STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555702	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards Post-Acute	730 34 Street Bakersfield, CA 93301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37697 Based on interview and record review, the facility failed to provide showers to one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to have a negative self-image and had the potential for increased risk of infection. Findings: During a review of Resident 1's ADMISSION RECORD (AR), dated 3/6/24, the AR indicated, Resident 1 was a [AGE] year-old with diagnoses including Myocardial Infarction (known as a heart attack, it occurs when not enough oxygen get to an area of the heart), muscle weakness, difficulty walking and Chronic Obstructive Pulmonary Disease (a disease of the lungs that causes restricted airflow and breathing problems). During a review of Resident 1's Care Plan (CP), dated 9/30/23, the CP indicated, Resident 1 required partial to moderate staff assistance with showering and bathing. The CP indicated Resident 1 required one staff member to help with showering/bathing. During a review of Resident 1's MDS (Minimum Data Set - an assessment tool) under section BIMS (Brief Interview for Mental Status - an assessment tool for cognition [cognition -the mental processes that take place in the brain, including thinking, attention, language, learning, memory and perception]), undated, the BIMS indicated, Resident 1 had a score of 13 (cognitively intact). During an interview on 3/5/24, at 2:39 p.m. with Resident 1, Resident 1 stated she had been having issues with getting her showers/bathing provided to her by the facility staff. During a concurrent interview and record review on 3/5/24 at 4:30 p.m. with Director of Nursing (DON), Resident 1's Documentation Survey Report (DSR), dated February 2024 was reviewed. DON stated Resident 1 had been assigned since November 2023 to be given showers every Monday, Wednesday, and Friday. DON reviewed the DSR, and stated Resident 1 did not receive and/or there was no documentation to indicate Resident 1 received a shower on 2/7/24, 2/12/24, 2/14/24, 2/19/24, 2/21/24, 2/26/24 and 2/28/24. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555702	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards Post-Acute	730 34 Street Bakersfield, CA 93301

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Bath, Shower/Tub, dated 2/2018, the P&P indicated, The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Documentation . The date and time the shower/tub bath was performed. The name and title of the individual(s) who assisted the resident with the shower/tub bath. All assessment data (e.g., any reddened areas, sores, etc., on the resident's skin) obtained during the shower/tub bath. How the resident tolerated the shower/tub bath. If the resident refused the shower/tub bath, the reason(s) why and the intervention taken. The signature and title of the person recording the data.