WPCN), dated 12/9/24, the WPCN indicated, The patient with rash on back/chest/arm.Treatment.continue scabies treatment.</p> <p>During an interview on 12/11/24 at 11:22 a.m. with LVN/IP 1, LVN/IP 1 stated on 12/4 Resident 4 and Resident 3 were the first residents presented with a rash and were treated for scabies.</p> <p>During an interview on 12/11/24 at 12:06 p.m. with LVN/IP 1, LVN/IP 1 stated the scabies outbreak was reported to the county health department but was not reported to CDPH because there was no confirmed skin scraping (specimen of a suspected lesion which is sent to a laboratory for identification).</p> <p>During an interview on 12/13/24 at 10:30 a.m. with Director of Nursing (DON), DON stated the scabies outbreak was not reported because there was no confirmation.</p> <p>During an interview on 1/8/25 at 10:49 a.m. with Administrator, Administrator stated a scabies outbreak should have been reported to CDPH when there were two or more cases even if the cases were not confirmed. Administrator stated when the scabies outbreak was reported to the county health department it should have been reported to CDPH.</p> <p>During a review of the California Department of Public Health Prevention and Control of Scabies in California Healthcare Setting dated 8/2020, the guidance indicated, An outbreak should be assumed to be occurring following diagnosis of a single case, until screening of all new patients and staff for scabies has been completed without identifying additional suspect cases. An outbreak cannot be conclusively excluded for at least 6 weeks following the last unprotected exposure to the case.</p> <p>During a review of the facility ' s P&P titled, Reporting Communicable Diseases revised 7/14, the P&P indicated, The Infection Preventionist is responsible for notifying the local, district, or state health department of confirmed cases of state-specific reportable diseases.</p>		