

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 03/09/2026
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>Based on interview and record review, the facility failed to follow its own policy and procedure (P&P) for one of two sampled residents (Resident 1) when written request for Resident 1's clinical records was not provided in a timely manner. This failure resulted in violation of Resident 1's rights and not providing Resident 1's clinical records approximately 14 days after the request date. Findings: During a concurrent interview and record review on 3/9/26 at 10:34 a.m. with Administrator and Medical Records Personnel (MRP), MRP stated on 2/17/26 a written request for Resident 1's clinical record was received. MRP stated Resident 1's clinical record was not released until 3/9/26 (approximately 14 days after the request date). Administrator reviewed the facility's P&P titled, Release of Medical Records. Administrator confirmed the facility P&P was not followed when written request for Resident 1's clinical record was not released within 2 working days. During a review of facility's P&P titled, Release of Medical Records, dated 2025, the P&P indicated, Access Rights to Medical Information are as Follows: 1. The resident or his/her legal representative may receive a copy of his/her record within 2 working days after the request has been made.</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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