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	05/06/2024

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 38993 Based on interview and record review, the facility failed to ensure the Physician was notified timely when one of three sampled residents (Resident 1) fell . This failure resulted in a delay of Physician notification. Findings: During a review of the Unusual Occurrence Investigation (UOI) dated 5/4/24, the UOI indicated, 5/3/24 approximately 2:20am resident was found 1/2 off the low bed on the left side legs dangling.CN (charge nurse) assisted resident to sit on the floor.On 5/3/24 @ (at) 6:30 pm charge nurse noted with RN (Registered Nurse) Supervisor resident right leg pain was not relieved by the ordered medication. MD (Doctor of Medicine) called and an order for transfer to the hospital for further evaluation of right leg pain was obtained. During an interview on 5/6/24 at 2:49 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was assigned to Resident 1 on 5/3/24 from 6 a.m. to 6:30 pm. LVN 1 stated Resident 1 began complaining of pain around 4 p.m. and at approximately 5 p.m. when the pain medication was not effective, Resident 1's roommate told her Resident 1 had fallen during the night. LVN 1 stated she was unaware of the fall incident and when she reviewed Resident 1's clinical record there was no record of a fall, or the Physician being notified. LVN 1 stated when a resident is assisted to the floor by staff it is considered a fall and the physician should be notified. During an interview on 5/6/24 at 3:49 p.m. with Registered Nurse (RN) 1, RN 1 stated when Resident 1 was assisted to the floor by LVN 2, it was considered a fall and the physician should have been notified immediately. During an interview on 5/8/24 at 5:58 a.m. with LVN 2, LVN 2 stated she was assigned to Resident 1 the night of 5/2/24 from 6 p.m. to 6:30 a.m. LVN 2 stated as she was walking down the hall Resident 1 was yelling so she peeked in on him and seen him lying on his bed almost falling on to the floor. LVN 2 stated Resident 1's bed was low to the floor, so she assisted Resident 1 to sit on the floor, until she could get help to put him back in bed. LVN 2 stated she was unaware assisting the resident to the floor was a fall and did not notify the physician of the fall. LVN 2 stated she should have notified the physician. (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	05/06/2024

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 0580 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 Change in a Resident's Condition or Status dated 2/2021, the P&P indicated, The nurse will notify the resident's attending physician on call when there has been a(an).accident or incident involving the resident. During a review of the facility's P&P titled, Falls and Fall Risk, Managing dated 3/18, the P&P indicated, a fall is defined as.unintentionally coming to rest on the ground, floor or other lower level, but not as a result of an overwhelming external force.An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 38993 Based on interview and record review, the facility failed to ensure medications were administered as ordered by the physician for one of three residents (Resident 2). This failure resulted in Resident 2 not receiving her medication. Findings: During a review of Resident 1's Medication Administration Record (MAR) dated 5/2024, the MAR indicated, Debrox solution (medication used to remove ear wax) .instill 2 drops in both ears every 12 hours for impacted cerumen (ear wax) to left ear for 4 days. There was a 9 documented on the MAR for 5/3, 5/4 and 5/5, indicating the medication was not given and a progress note should have been documented. During a concurrent interview and record review on 5/6/24 at 3:58 p.m. with Assistant Director of Nursing (ADON), ADON stated Debrox was an over-the-counter medication and central supply should have been notified to provide the medication. During a concurrent interview and record review on 5/14/24 at 2:51 p.m. with Registered Nurse Supervisor (RNS), RNS reviewed Resident 2's Progress Notes (PN) dated 5/3/24 at 9:39 p.m., the PN indicated, Instill 2 drop in both ears every 12 hours for impacted cerumen to left ear for 4 days over the counter not available, re ordered to pharmacy. RNS stated when an over-the-counter medication was not available, central supply should have been notified and the medication would have been provided the same day. RNS was unable to provide any PN documentation regarding follow up as to why the medication was still not administered on 5/4 and 5/5. During a review of the facility's policy and procedure (P&P) titled Administering Medications dated 4/19, the P&P indicated, Medications are administered in accordance with prescriber orders, including any required time frames.