| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056261 | A. Building<br>B. Wing | 02/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Orchards at Tulare | 604 E. Merritt Ave.<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on interview and record review, the facility failed to provide supervision for one of two sampled residents (Resident 1) with impaired cognition (problem in ability to think, learn, remember, make decisions). This failure resulted in Resident 1 eloping (leaving facility unsupervised and without prior authorization) from the facility without staff being aware and had the potential for harm. Findings:During an interview on 2/26/26 at 12:06 p.m. with Registered Nurse (RN), RN stated on 2/7/26 at 10:38 a.m., she was made aware Resident 1 was outside the facility without supervision. RN stated Resident 1 was found in the parking lot across the street from the facility. RN stated Resident 1 was alert with impaired cognition, did not have an order to leave the facility, and was not safe to go outside the facility without supervision.During an interview on 2/26/26 at 12:19 p.m. with Infection Control Preventionist (ICP), ICP reviewed Resident 1's quarterly Minimum Data Set (MDS-a federally mandated resident assessment tool) dated 1/16/26, the MDS indicated Resident 1 had a BIMS (Brief Interview for Metal Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 0 (score range from 0-7 severe impairment.During an interview on 2/26/26 at 12:35 p.m. with Certified Nursing Assistant (CNA), CNA stated on 2/7/26 at approximately 10:30 a.m., he had opened the facility door for visitors to exit. CNA stated he did not recognize Resident 1 was standing among the visitors and had exited the facility when the door was open. CNA stated Resident 1 exited the facility without supervision. During a review of the facility 5-Day Follow-Up Report, the report indicated, On February 7, 2026, at approximately 10:38 AM, staff were notified that a male resident (Resident 1) was observed outside the facility in the hospital parking lot across the street. The resident had exited through the front entrance after a newly hired CNA opened the secured door for visitors and did not recognize the resident as a non-visitor.During a review of the facility's policy and procedures (P&P) titled, Elopements and Wandering Residents, undated, the P&P indicated, Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so.During a review of the facility's policy and procedures (P&P) titled, Accidents and Supervision, undated, the P&P indicated, 5. Supervision-Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents. |

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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