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	06/17/2024

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 51042 Based on observation, interview, record review, the facility failed to provide nail care and hand hygiene for one of the five sampled residents (Resident 1). This failure had the potential for Resident 1 to result in skin breakdown and spread of infection. Findings: During an observation on 6/17/24 at 2:47 p.m. in Resident 1's room, Resident 1 was lying in bed covered with a bed sheet. Resident 1 was non-verbal. Resident 1's fingernails were long with black debris under fingernails. Resident 1 had brown stains spread on his right palm. During an interview on 6/17/24 at 2:53 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she did not trim Resident 1's fingernails and told Licensed Vocational Nurse (LVN) 1 because she was not aware if Resident 1 was diabetic [high blood sugar/diabetic patients have a potential for prolonged periods of wound healing]. CNA 1 stated Resident 1 has brown stains because he picks his buttocks. During an interview on 6/17/24 at 2:56 p.m. with LVN 1, LVN 1 stated, He's [Resident 1] not verbal and is not a diabetic. CNA [1] did not report to me about his [Resident 1] nails. I don't remember that [CNA reported]. LVN 1 stated the CNAs are responsible for trimming residents' nails. During a review of Resident 1's Care Plan (CP), dated 6/17/23, the CP indicated, Resident [1] has an ADL [Activities of Daily Living] self-care performance deficit [difficulty performing self-care], and at high risk for decline in functional limitations and contractures [stiff and limited movements of the joints]. Interventions: Personal Hygiene: The resident [1] needs assistance for personal hygiene. During a review of Resident 1's MDS (Minimum Data Set-assessment tool) dated April 24, 2024, the MDS indicated Resident 1 requires substantial/maximal assistance-helper does more than half of the effort. Helper lifts or holds trunk or limbs and provides more than half the effort with personal hygiene. The MDS indicated Resident 1 had a BIMS (Brief Interview for Mental Status) score of 99 (score of 99 means cognitive impairment). (continued on next page)

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
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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 0677 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, Activities of Daily Living (ADLs), Supporting, dated March 2018, the P&P indicated, 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).