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	04/10/2025

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. 34401 Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was administered antipsychotic (Seroquel-use to treat delusional thoughts) medication as ordered by the physician. This failure resulted in Resident 1 not receiving his medication and the potential for adverse side effects. Findings: During a review of Resident 1's Medication Administration Record (MAR) dated 3/25, the MAR indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg (milligram). Give 1.5 tablet by mouth at bedtime. There was a 9 (indicating other/see nurse notes) documented on the MAR for 3/20, 3/22, 3/23, 3/24, 3/29, and 3/30. During a review of Resident 1's Physicians Order (PO) dated 3/25, the PO indicated Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Give 1.5 tablet by mouth at bedtime. During a review of Resident 1's Progress Notes (PN) dated 3/20/25, the PN indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Not available, pending delivery. During a review of Resident 1's PN dated 3/22/25, the PN indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Not available, pending delivery. During a review of Resident 1's PN dated 3/23/25, the PN indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Not available, pending delivery. During a review of Resident 1's PN dated 3/24/25, the PN indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Not available, pending delivery. During a review of Resident 1's PN dated 3/29/25, the PN indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Not available, pending delivery. During a review of Resident 1's PN dated 3/30/25, the PN indicated, Seroquel XR Oral Tablet Extended Release 24 Hour 50 mg. Not available, pending delivery. (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

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	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview on 4/10/25 at 1:33 p.m. with Director of Nursing (DON), DON reviewed Resident 1's 3/25 EMAR. DON confirmed Resident 1 was not given his ordered Seroquel medication on 3/20, 3/22, 3/23, 3/24, 3/29, and 3/30. DON stated all staff (nurses) were recently in-serviced on notifying pharmacy and the physician when medication was not available. DON stated Resident 1 should have been given the ordered Seroquel medication. During an interview on 4/10/25 at 2:03 p.m. with Licensed Vocational Nurse (LVN), LVN stated he does not remember the exact date but does recall Resident 1 running out of his ordered Seroquel. LVN stated, I didn't give him (Resident 1) his medication because it (Seroquel) wasn't in the med (medication) cart. LVN stated he did not notify pharmacy and Resident 1 ' s physician the medication was not available. 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.