

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  03/26/2025
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 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>34401</p> <p>Based on observation, interview, and record review, the facility failed to follow it's own procedure and procedure (P&amp;P) when two of two sampled Certified Nursing Assistant (CNA 1 and CNA 2) were not wearing their required company-issued identification badge while on duty. This failure had the potential for residents and family members to not be able to identify the staff members.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/26/25 at 11:31 a.m. with CNA 1, CNA 1 was not wearing an identification badge. CNA 1 stated she had forgotten her identification badge.</p> <p>During a concurrent observation and interview on 3/26/25 at 11:32 a.m. with CNA 2, CNA 2 was not wearing an identification badge, CNA 2 stated she had left her identification badge in her car.</p> <p>During an interview on 3/26/25 at 12:1 p.m. with Director of Staff Development (DSD), DSD stated it was the facility practice for all staff to wear identification badge when on duty.</p> <p>During a review of the facility P&amp;P titled, Identification Badges, dated 2024, the P&amp;P indicated, 1. All employees are required to wear an identification badge during their hours worked.</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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