

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 03/06/2025
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 one of three sampled residents (Resident 1) was administered medication as ordered by the physician. This failure resulted in Resident 1 not receiving her medication and the potential for adverse side effects.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Recap Report (ORR-physician order) dated 2/1/25-2/28/25, the ORR indicated, Rosuvastatin Calcium Tablet 20 mg (milligrams-unit of measurement) give 1 tablet by mouth at bedtime for hyperlipidemia (elevated fat in the blood) .start date 11/16/24.</p> <p>During a review of Resident 1's Medication Administration Record (MAR) dated 2/25, the MAR indicated, Rosuvastatin Calcium 20 mg give 1 tablet by mouth at bedtime. There was a 9 (indicating other/see nurse notes) documented on the MAR for 2/2, 2/6, 2/11-2/13, 2/19-2/21 and 2/27-2/28.</p> <p>During a review of Resident 1's Progress Notes (PN) dated 2/2/25, the PN indicated, Emar -Administration Note.Rosuvastatin Calcium.pending delivery.</p> <p>During a review of Resident 1's PN dated 2/6/25, the PN indicated, Emar -Administration Note.Rosuvastatin Calcium.not available, pending delivery.</p> <p>During a review of Resident 1's (PN dated 2/11/25, the PN indicated, Emar -Administration Note. Rosuvastatin Calcium.on order.</p> <p>During a review of Resident 1's PN dated 2/12/25, the PN indicated, Emar -Administration Note.Rosuvastatin Calcium.pending delivery.</p> <p>During a review of Resident 1's PN dated 2/13/25, the PN indicated, Emar -Administration Note.Rosuvastatin Calcium.Not available, pending delivery.</p> <p>During a review of Resident 1's PN dated 2/19/25, the PN indicated, Emar -Administration Note.Rosuvastatin Calcium.pending delivery.</p> <p>During a review of Resident 1's PN dated 2/20/25 and 2/21/25, the PN indicated, Emar -Administration Note. Rosuvastatin Calcium.Not available, pending delivery.</p> <p>(continued on next page)</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's PN dated 2/27/25 and 2/28/25, the PN indicated, Emar -Administration Note. Rosuvastatin Calcium.Pending delivery.</p> <p>During an interview on 3/6/25 at 4:18 p.m. with Director of Nursing (DON), DON stated when the medications were not available for administration, the nurse should have called the pharmacy to see when the medication was going to be delivered, and the physician should have been notified.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Orders dated 1/23, the P&P indicated, The prescriber shall be contacted by nursing for direction when delivery of a medication will be delayed or the medication is not available.</p>		