

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  03/03/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure the ceiling vents (outlets that allow conditioned air to flow into a room) were clean and sanitary for ten of ten sampled residents' rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]). This failure had the potential to result in the spread of respiratory illnesses to residents, staff, and visitors. Findings: During an observation on 3/3/26 at 10:14 a.m. in room [ROOM NUMBER], there were two ceiling vents with thick black dust like debris. During an observation on 3/3/26 at 10:17 a.m. in room [ROOM NUMBER], there was one ceiling vent with thick black dust like debris. During a concurrent observation and interview on 3/3/26 at 10:20 a.m. with Housekeeping (HSK) in room [ROOM NUMBER], HSK stated, The ceiling vents need to be cleaned, the vent has dirt on it, vents need to be cleaned, if not, it [dirt] falls on residents. During an observation on 3/3/26 at 10:30 a.m. in room [ROOM NUMBER], there was one ceiling vent with thick black dust like debris. During an observation on 3/3/26 at 10:41 a.m. in room [ROOM NUMBER], there were two ceiling vents with thick black dust like debris. During an observation on 3/3/26 at 10:42 a.m. in room [ROOM NUMBER], there was one ceiling vent with thick black dust like debris. During a concurrent observation and interview on 3/3/26 at 10:45 a.m. with Housekeeping Supervisor (HSKS) in room [ROOM NUMBER], HSKS stated, Maintenance and myself are in charge of cleaning the vent, that vent hasn't been cleaned in days. We are supposed to clean, its dirty. All the stuff on the vents gets into their (residents) lungs if we don't clean them. During an observation on 3/3/26 at 10:48 a.m. in room [ROOM NUMBER], there was one ceiling vent with thick black dust like debris. During an observation on 3/3/26 at 10:58 a.m. in room [ROOM NUMBER], there was one ceiling vent with black mold like debris. During an observation on 3/3/26 at 11:03 a.m. in room [ROOM NUMBER], there were two ceiling vents with thick black dust like debris. During an interview on 3/3/26 at 11:12 a.m. with Resident 1, Resident 1 stated, I have not seen housekeeping cleaning my room. During an observation on 3/3/26 at 11:17 a.m. in room [ROOM NUMBER], there were two ceiling vents with thick black dust like debris. During an interview on 3/3/26 at 11:18 a.m. with HSKS in room [ROOM NUMBER], HSKS stated they missed to clean the ceiling vents it shouldn't have been built up like that. During an interview on 3/3/26 at 11:25 a.m. with Maintenance Lead (MTL), MTL stated he doesn't do much cleaning, it's more of housekeeping and he doesn't clean them (ceiling vents) unless he's told to. During an interview on 3/3/26 at 11:40 a.m. with Infection Prevention (IP), IP stated she has not noticed issues with dust and has monthly meetings with housekeeping to maintain oversight. IP stated, It would be a respiratory concern with moldy or dusty vents. I have not implemented anything other than a deep cleaning schedule. During a review of the facility's Deep Clean Schedule (DCS), undated, the DCS indicated there were no instructions for cleaning ceiling vents. During a review of the facility's Room Rounds, Area of Observation (RRAO), undated, RRAO indicated there were no instructions for cleaning ceiling vents. During a review of the facility's policy and procedure (P&amp;P) titled, Routine Cleaning and Disinfection dated 2025, the P&amp;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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>indicated Policy Explanation and Compliance Guidelines: 1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaced will be performed in common areas, resident rooms, and at the time of discharge. 3.c. Clean from top to bottom (bring dirt from high levels down to floor levels). 4. Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces.</p>		