

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 04/18/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to ensure Physicians provided informed consents for four of four sampled residents (Resident 29, Resident 35, Resident 54, Resident 72, and Resident 143) prior to administration of psychotropic medications (used to treat mental health disorders) and ensure the consent and acknowledgement of the informed consents by the resident or the resident's representative were documented on the Informed Consent Form (ICF).</p> <p>This failure violated patients' rights to be fully informed of their treatment and medications.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/16/24, at 2:21 p.m., with Licensed Vocational Nurse (LVN) 1, Resident 29's ICFs, dated 7/24/23, 11/8/23, and 1/17/24, were reviewed. The ICF, dated 7/24/23, indicated, Latuda (medication to treat a mental health disorder) 20 mg (milligram) one tablet daily for schizophrenia (mental health disorder) manifested by visual hallucinations. The ICF, dated 11/8/23, indicated, Cymbalta (medication to treat a mental health disorder, and fibromyalgia [widespread musculoskeletal pain]) oral capsule delayed release 30 mg one capsule by mouth once a day for depression (persistent feeling of sadness and loss of interest) as manifested by verbalization of feeling depressed. The ICF, dated 1/17/24, indicated, Ativan (anxiety medication) 0.5 mg give one tablet by mouth at bedtime every other day for anxiety manifested by excessive worry over health concerns. All three ICF forms for Resident 29 under the section I have obtained informed consent from indicated the responsible party was checked and the name of the responsible party was handwritten. The forms did not have an actual signature of the responsible party. All three ICF forms for Resident 29 indicated the signature of the nurse was under the section verification of informed consent by facility representative. The ICF, dated 1/17/24, did not have the date the physician signed the informed consent as having obtained the informed consent. LVN 1 stated it was the nurse who called the family to explain the risk, benefits, and alternatives, and once the nurse received the physician's order, the nurse documented that he or she had obtained informed consent. LVN 1 stated the physician did not explain the risk, benefit, and alternatives (RBAs); the nurses discussed that (RBAs) with the family or the resident's representative.</p> <p>During an interview on 4/16/24 at 2:25 p.m. with the Clinical Resource Nurse, (CRN) joined the discussion about informed consent and stated the physicians do not do the Informed Consents. CRN asked how can the physicians call everyone to explain the risk, benefits, and alternatives? CRN stated, The nurses here are professionals. They could explain the risks, benefits, and alternatives to the family.</p> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056261
		If continuation sheet Page 1 of 41

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 04/18/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 4/16/24, at 2:30 p.m. with LVN 1, Resident 35's ICFs, dated 9/10/23, and 11/20/23, were reviewed. The ICF, dated 9/10/23, indicated, Abilify (medication to treat a mental health disorder) 10 mg one tablet by mouth daily for schizophrenia manifested by aggression and striking out. The Responsible Party was checked but there was no name of the responsible party and actual signature of the responsible party who gave the consent on the ICF. The nurse signed verification of the informed consent on 9/10/23. The physician who obtained the informed consent signed the ICF on 9/11/23, one day after the informed consent was discussed by the physician with the responsible party. LVN 1 stated the nurses call the responsible party and explain the risks, benefits, and alternatives. LVN 1 stated the physician was asked to sign the form. The ICF, dated 11/20/23 indicated, Ativan 0.5 mg give one tablet two times a day for anxiety manifested by anxiousness causing resident to strike out. The section I have obtained informed consent from indicated 'Other' and the word guardian was handwritten. The ICF did not have the name of the guardian and the actual signature of the guardian on the ICF. The form contained a signature of a physician but there was no name of the physician. The form indicated the Director of Nursing signed the verification of the informed consent. LVN 1 stated there should be two nurses' signature if this was a consent obtained over the phone.</p> <p>During a concurrent interview and record review on 4/16/24 at 2:32 p.m. with LVN 1, Resident 72's ICF dated 3/24/23, 8/20/23, and 11/10/23, were reviewed. The ICF, dated 3/24/23, indicated, Buspirone (anxiety medication) 15 mg PO (by mouth) BID (two times a day) for anxiety manifested by pacing to the point of exhaustion. The responsible party was checked and the name of the responsible party who gave the consent was handwritten on the form. The form contained a signature of a physician but there was no name of the physician. The ICF, dated 8/20/23, indicated, Depakote (used to treat seizure disorders and certain psychiatric conditions) 125 mg one tablet every 12 hours by mouth for psychosis (loss of contact with reality; may have false beliefs about what is taking place) manifested by paranoia (an extreme fear and distrust of others), verbalizing someone is going to hurt her. The responsible party was checked, and the name of the person was handwritten on the side. LVN 1 stated there was no actual signature of the responsible party on the form. The ICF, dated 11/10/23, indicated, Ativan 0.5 mg give four times a day for anxiety manifested by inability to stay still. The ICF did not indicate the name of the responsible party or the physician who obtained the informed consent. LVN 1 stated the form was incomplete.</p> <p>During a concurrent interview and record review on 4/16/24 at 2:33 p.m. with LVN 2, Resident 143's ICF, dated 4/14/24 was reviewed. The ICF indicated, Sertraline (medication to treat a mental health disorder) 50 mg take one tablet by mouth daily for depression manifested by verbalization of health decline. Trazodone (medication to treat major depressive disorder) 50 mg take one tablet by mouth at night for depression manifested by failure to thrive. On both ICFs, the responsible party was marked but there was no name and actual signature of the responsible party. The nurse signed and verified informed consent was obtained. There was no physician signature as having discussed and obtained informed consent with the resident's representative. LVN 2 stated we were waiting for the physician to come and sign the form. LVN 2 stated he did the informed consent; LVN 2 stated he spoke with the responsible party while in the facility during Resident 143's admission on 4/14/24.</p> <p>During a concurrent interview and record review on 4/16/24 at 2:35 p.m. with LVN 1, Resident 143's Medication Administration Record (MAR), dated 4/2024, was reviewed. The MAR indicated Resident 143 received Sertraline HCl 50 mg on 4/15/24 and 4/16/24 at 8 a.m. and Trazodone 50 mg one tablet on 4/15/24 at 8 p.m.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Health Information Record Manual, dated 5/11/22, the P&P indicated, Informed Consent: For residents with antipsychotic medication, prescription, orders, or increase to an existing dose, the physician must obtain informed consent from the capable resident. If the resident is deemed by the physician not capable, informed consent may be obtained from the resident's representative.</p> <p>During a review of the facility's P&P titled, Informed Consent, [undated], the P&P indicated, PURPOSE To assure that the resident's health record contains documentation that the resident gave informed consent prior to the initiation or administration of psychotherapeutic drugs, physical restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function. POLICY Before initiating the administration of psychotherapeutic drugs . staff shall verify that the resident's health record contains documentation that the resident has given informed consent for the proposed treatment or procedure. REQUIREMENTS 1 Physician requirements a. It is the responsibility of the attending physician to determine what information a reasonable person in the resident's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. b. Information that is commonly appreciated need not be disclosed. c. The disclosure of the material information and obtaining informed consent shall be the responsibility of the physician.</p>		

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 04/18/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>46958</p> <p>Based on observation, interview, and record review, the facility failed to ensure four of 46 sampled residents (Resident 44, Resident 242, Resident 39, and Resident 4) were assessed and provided with the appropriate call light type to call staff when needed. This failure had the potential for residents' needs not being met.</p> <p>Findings:</p> <p>During an observation on 4/15/24 at 9:25 a.m. in Resident 44's room, Resident 44's call light was on the floor.</p> <p>During an observation on 4/15/24 at 9:28 a.m. in Resident 242's room, Resident 242's call light wire was not attached to the wall and the call light was not in Resident 242's reach.</p> <p>During an observation on 4/15/24 at 9:30 a.m. in Resident 39's room, Resident 39's call light was on the oxygen concentrator (a device that delivers oxygen) and was not in resident's reach. Upon pushing the button, the call light was not working.</p> <p>During a concurrent observation and interview on 4/15/24 at 9:38 a.m. with Director of Maintenance (DM), in Resident 44, Resident 242, and Resident 39's shared room, Resident 44's call light was on the floor, Resident 242's call light was unplugged and not within Resident 242's reach, and Resident 39's call light was on the oxygen concentrator. No service bells were observed in the room. DM checked the functionality of the call lights and stated the call lights were not working. DM stated the residents should have a service call bell to call for assistance.</p> <p>During an observation on 4/15/24 at 9:46 a.m. in Resident 4's room, Resident 4's call light was not within reach.</p> <p>During an interview on 4/15/24 at 9:50 a.m. with Certified Nursing Assistant (CNA) 4, CNA 4 stated Resident 4's call light was on the floor.</p> <p>During an interview on 4/15/24 at 10:04 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated, Call light should be in reach at all times.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Call System, Resident, dated 2022, the P&P indicated, Residents are provided with a means to call for assistance through a communication system that directly calls a staff member or a centralized work station. 1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor. 3. The resident call system remains functional at all times.</p>		

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 04/18/2024
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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35649</p> <p>Based on interview and record review, facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure 10 of 13 sampled residents (Resident 54, Resident 80, Resident 29, Resident 143, Resident 72, Resident 36, Resident 78, Resident 45, Resident 82, and Resident 24) or residents' representatives were provided information and allowed to formulate advance directives (AD, a written document that tells the health care providers who should speak for you and what medical decisions they should make if you become unable to speak for yourself). This failure had the potential to result in the residents' wishes or health choices to not be honored. 2. Ensure the Physician's Order for Life Sustaining Treatment (POLST-a medical order form that records patient treatment wishes so emergency personnel know what treatments the patient wants in the event of a medical emergency) for two of two sampled residents (Resident 143 and Resident 142) was ordered by the physician prior to having Resident 143 and Resident 142's representatives sign the documents. <p>Findings:</p> <ol style="list-style-type: none"> 1 a. During a concurrent interview and record review on [DATE] at 10:15 a.m. with Licensed Vocational Nurse (LVN) 3, Resident 54's AD was reviewed. LVN 3 was unable to provide documentation AD information was offered to Resident 54 or the resident's representative. LVN 3 stated Resident 54 did not have an advance directive. 1 b. During a concurrent interview and record review on [DATE] at 10:47 a.m. with LVN 3, Resident 80's AD was reviewed. LVN 3 was unable to provide documentation AD information was offered to Resident 80 or the resident's representative. LVN 3 stated Resident 80 did not have an advance directive. 1 c. During a concurrent interview and record review on [DATE] at 10:55 a.m. with LVN 3, Resident 29's AD was reviewed. LVN 3 was unable to provide documentation AD information was offered to Resident 29 or the resident's representative. LVN 3 stated Resident 29 did not have an advance directive. 1 d. During a concurrent interview and record review on [DATE] at 11:16 a.m. with LVN 3, Resident 143's AD was reviewed. LVN 3 was unable to provide documentation AD information was offered to Resident 143 or the resident's representative. LVN 3 stated Resident 143 did not have an advance directive. 1 e. During a concurrent interview and record review on [DATE] at 1:30 p.m. with LVN 3, Resident 72's AD was reviewed. LVN 3 was unable to provide documentation AD information was offered to Resident 72 or the resident's representative. LVN 3 stated Resident 72 did not have an advance directive. <p>42344</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1 f. During a concurrent interview and record review on [DATE] at 8:51 a.m. with Clinical Resource Nurse (CRN), Resident 36 AD, dated [DATE], and Resident 78's AD, dated [DATE] were reviewed. The ADs for both Resident 36 and Resident 78 were not completed and were not signed. CRN stated the forms should have been completed and signed.</p> <p>48756</p> <p>1 g. During a concurrent interview and record review on [DATE] at 12:18 p.m. with Director of Nursing (DON), the Advance Directive Acknowledgement (ADA) for Resident 45, dated [DATE] was reviewed. DON stated this is not a complete advance directive; it is missing a physician signature. DON stated it should be filled out completely.</p> <p>1 h. During a concurrent interview and record review on [DATE] at 12:19 p.m. with DON, ADA for Resident 82, dated [DATE] was reviewed, DON stated this advance directive is not filled out and has no signatures. DON stated it is not complete and should be completed.</p> <p>1 i. During a concurrent interview and record review on [DATE] at 12:20 p.m. with DON, ADA for Resident 24, dated [DATE] was reviewed, DON stated, This is not an advanced directive, it is their wishes. DON stated it is our policy to have a documented advanced directive on file or at least offer it to all residents. DON stated the ADA was missing physician signatures and not from this facility.</p> <p>2 a. During a concurrent interview and record review on [DATE] at 11:16 a.m. with LVN 3, Resident 143's POLST, dated [DATE], was reviewed. The POLST indicated the physician had not discussed, wrote the order, nor completed the POLST. The POLST indicated it had already been signed by Resident 143's representative. LVN 3 stated, Because the patient representative was here, we let the patient representative sign the POLST without the MD order. We got the report the patient was Do Not Resuscitate (DNR-a medical order issued by a physician that directs healthcare providers not to administer cardiopulmonary resuscitation [CPR]) from the hospital.</p> <p>2 b. During a concurrent interview and record review on [DATE] at 2:39 p.m. with LVN 2, Resident 142's POLST, dated [DATE], was reviewed. The POLST indicated, The POLST had not been signed by the physician. The POLST indicated, the form had been completed and Resident 142's representative had already signed the form. LVN 2 stated we were waiting for the Physician to come and sign the form.</p> <p>During a review of Resident 142's Order Summary Report (OSR), dated [DATE], the OSR did not indicate physician ordered the medical emergency treatment and Resident 142's wishes in the event of an emergency.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Advance Directives, revised [DATE], the P&P indicated, The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy. Determining Existence of Advance Directive .1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. 3. Written information about the right to accept or refuse medical or surgical treatment, and the right to formulate an advance directive is provided in a manner that is easily understood by the resident or representative.</p>

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 04/18/2024
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 - Few</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>48756</p> <p>Based on observation, interview, and record review the facility failed to ensure one of eight sampled residents, (Resident 45), when Resident 45's room was not maintained in a clean homelike environment.</p> <p>Findings:</p> <p>During an observation on 4/16/24 at 9:19 a.m. in Resident 45's room, Residents 45's wall and floorboards to the left of resident's bed, had multiple splatters of a brown substance.</p> <p>During a concurrent observation and interview on 4/16/24 at 9:36 a.m. with Director of Nursing (DON) in Resident 45's room, DON stated, No this [Resident 45's room] is not clean or acceptable. DON stated the wall and floorboard next to Resident 45's bed does not look like it's been cleaned in a while.</p> <p>During a review of the facilities policy and procedure (P&P) titled, Resident Rooms and Environment, dated 8/2020, the P&P indicated, The Facility provides residents with a safe, clean, comfortable, and homelike environment . I. Facility Staff aid to create a personalized, homelike atmosphere, paying close attention to the following: A. Cleanliness and order .</p>

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 04/18/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35649</p> <p>Based on interview and record review, the facility failed to ensure two of two sampled residents (Resident 142 and Resident 143) and/or the resident representative received a summary of the Baseline Care Plan (BCP-the minimum healthcare information necessary to properly care for each resident immediately upon their admission) within 48 hours of admission. This failure had the potential for unmet care needs for Resident 142 and Resident 143.</p> <p>Findings:</p> <p>During a review of Resident 143's Admission Record (AR), the AR indicated Resident 143 was admitted on [DATE] with diagnosis including Cerebral Palsy (a group of disorders that affect a person's ability to move and maintain balance and posture) and unsteadiness on her feet.</p> <p>During a concurrent interview and record review on 4/15/24 at 2:33 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 143's BCP, dated 4/14/24 was reviewed. The BCP was not completed. The BCP was not signed, and the resident or resident representative signatures were not obtained indicating receipt of the summary of the BCP. LVN 1 stated she had not given the BCP to Resident 143 or resident representative.</p> <p>During a review of Resident 142's AR, the AR indicated Resident 142 was admitted on [DATE] with diagnosis of metabolic encephalopathy (a state of brain dysfunction) and unsteadiness on feet. The AR indicated Resident 142 was Spanish speaking.</p> <p>During a concurrent interview and record review on 4/15/24 at 2:38 p.m. with LVN 1, Resident 142's BCP, dated 4/6/24 was reviewed. Resident 142's BCP was not completed. LVN 1 stated the BCP was not completed and there was no signature of the resident or the resident representative indicating receipt of a written summary of the BCP.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Baseline Care Plan, [undated], the P&P indicated, 1. The baseline care plan will: a. Be developed within 48 hours of resident's admission. b. Include the minimum healthcare information necessary to properly care for a resident including, but not limited to: Initial goals based on admission order, physician orders, dietary orders, therapy services, social services .4. A written summary of the baseline care plan will be provided to the resident and representative in a language that the resident/representative can understand. The summary shall include, at a minimum the following: a. The initial goals of the resident b. A summary of the resident's medications and dietary instructions. c. Any services and treatments to be administered .</p>		

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 04/18/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46958</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Provide the necessary care to maintain good grooming and personal hygiene for one of eight sampled residents (Resident 4). This failure resulted Resident 4 having long and dirty fingernails. 2. Ensure one of eight sampled residents (Resident 45) was assisted with oral care. This failure resulted in Resident 45 having dental issues and/or tooth decay. <p>Findings:</p> <p>During a concurrent observation and interview on 4/15/24 at 9:50 a.m. with Certified Nursing Assistant (CNA) 4 in Resident 4's room, Resident 4's fingernails on her left hand were long (passed the fingertips) and had blackish discoloration underneath the fingernails. CNA 4 stated nails should be cleaned every day. Sunday is the day when we do nail care for our residents.</p> <p>During an interview on 4/15/24 at 10:04 a.m. with Licensed Vocational Nurse (LVN) 4, LVN 4 stated Resident 4 had long fingernails and there was dirt underneath the fingernails.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Fingernails/Toenails, Care of, dated 2018, the P&P indicated, The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infection. 1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in the prevention of skin problems around the nail bed.</p> <p>48756</p> <p>During an observation on 4/16/23, at 9:06 a.m. in Resident 45's room, Resident 45's teeth had a dark discoloration and/or buildup of plaque (a sticky film that coats teeth and contains bacteria and can damage the teeth).</p> <p>During a concurrent observation and interview on 4/16/24, at 9:08 a.m. with LVN 4, in Resident 45's room, LVN 4 stated Resident 45's teeth have been like that for awhile, we (the facility) does oral care but it (plaque buildup) does not come off. LVN 4 stated the staff attempts oral care once per shift.</p> <p>During a concurrent observation and interview on 4/16/24 at 9:12 a.m. with Clinical Resource Nurse (CRN) in Resident 45's room, CRN stated there was dried mucous build up and it did not appear oral care had been done today.</p> <p>During a concurrent observation and interview on 4/16/24 at 9:23 a.m. with Director of Nursing (DON), in Resident 45's room, DON stated she would describe Resident 45's dental health as poor, looked like there were cavities, and there was build up of some sort like plaque.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 45's Care Plan (CP), dated 2024, the CP indicated Resident 45 had a physical functioning deficit related to mobility impairment requires total care with all ADL's (activities of daily living).</p> <p>During a review of Resident 45's Minimum Data Set (MDS-resident assessment tool)-Section C Cognitive Patterns, dated 3/14/2024, the MDS indicated, Resident 45 assessment was not able to be conducted. The MDS indicated Resident 45's cognitive skills for daily decision making were severely impaired.</p> <p>During a review of Resident 45's MDS-Section GG-Functional Abilities and Goals, dated 3/14/2024, the MDS indicated, Resident 45's Self-Care Assessment for oral hygiene (the ability to use suitable items to clean teeth) was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity).</p> <p>During a review of the facility policy and procedure (P&P) titled, Activities of Daily Living [ADL], Supporting, dated 3/2018, the P&P indicated, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living [ADL]. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care).</p>		

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 04/18/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>35649</p> <p>Based on observation, interview, and record review, the facility failed to provide two of two sampled residents (Resident 29 and Resident 87) activity choices that met the residents likes and interests in accordance with the residents' assessment and care plan. This failure resulted in Resident 29 and Resident 87's expression of boredom and not meeting the resident's interest to improve their sense of well-being.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/16/24 at 9:21 a.m. with Resident 29, in Resident 29's room, Resident 29 was sitting at the edge of the bed looking at the wall. Resident 29 stated, I get bored here, there is nothing to do. There are no magazines, no books, no newspaper for me to read. I love to read. I watch television sometimes, but that's it. I color some. That's all I do. Resident 29 did not have any books, magazines, or newspaper on her nightstand nor on the overbed table. Resident 29 stated,They took away the picture of my mom and my love. I have nothing here.</p> <p>During an interview on 4/17/24 at 2:07 p.m. with Activities Director (AD), AD stated, Resident 29 likes to participate in our parties, likes to color, do crossword puzzles, and word searches. Sometimes, she joins us in our coffee socials. We do not do group activities at this time because of COVID (a serious respiratory infection), but we provide in-room visits daily. AD stated the last time she visited Resident 29 was yesterday (4/16/24 at 4:30 p.m.). AD stated she divided the residents according to the staff she has, and the staff has until the end of the shift to conduct activities with the residents. AD stated Activity Assistant (AA) 1 was assigned to assist Resident 29 with activities.</p> <p>During an interview on 4/17/24 at 2:27 p.m. with AA 1, in the presence of AD, AA 1 stated she could not remember what activities she did with Resident 29. AA 1 stated she thought maybe she did sensory with lotion but could not remember the time. AA 1 stated Resident 29 wants to read books, or magazines. AA 1 stated on Tuesday morning 4/16/24 around 9:30 a.m. she was in Resident 29's room and offered her magazines and chronicle.</p> <p>During a review of Resident 29's Activities Care Plan, dated 3/18/24, the care plan indicated, Focus: Resident 29 is pretty independent, participating in her favorite activities. At most she may need help with newer or more complex programs of choice. Goals: Resident 29 enjoys looking through magazines, reading; she also enjoys daily chronicle, coffee social and news, watching tv, coloring, reading, participating in parties, socializing with staff and peers, and exercising. Intervention: Check in with Resident 29 to make sure she can still do activities independently and have any supplies she needs .</p> <p>48756</p> <p>During an interview on 4/16/24 at 9:43 a.m. with Resident 87, Resident 87 stated I like to play music, the guitar especially, I have been playing my whole life. Resident 87 stated, It is really sad here, have you seen some of these people, you cannot talk to them. Resident 87 stated, I would really like to play my guitars.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 11:04 a.m. with AA 2, AA 2 stated, [Resident 87] really likes music. He used to have his guitars here and I think his family took them. (Resident 87) would play every day. AA 2 stated the facility does not have any musical instruments for residents.</p> <p>During an interview on 4/18/24 at 3:12 p.m. with AD, AD stated Resident 87 had a guitar here at the facility, but his family member took it home. AD stated she thought it would be a good thing for Resident 87 to have a guitar. AA 2 stated Resident 87 likes to play the guitar and it is important to him.</p> <p>During a review of Resident 87's Minimum Data Set (MDS-resident assessment tool), dated 3/5/24, the MDS indicated, [Resident 87] had a Brief Interview for Mental Status (BIMS-a 15 -point cognitive assessment; score of 8-12 means moderate impairment) Score of 9,</p> <p>During a review of Resident 87's Activities-Initial Review (AIR), dated 2/23/24, the AIR did not indicate Resident 87's love for playing the guitar.</p> <p>During a review of the facilities policy and procedure (P&P) titled, Activity Evaluation, dated 2/2023, the P&P indicated, In order to promote the physical, mental, and psychological well-being of residents, an activity evaluation is conducted and maintained for each resident at least quarterly and with any change of condition that could affect his/her participation in planned activities . 4. The resident's lifelong interests, spirituality, life roles, goals, strengths, needs and activity pursuit patterns and preferences are included in the evaluation.</p>		

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 04/18/2024
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to ensure Social Services followed up on the status of the hearing aids for two of two sampled residents (Resident 29 and Resident 36). This failure had the potential to result in poor communication and loss of hearing abilities.</p> <p>Findings:</p> <p>During an interview on 4/16/24 at 9:26 a.m. with Resident 29, Resident 29 stated, I have hearing problems. They checked my ears, but I have not heard from them about my hearing aids.</p> <p>During a concurrent interview and record review on 4/17/24 at 8:35 a.m. with Social Services Director (SSD), Resident 29's Audiogram (a chart that shows the results of a hearing test), dated 1/5/24, was reviewed. The audiogram report indicated, Right and left ear had moderately severe hearing loss. Notes: The patient has hearing loss significant to qualify for hearing aids and is eligible for them under Medical (payment program). We will start the process of obtaining their hearing aids. SSD stated she had no log to trigger which residents needed follow-up. SSD stated she had not made a follow up for Resident 29's hearing aids since January 2024.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Hearing Impaired Resident, Care Of, dated 2/2018, the P&P indicated, 5. Staff will help residents who have lost or damaged hearing devices in obtaining services to replace the devices.</p> <p>During a review of the facility's P&P titled, Hearing and Vision Services, dated 2024, the P&P indicated, 4. The social worker/social services designee is responsible for assisting residents, and their families in locating and utilizing any available resources (e.g. Medicare or Medicaid program payment, local health organizations offering items and services which are available free to the community), for the provision of the vision and hearing services the resident needs.</p> <p>42344</p> <p>During a concurrent observation and interview on 4/16/24 at 10:26 a.m. with Resident 36 in Resident 36's room, Resident 36 was not wearing hearing aids. Resident 36 stated she is very hard of hearing, and she does not have hearing aids. Resident 36 stated she used to have hearing aids and they were very effective.</p> <p>During a concurrent interview and record review on 4/17/24 at 2:06 p.m. with SSD, Resident 36's Pure Tone Audiogram (PTA), dated 7/19/23 was reviewed. The PTA indicated, The patient has hearing loss significant enough to qualify for hearing aids, and is eligible for them under Medi-Cal. SSD stated she should have followed up with the hearing aid company.</p>		

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 04/18/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46958</p> <p>Based on interview and record review, the facility failed to ensure weekly wound assessments were done for one of one sampled resident (Resident 39). This failure had the potential to result in the inability to determine the healing progress of current wounds.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/18/24 at 11:58 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 39's Skin & Wound Evaluation (SWE), [undated] was reviewed. LVN 1 stated Resident 39 was admitted on [DATE] with a wound on the left hand first and second fingers. LVN 1 stated no weekly wound assessments were done for the past four weeks in March and and there was only a wound assessment done on 4/3/24.</p> <p>During an interview on 4/18/24 at 2:40 p.m. with Director of Nursing (DON), DON stated weekly wound assessments should be done on residents with wounds.</p> <p>Facility policy and procedure related to weekly wound assessments was requested; none was provided.</p>		

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 04/18/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>42344</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 68) received treatment for contractures (shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) in his left hand. This failure had the potential for worsening of Resident 68's contracture.</p> <p>Findings:</p> <p>During an observation on 4/16/24 at 10:55 a.m. in Resident 68's room, Resident 68's left hand had contractures. Resident 68 did not have a physician's ordered rolled-up washcloth in his hand.</p> <p>During a concurrent interview and record review on 4/17/24 at 11: 20 a.m. with Infection Preventionist (IP), Resident 68's Orders, dated 12/29/23 were reviewed. Resident 68's Orders indicated, Cleanse Left hand Contraction with soap and water, gently pat dry and place rolled up washcloth QD [every day]. IP stated the Restorative Nursing Assistants (RNAs) put the rolled-up wash cloths in resident's hands when ordered by the doctor. IP stated Resident 68 should have his left hand cleaned and a rolled-up washcloth placed in the left hand every day.</p> <p>During a concurrent observation and interview on 4/17/24 at 11:39 a.m. with IP in Resident 68's room, Resident 68 did not have a rolled-up washcloth in his left hand. IP stated Resident 68 should have a rolled-up washcloth in his left hand.</p> <p>During an interview on 4/17/24 at 11:55 a.m. with RNA 1, RNA 1 stated she did not clean, pat dry and place a rolled-up washcloth in Resident 68's left hand because the treatment order was not in her IPad.</p> <p>During a review of resident 68's RESTORATIVE NURSING documentation, date range 4/1/24 to 4/18/24 was reviewed. There was no documentation of RNA's treatment to left hand.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Restorative Nursing Services (RNS), revised 7/2017, the RNS indicated, Residents will receive restorative nursing care as needed to help promote optimal safety and independence.</p>

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 04/18/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>46958</p> <p>Based on interview and record review, the facility failed to ensure communication and coordination between the facility and dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working) center was complete with assessments of the dialysis access site (surgically created access) on the Dialysis Communication Form for two of two sampled residents (Resident 39 and Resident 49). This failure had the potential to result in complications due to not properly assessing the dialysis site.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/16/24 at 10:50 a.m. with Licensed Vocational Nurse (LVN) 2, the Nurses Dialysis Communication Record (NDCR) for Resident 39, dated 4/11/24 and 4/13/24 was reviewed. The NDCR indicated post-dialysis monitoring was blank on 4/11/24 and 4/13/24. LVN 2 stated these forms were incomplete and should be completed right away once resident was back in facility.</p> <p>During a concurrent interview and record review on 4/17/24 at 3:13 p.m. with LVN 2, NDCR for Resident 49, dated 4/10/24 was reviewed. The NDCR indicated post-dialysis monitoring was blank. LVN 2 stated post dialysis monitoring should be completed right away once resident was back from dialysis.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Hemodialysis, dated 2023, the P&P indicated, This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis. The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility.</p>		

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 04/18/2024
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>35649</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one sampled resident (Resident 54) was assessed to determine the level of risk for bed entrapment (patient is caught, trapped, or entangled in the spaces in or about the bedrail, mattress or bed frame). This failure had the potential for adverse consequences.</p> <p>Findings:</p> <p>During an observation on 4/15/24 at 12:07 p.m. in Resident 54's room, Resident 54's bed had two quarter bedrails up on both sides of the bed.</p> <p>During a concurrent interview and record review on 4/17/24 at 10:47 a.m. with Licensed Vocational Nurse (LVN) 1 Resident 54's assessment, dated 3/10/24 was reviewed. LVN 1 was unable to provide documentation of a bed entrapment assessment for Resident 54 and stated they did not have it.</p> <p>During an interview on 4/17/24 at 10:54 a.m. with Director of Maintenance (DM), DM stated there were three beds with bed rails, 20 A, 6 B, and 27 B. DM stated he started bed safety check for the beds with bedrails this month. DM was not able to provide the bed safety check for Resident 54 prior to installation of the bedrails.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Proper Use of Bedrail, dated 2023, the P&P indicated, It is the policy of this facility to utilize a person-centered approach when determining the use of bedrails, 3. The resident assessment must also assess the resident's risk from using bedrails. Examples of the potential risks with the use of bedrails include: a Accidents (e.g., falls, entrapment, and other injuries sustained from attempts to climb over, around, between, or through the rails, or over the footboard. b. Barrier to residents from safely getting out of bed .4. The resident assessment should assess the resident's risk of entrapment between the mattress and bedrail or in the bed rail itself.</p>		

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 04/18/2024
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to ensure the physician evaluated and addressed weight loss for one of one resident (Resident 80). This failure had the potential for the resident to not receive proper medical care for weight loss.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/16/24 at 10:20 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 80's Situation, Background, Assessment, Recommendation (SBAR-a verbal or written communication tool that helps provide essential, concise information) Communication Form, dated 4/5/24, indicated Resident 80 had a weight loss of seven pounds (lbs.) in one month. Resident 80's weight on 3/4/24 was 113 lbs. and on 4/1/24 Resident 80's weight was 106 lbs. LVN 1 stated the Interdisciplinary Team (IDT- a group of professionals who help people receive the care they need) met and recommended to add House Supplement (high calorie nourishment) at breakfast. LVN 1 stated the IDT team is composed of the Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Services Director (SSD), Medical Records Director (MRD) and the Registered Dietitian (RD).</p> <p>During a concurrent interview and record review on 4/17/24 at 1:49 p.m. with LVN 1, Resident 80's Progress Notes, dated 4/5/24 was reviewed. The Progress Notes did not indicate the physician evaluated or addressed Resident 80's weight loss. LVN 1 stated there was no physician documentation regarding weight loss. LVN 1 stated the physician was not a member of the IDT. LVN 1 stated the physician gets notified of the incident or the condition of the resident, but he does not participate in the IDT meetings. The physician was notified of the weight loss and recommendation of the IDT.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Physician Services, dated 2/2021, the P&P indicated, 3. Supervising the medical care of residents includes, but not limited to: a. participating in the resident's assessment and care planning, 2. monitoring changes in resident's medical status .h. Overseeing a relevant plan of care for the resident .</p>		

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 04/18/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>42744</p> <p>Based on interview and record review, the facility failed to provide documentation of competency and skill performance for six of eight sampled employees (Certified Nursing Assistant [CNA] 5, CNA 7, Restorative Nursing Assistant [RNA] 2, Registered Nurse [RN] 1, Assistant Director of Nursing [ADON], and Infection Preventionist [IP]). This failure had the potential to result in lack of competent and skilled staff.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/16/24 at 10:27 a.m. with Director of Staff Development (DSD), no competency evaluations or skills performance checklists were found in CNA 5, CNA 7, or RNA 2's employee personnel records (EPRs). DSD stated CNAs are supposed to shadow another CNA during orientation. DSD stated she does not have any competency assessments for CNAs.</p> <p>During a concurrent interview and record review on 4/16/24 at 10:45 a.m. with DSD, RN 1, ADON, and IP's EPRs were reviewed. There were no competency evaluations or skills performance checklists found in the EPRs. DSD stated the RNs and LVNs would be reviewed by the Director of Nursing and then filed in the EPRs.</p> <p>During a concurrent interview and record review with Administrator on 4/16/24 at 2:08 p.m. the facility's forms titled, Nursing Assistant Orientation & Competency Evaluation Nursing Skills Performance Satisfactory Completion (NAC) and Licensed Nurse Competency (LNC) were reviewed. The NAC indicated a check off list for various skills including, but not limited to, bed bath, blood pressure, communication with the resident, special feeding problems, handwashing, shaving, showering, oral hygiene, incontinent skin care, mechanical lift, and use of wheelchairs and walkers. The LNC indicated a check off list of competency assessments for general policy and procedures, infection control, behavioral health, basic nursing skills, restorative nursing skills, documentation, identification of changes in condition, and in-house communication. Administrator stated the facility was supposed to do competency checklists for everyone upon hire and annually.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, On-the-Job Training, dated 2001, the P&P indicated, On-the-job training programs will be conducted when necessary to assist employees in performing their assigned tasks. 1. On-the-job training is provided to train each employee in his/her respective job assignments and our methods of performing such tasks. 2. Department directors will be responsible for on-the-job training to assure that our established training schedules are followed. (Note: Non-supervisory personnel may be assigned as on-the-job trainers.) 3. On-the-job training begins on the first day of employment and is completed when the department director is satisfied that the employee can perform his/her assigned duties, within the time frame allotted for each particular function, without further supervision. 6. All training programs and classes attended by an employee shall be entered on his/her Employee Training Attendance Record. 7. Training records will be filed in the employee's personnel file or may be maintained by the department supervisor.</p>		

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 04/18/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46958</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure controlled substances (highly abused drugs) were stored in a locked cabinet. This failure had the potential for controlled substances to be diverted. 2. Ensure expired medications were not stored with active stock of medications. This failure had the potential to expose residents to expired medications with unknown potency and efficacy. 3. Ensure destruction of medications were done in accordance with the facility policy. This failure had the potential for employees to divert discarded medications. 4. Ensure the treatment cabinet with medications in Central Supply Room was locked. This failure had the potential for medications to be accessed by unauthorized users. <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 4/17/24 at 10:36 a.m. with Licensed Vocational Nurse (LVN) 3 in Medication Room, the Narcotic Emergency Kit (narcotic scheduled II, III, IV and V which are highly abused drugs) was in cabinet drawer that was not locked. LVN 3 stated the drawer should be locked. <p>During an interview on 4/17/24 at 11:06 a.m. with DON, DON stated medications containing controlled substances should be locked in the drawer.</p> <ol style="list-style-type: none"> 2. During a concurrent interview and record review on 4/17/24 at 10:37 a.m. with LVN 3, a Vancomycin (medication is used to treat bacterial infections) intravenous (IV-within the vein) infusion [method of delivering medication into the bloodstream) bag was in the medication refrigerator inside the medication room. The label on the bag indicated, Refrigerated Discard After: 04/15/24 @ 1500. The label indicated the medication was for Resident 244. LVN 3 stated this antibiotic should have been discarded on 4/15/24 and not stored with the active medications. 3. During a concurrent interview and record review on 4/17/24 at 11:04 a.m. with Director of Nursing (DON), Medication Disposition Record/Pass Log (MDR), was reviewed. The MDR indicated, there was no second signature witnessing the destruction of medications. The Witnessed by column on the log form was blank. DON stated a second witness was required for the destruction of medication and the logs should contain witness signatures for all drugs being destroyed. <p>During an interview on 4/17/24 at 11:45 a.m. with the DON, DON stated the last time the medication destruction bin was picked up for disposal was 3/31/24, so no medications have been destroyed since then. DON stated the MDR contained no reason for destruction and no witness signature.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Discarding and Destroying Medications, dated 2022, the P&P indicated, Medications that cannot be returned to the dispensing pharmacy (e.g., non-unit dose medications, medications refused by the resident, and/or medications left by residents upon discharge) are disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances. 7. For unused, non-hazardous controlled substances that are not disposed of by an authorized collector, the EPA recommends destruction and disposal of the substance with other solid waste following the steps below: a. Take the medication out of the original containers. b. Mix medication, either liquid or solid, with an undesirable substance. Undesirable substances include sand, coffee grounds, kitty litter, or other absorbent materials. Place the waste mixture in a sealable bag, empty can, or other container to prevent leakage. 10. The medication disposition record contains, as a minimum, the following information: a. The resident's name. b. The name and strength of the medication. c. The prescription number (if any). d. The name of the dispensing pharmacy. e. Date medication destroyed. f. The quantity destroyed. g. Method of destruction. H. Reason for destruction. i. Signature of witnesses.</p> <p>35649</p> <p>4. During a concurrent observation and interview on 4/16/24 at 9:11 a.m. with Infection Preventionist (IP), in Central Supply Room (CSR-area where facility supplies are stored), one cabinet was designated for treatment supplies. The treatment supply cabinet was open and had several medications inside the cabinet. The following medications were noted:</p> <p>Six boxes of triple antibiotic ointments (medication used to reduce the risk of infections following minor skin injuries).</p> <p>One bottle Hydrogen Peroxide (antimicrobial substance used on the skin to prevent infection of minor cuts, scrapes, and burns).</p> <p>Two boxes of Hydrocortisone Cream 1 % (topical medication used to treat redness, swelling, itching, and discomfort of various skin conditions).</p> <p>IP stated the cabinet had medications and was not locked. IP stated anyone could access the room. IP stated residents toiletries were stored in this room, resident food refrigerator was kept in this room, and medication carts were stored in this room. IP stated the treatment cabinet should be locked, but it was not locked today.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Labeling and Storage, dated 2023, the P&P indicated, The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys. 7. Controlled substances (listed as Schedule 11-V of the Comprehensive Drug Abuse Prevention and Control Act of 1976) and other drugs subject to abuse are separately locked in permanently affixed compartments, except when using single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>		

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 04/18/2024
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35649</p> <p>Based on interview and record review, the facility failed to ensure Social Services followed up dental services for three of three sampled residents (Resident 29, Resident 36 and Resident 41). This failure had the potential for unplanned weight loss.</p> <p>Findings:</p> <p>During an interview on 4/16/24 at 9:26 a.m. with Resident 29, Resident 29 stated she had upper dentures and lower partials. Resident 29 stated, I need the upper dentures fixed because they fall off when I eat and when I speak. They are old. Really bad.</p> <p>During a concurrent interview and record review on 4/17/24 at 9:01 a.m. with Social Services Director (SSD), Resident 29's Dental Notes (DN), dated 8/18/23, 12/20/23, and 3/26/24 were reviewed. The DN, dated 8/18/23 indicated, Denture evaluation done. Patient is requesting new full upper denture (FUD). Is worn down. FUD is old and dirty. MO (medical) submitted. The DN, dated 12/20/23 indicated, Full mouth x-rays (FMX). The 3/26/24 DN indicated,MO request submitted. SSD stated she had not followed up on the status of the dentures for Resident 29.</p> <p>42344</p> <p>During an interview on 4/16/24 at 8:59 a.m. with Resident 41, Resident 41 stated he had not seen a dentist in two years.</p> <p>During an interview on 4/17/24 at 1:42 p.m. with SSD, SSD stated Resident 41 had not been seen by a dentist. SSD stated Resident 41 should have had a dental evaluation on admission and every six months for cleaning.</p> <p>During a review of Resident 41's Admission Record (AR), the AR indicated Resident 41 was admitted on [DATE].</p> <p>During an interview on 4/16/24 at 10:32 a.m. with Resident 36, Resident 36 stated she had not seen a dentist in a long time.</p> <p>During an interview on 4/17/23 at 2:13 p.m. with SSD, SSD stated Resident 36 has not been seen by a dentist. SSD stated Resident 36 should have had a dental evaluation on admission and every six months for cleaning.</p> <p>During a review of Resident 36's AR, the AR indicated Resident 36 was admitted on [DATE].</p> <p>During a review of the facility's policy and procedure (P&P) titled, Dental Examination Assessment, [undated], the P&P indicated, Each resident shall undergo a dental assessment prior to or within ninety (90) days of admission.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Social Services, dated 9/2021, the P&P indicated, 2. Medically related social services are provided to maintain or improve each resident's ability to control every day physical needs (e.g., appropriate adaptive equipment for eating, ambulation, etc.) .</p>		

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 04/18/2024
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>48756</p> <p>Based on observation, interview, and record review, the facility failed to prepare a pureed menu item according to the recipe instructions. This failure had the potential to result in food lacking nutritive value.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/17/24 at 10:17 a.m. with Cook (CK) 1 in the kitchen, CK 1 poured an unknown amount of thickener (a substance to thicken pureed foods) into a pan of pureed spinach. CK 1 did not have the recipe for the pureed spinach and did not have a measuring cup to measure the thickener. CK 1 stated she knows the recipe and how much thickener is supposed to be added. CK 1 stated she does not use the measuring cup because she can eyeball it.</p> <p>During a concurrent observation and interview on 4/17/24 at 10:18 a.m. with Registered Dietitian (RD) in the kitchen, CK 1 prepared a pureed spinach without measuring the thickener. RD 1 stated, she [CK 1] should be measuring it [thickening agent] out and following the recipe. That is our policy.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food Preparation, [undated], the P&P indicated, Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. The facility will use approved recipes, standardized to meet the client census.</p>		

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 04/18/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48756</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure opened food items were labeled with an expiration date. 2. Ensure the ice machine expired water filter was replaced per manufacture's guidelines. <p>These failures had the potential to result in decreased palatability (tastiness) and the potential for spread of foodborne illnesses.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on [DATE] at 8:51 a.m. with Interim Dietary Supervisor (IDS), in the dry food storage area, an opened bag of egg noodles was not labeled with the opened date. IDS stated this is an opened bag of egg noodles and it is not labeled with an opened date. IDS stated it should have an opened date. <p>During a concurrent observation and interview on [DATE] at 9:59 a.m. with Registered Dietitian (RD), in the kitchen, the following spices and seasoning containers were opened with no opened and/or no expiration dates:</p> <ul style="list-style-type: none"> Onion powder-no opened date, no expiration date Lemon pepper-no expiration date Ground cumin-no expiration date Ground nutmeg-no expiration date Light chili powder-no expiration date <p>RD stated the staff are supposed to label the container when they open it and with the expiration date on it. RD stated, That is our policy.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Storage of Food and Supplies, dated 2023, the P&P indicated, Food and supplies will be stored properly and in a safe manner . 8. Labels should be visible . All food will be dated- month, day, year.</p> <ol style="list-style-type: none"> 2. During a concurrent observation and interview on [DATE] at 8:27 a.m. with Director of Maintenance (DM), the ice machine external water filtration system had a label indicating it was last changed on [DATE]. DM stated we have a new filter on order, but this one is expired because its supposed to be changed every 6 months. DM stated he is aware the filter is expired and needs to be changed as it was last changed on [DATE]. <p>(continued on next page)</p>

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 04/18/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the 3M Water Filtration Products Instructions for use (IFU), the IFU indicated, The disposable filter cartridge in your system requires regular maintenance to ensure optimal performance . 1. Frequency of Replacement: The filter cartridge should be replaced every six months or earlier if you notice a reduction in water flow to the dispenser or icemaker.</p> <p>During a review of the Ice Machine Manufacturer Installation Manual (IMM), the IMM indicated, Water Supply: Local water conditions may require treatment of the water to inhibit scale formation, filter sediment, and remove chlorine odor and taste. Water Inlet Lines: Follow these guidelines to install water inlet lines: If you are installing a water filter system, refer to the installation instructions supplied with the filter system for ice making water inlet connections.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Ice Machine Cleaning Procedures, [undated], Information about the operation, cleaning and care of the ice machine can be obtained from the owner's manual, the manufacturer's and/or in the directional panel on the inside of the ice machine.</p>		

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 04/18/2024
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 - Some</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>35649</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Governing Body:</p> <ol style="list-style-type: none"> 1. Provided oversight to their Infection Prevention and Control Program (IPCP) and the Infection Preventionist (IP-individual responsible for the facility's IPCP and help prevent the transmission of communicable diseases and infections). This failure resulted in the removal of the personal belongings, memorabilia, and clothing for five of five sampled residents (Resident 29, Resident 35, Resident 54, Resident 72, and Resident 80), which could potentially have a negative effect on the residents' well-being. 2. Established water management program as part of the Infection Control Program under the leadership of the Infection Preventionist. This failure had the potential for transmission of water-borne infections. 3. Developed and implemented Quality Assurance and Performance Improvement (QAPI) policies and procedures. This failure had the potential for residents and staff to be placed at risk for harm when the facility did not have QAPI framework to achieve quality care and services for 92 of 92 residents residing in the facility. <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 4/18/24 at 7:10 a.m. with Housekeeping and Laundry Manager (HLM), in the dirty section of the laundry room, there were several plastic bags on the floor piled on top of each other. The plastic bags had grayish colored debris. HLM stated those bags contained the personal belongings of residents in isolation, such as luggage, picture frames, pictures and other items. The items were removed from the residents' rooms due to scabies outbreak. Beside the residents' personal belongings were janitorial supplies, brooms, dustpans, a trash can, and two barrels with clean mops and rugs. HLM stated we had no space or storage area to keep the residents' personal belongings. HLM stated they had not been instructed to return the residents' personal belongings. <p>During a concurrent observation and interview on 4/18/24 at 9:01 a.m. with IP in the laundry room, IP noted the residents' personal belongings, clothing, and memorabilia were in plastic bags on the floor piled on top of each other and the plastic bags had grayish debris. IP stated, The scabies outbreak started on 1/11/24. Since then, I have directed to deep clean the room, take the curtains down, take all the residents' clothing out, all the personal belongings, seal them, and take them to Laundry. IP stated it was just for the residents with scabies. IP stated it was not a physician's order, but was my decision to contain infection.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 - Some</p>	<p>During an interview on 4/18/24 at 3:38 p.m. with Administrator, Administrator stated she was not aware residents' clothing and personal belongings were taken out of the residents' rooms. Administrator stated sometimes we have to think of our actions and how our actions could negatively affect the residents. Administrator stated she had not been in the Laundry and had not seen where and how the residents' personal belongings and clothing were stored in the Laundry.</p> <p>During an interview on 4/18/24 at 3:40 p.m. with Director of Nursing (DON) DON was also not aware the residents' personal belongings and clothing were removed from the rooms and stored in the Laundry.</p> <p>During a review of the Centers for Disease Control and Prevention Guidelines, titled Parasites-Scabies Prevention & Control, dated 10/31/18, the Guidelines indicated, Scabies is prevented by avoiding direct skin-to-skin contact with infested person or with items such as clothing or bedding used by an infested person. Items that cannot be dry-cleaned or laundered can be disinfested by storing in a closed plastic bag for several days or weeks. Scabies usually do not survive more than two-three days away from human skin. Environmental disinfestation using pesticide sprays or fogs generally is unnecessary and is discouraged. Environmental disinfestation is neither necessary nor warranted. Routine cleaning and vacuuming of the room should be done if and when the patient with non-crusted scabies leaves the facility or moves to a new room.</p> <p>2. During an interview on 4/18/24 at 12:20 p.m. with Administrator, Administrator stated, We do not have Water Management Policies and Procedure. I just received the Risk Management Plan for Legionella Control from the Environment Consultant. We have not put anything in place.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control, dated 2023, the P&P indicated, 17. Water Management: a. A water management program has been established as part of the overall infection prevention and control program. b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water system. c. Maintenance Director serves as the leader of the water management program.</p> <p>3. During a concurrent interview and record review on 4/18/24 at 3:38 p.m. with Administrator and DON, the facility's QAPI Program policies and procedures were reviewed. Administrator provided a booklet titled, QAPI Guidance, Performance Improvement Projects, dated 2022. The document provided was not facility-specific and only served as guidance for how to develop and implement a QAPI Program. Administrator stated the booklet was what the facility has for their QAPI.</p> <p>During a review of the document titled, QAPI Guidance/Performance Improvement Projects, dated 2022, the document indicated, The facility must set priorities for its performance improvement activities that focus on high risk, high volume, and problem prone areas. The Process Improvement Projects (PIP) must consider the incidence, prevalence, and severity of problems in those areas as how they affect health outcomes.</p>		

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 04/18/2024
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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to provide the Binding Arbitration Agreement in simple, understandable language or language common to the area other than English. This failure had the potential for residents to not fully understand the terms of the agreement and the nature or the possible consequences as a result of the agreement.</p> <p>Findings:</p> <p>During an interview on 4/17/24 at 5:49 p.m. with Business Office Manager (BOM) in the presence of the Administrator, BOM stated most of the arbitration discussion occurs on admission. BOM stated the agreement for entering a binding arbitration was part of the admission packet and, she was obligated to ask the resident or the resident representative. BOM stated she explained to the best of her ability and her knowledge what the binding arbitration meant and what it entailed, or she mailed the Binding Arbitration Agreement (BAA) to the family or resident representative. BOM stated, The facility does not have a language-assistance service. That is something I need to discuss with Corporate or the Administrator. BOM stated the facility did not have the agreement form in any other language that the resident or family could understand, except in English. BOM stated she could not explain every paragraph written in the agreement form. BOM stated the facility did not have policies and procedures written for Entering into Binding Arbitration Agreement.</p> <p>Facility policy and procedure on Entering into Binding Arbitration Agreement was requested; none was provided.</p> <p>During a review of the Center's for Medicare and Medicaid Services (CMS) recommendation titled, Binding Arbitration Agreement, dated 6/5/17, the recommendation indicated the following:</p> <p>All agreements for binding arbitration must be in plain language.</p> <p>If signing the agreement for binding arbitration is a condition of admission into the facility, the language of the agreement must be in plain writing and in the admissions contract.</p> <p>The agreement must be explained to the resident and his or her representative in a form and manner they understand, including that it must be in a language they understand.</p> <p>The resident must acknowledge that he or she understands the agreement.</p>

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 04/18/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to maintain an effective Quality Assurance and Performance Improvement (QAPI-a data driven and proactive approach to quality improvement) Program as evidenced by:</p> <ol style="list-style-type: none"> Four members of the nursing staff (Licensed Vocational Nurses [LVN] 6, LVN 7, LVN 8, and Staffing Coordinator [SC]) were not familiar with QAPI and the facility's quality improvement projects. The fall interventions had not been fully monitored and evaluated, data collected, analyzed, tracked, and trended, and outcome of the process had not been fully established. The facility did not have performance indicators to monitor quality of care and services in high risk and problem prone areas like Infection Control and Laundry. <p>These failures had the potential for residents and staff to be placed at risk for harm when the facility did not have a QAPI framework to achieve quality care and services for 92 of 92 residents residing in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> During an interview on 4/18/24 at 3:25 p.m. with LVN 6, LVN 6 stated, I don't know when asked what QAPI meant. LVN 6 stated she was not aware of what process improvement projects the facility was working on. <p>During an interview on 4/18/24 at 3:28 p.m. with LVN 7, LVN 7 stated, I don't know when asked about QAPI. LVN 7 stated she was not aware of what process improvement projects the facility was currently working on.</p> <p>During an interview on 4/18/24 at 3:30 p.m. with LVN 8, LVN 8 stated, I don't know, when asked about QAPI. LVN 8 stated she was not aware of the current process improvement projects the facility was working on.</p> <p>During an interview on 4/18/24 at 3:35 p.m. with SC, SC stated I don't know, when asked about QAPI. SC was unable to speak to the current QAPI projects the facility was working on.</p> <p>During an interview on 4/18/24 at 3:40 p.m. with Director of Nursing (DON), DON stated she could not recall if there was a QAPI Training for the staff.</p> <ol style="list-style-type: none"> During a concurrent interview and record review on 4/18/24 at 4:15 p.m. with DON, DON stated the facility had been working on decreasing the number of fall incidences. Currently, the facility had 50 falls from 1/2024 to 4/2024. DON stated their goal was to decrease falls by 10 falls per month. DON stated the following were the interventions implemented: <p>(continued on next page)</p>		

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 04/18/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Director of Staff Development (DSD) to in-service the staff on the 5 Ps: potty, pain, position, personal property within reach, and proper footwear.</p> <p>b. Purposeful rounding as needed.</p> <p>c. Answering call lights in a timely manner.</p> <p>d. Paying attention to our patients in the hallways, such a paying attention to the residents' footwear. Are the residents wearing non-skid socks?</p> <p>d. Implemented 1:1 supervision for residents.</p> <p>f. Certified Nursing Assistants Training on Falls.</p> <p>DON was unable to provide the data collected, analyzed, tracked, and trended, to identify any improvements based upon the interventions put in place.</p> <p>3. During a concurrent interview and record review on 4/18/24 at 4:30 p.m. with Administrator and DON, Administrator and DON could not provide any performance indicators to monitor infection control, environmental improvement, and quality of service in Laundry. Administrator stated she had not been in the Laundry and had not seen the condition in Laundry. Administrator stated she was not aware residents' clothing and personal belongings had been taken away from the residents. Administrator stated that could affect the residents' home environment and their well-being when they don't get their clothes and personal belongings back.</p> <p>During a review of the document titled, QAPI Guidance/Performance Improvement Projects, dated 2022, the document indicated, The facility must set priorities for its performance improvement activities that focus on high risk, high volume, and problem prone areas. The Process Improvement Projects (PIP) must consider the incidence, prevalence, and severity of problems in those areas as how they affect health outcomes.</p>

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 04/18/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35649</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Follow infection prevention and control practices in accordance with Centers for Disease Control and Prevention (CDC, national health organization) guidelines for 92 of 92 residents residing in the facility. 2. Ensure surveillance for infection were properly conducted, data collected, analyzed, track and trended for 92 of 92 residents residing in the facility. 3. Develop and implement water management policies and procedures to assist the facility in the prevention of Legionella (waterborne bacteria that cause serious lung disease) and /or other opportunistic waterborne pathogens. <p>These failures had the potential to transmit infectious diseases.</p> <p>Findings:</p> <p>1 a. During a concurrent observation and interview on 4/15/24 at 11:13 a.m. with Certified Nursing Assistant (CNA) 1, in Hallway 1, Resident 72's door had a Contact Precaution (intended to prevent transmission of infectious agents through direct or indirect contact with contaminated objects) sign posted outside the door. CNA 1 stated Resident 72 has scabies all over her body.</p> <p>During a concurrent observation and interview on 4/15/24 at 2:21 p.m. in Hallway 1, Resident 72 was pacing the hallway and asking assistance to take her to her husband. CNA 2 redirected Resident 72 back to her room while holding hands with Resident 72. CNA 2 did not perform hand hygiene after CNA 2 had taken Resident 72 back to her room.</p> <p>During an interview on 4/15/24 at 2:25 p.m. with CNA 2, in Hallway 1, CNA 2 stated she knew Resident 2 was on contact precaution but did not know any other way to redirect Resident 72 but to walk Resident 72 back to her room holding Resident 72's hands.</p> <p>During an interview on 4/18/24 at 2:30 p.m. with Infection Preventionist (IP), IP stated she should have instructed the CNAs not to hold hands with Resident 72 but to redirect Resident 72 guiding her from the back.</p> <p>During a review of the Centers for Disease Control and Prevention (CDC) Guidelines titled, Parasite-Scabies Control, dated 10/31/18, the Guidelines indicated, Scabies is prevented by avoiding direct skin-to-skin contact with an infested person or with items such as clothing or bedding used by an infested person. Bedding and clothing worn or used next to the skin anytime during the 3 days before treatment should be machine washed and dried using the hot water and hot dryer cycles or be dry-cleaned. Items that cannot be dry-cleaned or laundered can be disinfested by storing in a closed plastic bag for several days to a week.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the facility's P&P titled, Handwashing/Hand Hygiene, dated 10/2023, the P&P indicated, All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors . Indications for Hand Hygiene: d. after touching a resident.</p> <p>1 b. During a concurrent observation and interview on 4/16/24 at 8:55 a.m. with Director of Nursing (DON) and Licensed Vocational Nurse (LVN) 5, in Central Supply Room (CSR), the room was filled with carts and boxes. LVN 5 stated this is where the night nurses wash and disinfect used incentive spirometer (a device that measures the volume of the air inhaled into the lungs during inspiration). DON stated CSR is considered a clean room.</p> <p>During a concurrent observation and interview on 4/16/24 at 9:06 a.m. with LVN 4 in CSR, LVN 4 wheeled the medication cart inside. LVN 4 stated CSR was considered a clean room, but we use it to store the medication carts. LVN 4 stated he only wiped down the top of the medication cart with the purple top disinfectant. LVN 4 stated he did not disinfect the cart.</p> <p>During an interview on 4/16/24 at 9:06 a.m. with IP, IP stated, I would not consider the room a clean room. The med carts are not disinfected when stored</p> <p>in the room."</p> <p>1 c. During a concurrent observation and interview on 4/18/24 at 7:05 a.m. with Housekeeping and Laundry Manager (HLM), outside the building near the laundry area, there was a large regular trash bin overflowing with trash, a chair among the trash bags, eight clear plastic bags filled with trash, and three empty brown boxes on the ground. HLM stated the trash was usually picked up around 5 a.m., but did not get picked up today.</p> <p>1 d. During a concurrent observation and interview on 4/18/24 at 7:20 a.m. with HLM, in the dirty area of the laundry room, a large yellow water tank to flush eyes, was on top of a two-tiered rolling cart. HLM stated Maintenance checks the water tank, but she had no recollection when it was last checked.</p> <p>During an interview on 4/18/24 at 8:07 a.m. with Director of Maintenance (DM), DM stated yes, the portable water tank eye wash is what the staff must use in case of an emergency. DM stated the water tank is filled up to 15 gallons of water. The eye wash station is checked once a month. DM stated, I do not have a log for the eye wash station check.</p> <p>During a review of the article OSHA InfoSheet titled, Health Effects from Contaminated Water in Eyewash Stations, dated 7/2015, the article indicated,</p> <p>Water found in improperly maintained eyewash stations is more likely to contain organisms (e.g., Acanthamoeba, Pseudomonas, Legionella) that thrive in stagnant or untreated water and are known to cause infections. When a worker uses an eyewash station that is not maintained, organisms in the water may come into contact with the eye, skin, or may be inhaled .Maintain equipment in accordance with industry standard (e.g., American National Standards Institute (ANSI) standard Z358.1-2014. The ANSI standard includes information that plumbed systems need to be activated once a week for at least 15 minutes to reduce microbial contamination.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1 e. During a concurrent observation and interview on 4/18/24 at 7:24 a.m. in the clean area of the laundry room, Laundry Aide (LA) was folding linens and stacking the folded linen in a cart that was not labeled clean cart. In the area where she was folding linens were several plastic bags on the floor filled with clothes piled one on top of the other. The plastic bags were unlabeled. LA stated in the bags were residents' clean clothes, socks, and shoes. LA stated, We do not have a place to store them.</p> <p>During a review of the facility's P&P titled, Departmental (Environmental Services)-Laundry and Linen, dated 1/2014, the P&P indicated, Standard Precaution: 1. Separate soiled and clean linens at all times .7. Clean linen will remain hygienically clean (free of pathogens insufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts .9. Reprocess any linen that that is not visibly clean upon completion of the cycle or any linen that falls onto the floor.</p> <p>1 f. During a concurrent observation and interview on 4/18/24 at 7:57 a.m. with CNA 3, outside in the laundry's walkway, there were three rolling clothing racks. The first clothing rack had three residents' clothes on hangers. The second rolling clothing rack was filled with resident clothes on hangers and folded clothes in the bottom. The third rolling clothing rack also was filled with resident clothes on hangers and folded clothes on the bottom. It was noted the blue plastic cover was torn in several places, the edges were ripped, and the plastic was covered with grayish debris. The third rolling clothing rack's plastic cover was also torn and ripped in many places.</p> <p>During an interview on 4/18/24 at 8:10 a.m. with IP, IP stated she was in the Laundry on Monday (4/15/24), but only moved some stuff for the eye wash station. IP stated she did not focus on the other areas of the laundry room. IP stated, I did not pay attention to the residents clothing and the condition of the laundry area.</p> <p>During an interview on 4/18/24 at 8:20 a.m. with Administrator, Administrator stated she had not visited Laundry and had not seen the area. Administrator stated she was not aware of the poor condition of the laundry room. Administrator directed HLM to replace the torn plastic covers and stated, Those racks could not be taken inside the building.</p> <p>During a review of the facility's P&P titled, Infection Prevention and Control Program, dated 2023, the P&P indicated, 12. Linens: d. Linens shall be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closet.</p> <p>1 g. During a concurrent observation and interview on 4/18/24 at 8:23 a.m. with HLM in the main Central Supply Room next to the Laundry, there were boxes on the floor: at least 20 boxes of isolation gowns stacked one on top of each other, two boxes of briefs, two boxes of mattresses, and one isolation cart. HLM stated the supplies should not be on the floor.</p> <p>2. During an interview on 4/18/24 at 12:13 p.m. with IP, IP stated the surveillance activities for infection conducted were on donning (put on) and doffing (take off) of Personal Protective Equipment (PPE- refers to gowns, gloves, masks, face shields/goggles used to protect the individual from infection or injury), cleaning of shower rooms, and taking the barrels out. IP stated she has not conducted any surveillance on hand hygiene.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent interview and record review on 4/18/24 at 2:07 p.m. with IP, the surveillance activities for infection on donning and doffing of PPE, dated 4/5/24, 4/10/24, and 4/17/24 were reviewed. The PPE adherence monitoring contact precaution indicated, On 4/5/24, adherence rate was 25%, on 4/10/24 adherence rate was 25 %, and on 4/17/24 adherence rate was 50%. IP stated she had not conducted any other surveillance other than donning and doffing of PPE. IP stated she found out this month she had to do surveillance activities for infection and those were the only times she did surveillance. IP was unable to provide documentation of the analysis of the data collected, tracking and trending, and actions undertaken when non-compliance were observed.</p> <p>During a review of the facility's P&P titled, Surveillance for Infection, dated 9/2017, the P&P indicated, Gathering Surveillance Data: The Infection Preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data . Interpreting Surveillance Data: 1. Analyze the data to identify trends . b. Consider how increases or decreases might relate to recent process changes, events or activities in the facility. Trends should be monitored . Surveillance data will be provided to the Infection Control Committee regularly. The Infection Control Committee will determine how important surveillance data will be communicated to the physicians and other providers, Administrator, nursing units .</p> <p>During a review of the facility's P&P titled, Infection Prevention and Control Program, dated 2023, the P&P indicated, 3. Surveillance: b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.</p> <p>3. During a concurrent interview and record review on 4/18/24 at 10:32 a.m. with Director of Maintenance (DM), DM stated the facility has no cases of Legionnaires Disease (a serious type of pneumonia [lung infection] caused by Legionella bacteria from contaminated water). DM stated he did not have any assessment of the facility's water sources and could not provide records of water testing done. DM stated, We have not tested the water, not even prior to me joining the facility. As far as I know water testing has not been done for the past three months that I have been here and the previous years.</p> <p>During an interview on 4/18/24 at 12:20 p.m. with Administrator, Administrator stated, We do not have Water Management Policies and Procedure. I just received the Risk Management Plan for Legionella Control from the Environment Consultant. We have not put anything in place.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control, dated 2023, the P&P indicated, 17. Water Management:</p> <p>a. A water management program has been established as part of the overall infection prevention and control program. b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water system. c. Maintenance Director serves as the leader of the water management program.</p>		

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 04/18/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35649</p> <p>Based on interview and record review, the facility failed to maintain and implement an effective antibiotic (fight bacterial infections) stewardship (coordinated effort to measure and improve how antibiotics are prescribed by clinicians and used by patients) program for one of one sampled resident (Resident 4). This failure had the potential to place residents at risk for harm caused by unnecessary use of antibiotics.</p> <p>Findings:</p> <p>During an interview on 4/18/24 at 11:05 a.m. with Infection Preventionist (IP), IP stated Resident 4 was sent to the hospital for evaluation of altered mental status and was diagnosed with sepsis (presence of harmful microorganisms in the blood) related to urinary tract infection (UTI- bacteria invade and grow in the urinary tract [the kidneys, ureters, bladder, and urethra]). IP stated Resident 4 was readmitted to the facility on [DATE] with a Multidrug Resistant Organism (MDRO-a germ that is resistant to many antibiotics) and was placed on Contact Precaution (prevent transmission of infectious agents) for Extended Spectrum Beta-Lactamase (ESBL-enzyme found in some strains of bacteria that makes the germ harder to treat with antibiotics) in the urine.</p> <p>During a concurrent interview and record review on 4/18/24 at 11:15 a.m. with IP, Resident 4's electronic medical record was reviewed and IP was unable to locate urinalysis and urine culture results. IP stated a urine culture was obtained on 3/29/24, but IP was not able to find the results.</p> <p>During a concurrent interview and record review on 4/18/24 at 11:25 a.m. with IP, Resident 4's Medication Administration Record (MAR) dated 3/2024 and 4/2024 were reviewed. The MAR indicated, Keflex (medication to treat infection) 500 mg (milligram) one tablet every 12 hours for UTI was administered from 3/30/24 to 4/5/24. IP stated she found out Resident 4 had ESBL prior to Resident 4 returning to the facility. IP stated Resident 4 was no longer on Contact Precaution for ESBL.</p> <p>During a concurrent interview and record review on 4/18/24 at 11:35 a.m. with IP, Resident 4's Physician Order (PO), dated 4/2024, were reviewed. The PO did not indicate discontinuation of the contact precaution. IP stated she spoke with the physician and a telephone order was given to remove Resident 4 from isolation. IP stated she did not write the telephone order to discontinue Contact Precaution for Resident 4.</p> <p>During a concurrent interview and record review on 4/18/24 at 11:40 a.m. with IP, Resident 4's Physician's Progress Notes were reviewed electronically. IP was not able to find documentation of the physician's progress notes regarding Resident 4's infection.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 11:45 a.m. with IP, IP stated the Antibiotic Stewardship Committee membership is comprised of the Infection Preventionist, Director of Nursing, the Assistant Director of Nursing, Medical Records Director, and Social Services Director. The committee meets once a week. IP was unable to provide meeting minutes for the Antibiotic Stewardship Program. IP stated the documentation is integrated in the Interdisciplinary Team Notes (IDT- a group of health care professionals with various areas of expertise who work together toward the goals of their patients). IP stated, I did not know the pharmacist needs to be involved. No, pharmacist is not part of the Antibiotic Stewardship Committee.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Antibiotic Stewardship-Review and Surveillance of Antibiotic Use and Outcomes, dated 12/2016, the P&P indicated, 2. The IP or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics.</p> <p>During a review of the facility's P&P titled, Antibiotic Stewardship-Orders for Antibiotics, dated 12/2016, the P&P indicated,3. Appropriate indications for use of antibiotics include: a. Criteria met for clinical definition of active infection or suspected sepsis 2. Pathogen susceptibility, based on culture and sensitivity to antimicrobial (or therapy begun while culture is pending) .6. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.</p> <p>During a review of the facility's P&P titled, Infection Prevention and Control Program, dated 2023, the P&P indicated,6. Antibiotic Stewardship: d. The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.</p> <p>During a review of the facility's P&P titled, Consultant Pharmacist Antibiotic Stewardship Duties, dated 2020, the P&P indicated, The consultant pharmacist can participate in the following duties at the request of facility leadership: Participate in the Antibiotic Stewardship subcommittee that sets the standards for the antibiotic prescribing practices .</p>		

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 04/18/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>48756</p> <p>Based on interview and record review the facility failed to:</p> <ol style="list-style-type: none"> Administer the pneumococcal vaccine for one of three sampled residents (Resident 80) after consent was obtained. Obtain vaccine refusal consent forms for one of three sampled residents (Resident 72). <p>These failures had the potential to spread infectious diseases</p> <p>Findings:</p> <ol style="list-style-type: none"> During a concurrent interview and record review on 4/18/24 at 2:02 p.m. with Director of Nursing (DON), Resident 80's Immunization Consent or Declination (IC), dated 1/2/24 and Electronic Health Record (EHR) was reviewed. The IC indicated on 1/2/24 Resident 80's responsible party signed consent for Resident 80 to receive the Pneumococcal (PPSV23) and Pneumococcal (PCV12) vaccines (at admission or at a later date if clinically indicated). Resident 80's EHR indicated no Pneumococcal vaccine had been administered. DON stated Resident 80's consent for the Pneumonia vaccine was signed by the resident representative on 1/2/24, but the vaccine was not administered. DON stated, It [pneumococcal vaccine] should have been given if she [resident representative] signed the consent. DON stated I am not seeing any documentation for a refusal either. During a concurrent interview and record review on 4/18/24 at 2:08 p.m. with DON, Resident 72's EHR was reviewed. DON stated there is no refusal form for Resident 72's influenza and pneumococcal vaccination status. DON stated, Refusals need to be documented on the immunization declination form. <p>During a review of the facility's policy and procedure (P&P) titled, Pneumococcal Vaccine, dated 10/2023, the P&P indicated, All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. 1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident had completed the current recommended vaccine series . 5. Residents/representatives have the right to refuse vaccination. If refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the pneumococcal vaccination.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Influenza Vaccine, dated 3/2022, the P&P indicated, All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against Influenza . 6. A resident's refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the resident's medical record.</p>

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 04/18/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42344</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility was maintained in a safe, clean, homelike environment when:</p> <ol style="list-style-type: none"> 1. One of two observed bathrooms had a clogged toilet, and two of two observed bathrooms needed sanding and painting. This failure resulted in unsanitary and unsafe conditions for the residents. 2. The kitchen temperature was too hot for three of three kitchen staff (Interim Dietary Supervisor [IDS], Dietary Staff [DS 1 and DS 2]) . This failure had the potential to result in facility kitchen staff experiencing heat-exposure related injuries. <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation on 4/15/24 at 11:01 a.m. in the shared bathroom between rooms [ROOM NUMBERS], there was a damp towel on the floor wrapped around the base of the toilet. There was bubbling and peeling paint on the wall next to the toilet. The lower 1/3 of the metal door frame near the toilet was black and orange. There was a plunger next to the toilet. <p>During an observation on 4/15/24 at 11:05 a.m. in the shared bathroom between rooms [ROOM NUMBERS], there was bubbling and peeling paint on the wall next to the toilet. The lower 1/3 of the metal door frame near the toilet was black and orange.</p> <p>During an interview on 4/15/24 at 11:10 a.m. with Resident 61, Resident 61 stated the toilet in his bathroom is clogged and overflows. He stated there's water all over the floor. He stated he must use a plunger to unclog the toilet.</p> <p>During a concurrent observation and interview on 4/17/24 at 8:16 a.m. with Director of Maintenance (DM) in the bathroom between rooms [ROOM NUMBERS], there was a moist, brown colored substance on the floor around the toilet. There was bubbling and peeling paint on the wall next to the toilet. The lower 1/3 of the metal door frame near the toilet was black and orange. There was a plunger next to the toilet. DM stated he needed to clear out the plumbing, sand the peeling paint off the walls, sand off the rust on the door frame and paint.</p> <p>During a review of the facilities policy and procedure (P&P) titled, Maintenance Services, revised 8/2020, the P&P indicated, I. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. II. Functions of the Maintenance Department may include .Maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order.</p> <p>During a review of the facilities P&P titled, Resident Rooms and Environment, revised 8/2020, indicated, The Facility provides residents with a safe, clean, comfortable, and homelike environment .I. Facility Staff aim to create a personalized, homelike atmosphere, paying close attention to the following: A. Cleanliness and order.</p> <p>(continued on next page)</p>		

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 04/18/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facilities P&P titled, Supervision, Maintenance Services, revised 5/2008, the P&P indicated, 2. The Maintenance Director is responsible for scheduling preventative maintenance service.</p> <p>48756</p> <p>2. During a concurrent observation and interview on 4/15/24 at 9:36 a.m. with IDS in the facility kitchen, the kitchen temperature felt warm and the temperature on the thermostat was 74 degrees Fahrenheit. IDS stated, It feels warmer than that [74 degrees]. It gets really warm in here. Its an old kitchen and there is poor ventilation.</p> <p>During a interview on 4/15/24 at 9:37 a.m. with DS 1, DS 1 stated, It gets really hot in here especially when the ovens are on. I have seen it get as high as 90 degrees Fahrenheit plus. In the summer when it's in the 100's [degrees] outside its so hot, it gets unbearable in here.</p> <p>During a concurrent observation and interview on 4/17/24 at 4:00 p.m. with DS 2 in the facility's kitchen, the kitchen temperature was 81 degrees Fahrenheit. DS 2 stated it feels warm in here right now. DS 2 stated the kitchen can get very hot in the summer, with the thermostat reading up to 90 degrees.</p> <p>During a concurrent observation and interview on 4/17/24 at 4:01 p.m. with DM, in the kitchen, the kitchen thermostat was at 81 degrees Fahrenheit. DM stated the air conditioner was serviced last Friday and it should be working now. DM stated the thermostat is currently at 81 degrees Fahrenheit, and it is warm in the kitchen.</p> <p>During an interview on 4/18/24 at 9:52 a.m. with Administrator, the Administrator stated, We don't have a specific policy related to the temperature in the facility or the kitchen. We like it to stay around 78 [degrees]. Administrator was informed the thermostat was reading 81 degrees Fahrenheit yesterday afternoon at 4 p.m. Administrator stated that is not an acceptable temperature, that would not be comfortable. Administrator stated, I cannot get the temperature down in the kitchen with those ovens going and everything, especially in the summer and as hot as it gets.</p> <p>Facility policy related to Kitchen Temperature was requested, and none was provided.</p>		