

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555702	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER The Orchards Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51042 Based on observation and interview, the facility failed to ensure the kitchen was maintained clean and sanitary. This failure had the potential to result in the contamination of food, utensils, and surfaces where food is prepared, and the potential for spread of infectious diseases to residents, staff, and visitors. Findings: During an observation on 6/14/24 at 3:50 p.m. in the kitchen, the dry storage room ' s floor had black debris, scattered small containers of butter, and five lifeless flies on the floor. In the walk in freezer, the floor had debris and scattered unidentified particles. Under the sink area, the floor had black debris. During an interview on 6/14/24 at 3:50 p.m. with the Dietary Director (DD), DD stated she saw the black debris in the areas, containers of butter, and lifeless flies on the flood and would start cleaning right away. During an interview on 7/02/24 at 10:40 a.m. with Administrator, Administrator stated there is no contracted deep cleaning agency from an outside party for the kitchen, as per the policy. During a review of the facility ' s cleaning schedule policy (CSP) titled, Sanitation and Infection Control, dated 2023, the CSP indicated, 1. Cleaning schedules will be developed and enforced by the Director of Food and Nutrition Services. 9. The Director of [NAME] and Nutrition Services should routinely check cleaning scheduled and cleanliness of the kitchen using the Food Service Evaluation Checklist/Monthly QAPI report from the RD as a reference. 10. Best Practice would include a deep cleaning of the kitchen by an outside cleaning agency quarterly. In times of kitchen staff shortages, the cleaning of the kitchen needs to be maintained, either by internal housekeeping staff and/or outside cleaning agencies.		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51042 Based on observation, interview, and record review, the facility failed to implement an effective pest control program for three of three sampled resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER]) and the kitchen. This failure had the potential to result in spread of infectious diseases to residents, staff, and visitors. Findings: During an interview on 06/14/24 at 3:00 p.m. with Resident 1, Resident 1 stated, I saw cockroaches crawling on the floor, when you turn on the bathroom light you see two to four of them on the floor. Last night, I saw two cockroaches coming from this window and door, then last night, I also saw one on my neighbor's face. The CNA (Certified Nursing Assistant 1) grabbed it and killed it. They [cockroaches] come in at night it starts when the sun goes down. One of the girls [staff] told me that in the kitchen it's all bad and there's little ones. Like come on, we eat their food. I have seen several CNA's stomping at the roaches. Last night, my CNA [1] helped me by stomping them. During a review of Resident 1 ' s Minimum Data Set (MDS- assessment tool) under the section Brief Interview for Mental Status (BIMS-an assessment tool for mental status), dated 5/7/24, the BIMS indicated Resident 1 had a score of 15 (cognitively intact). During an interview on 6/14/24 at 3:05 p.m. with CNA 1, CNA 1 stated, Last night, I killed some [cockroaches] in that room. I killed the one in bed A from the resident's face. It [cockroaches] flew and I have gloves, so I got it and stepped on it. I reported to the charge nurse. It's [cockroaches] alot of them. During an interview on 06/14/24 at 3:15 p.m. with Resident 2, Resident 2 stated she had seen cockroaches in the bathroom at night. During a review of Resident 2 ' s MDS under the section BIMS, dated 6/19/24, the BIMS indicated Resident 2 had a score of 15. During an interview on 6/14/24 at 4:33p.m. with Resident 3, Resident 3 stated he had seen small and large cockroaches. Resident 3 stated he saw one to two cockroaches in the bathroom more often. During a review of Resident 3 ' s MDS under the section BIMS, dated 6/21/24, the BIMS indicated, Resident had a score of 15. During an observation on 6/14/24 at 3:50 p.m. in the kitchen, under the sink area, the floor had lifeless cockroaches in the drain, and had four live small cockroaches crawling around the floor. During an interview on 6/14/24 at 3:50 p.m. with the Dietary Director (DD), DD stated she saw the dead and alive cockroaches. DD stated she would contact the Administrator to aid with scheduling pest control as soon as possible. (continued on next page)		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/14/24 at 4:15 p.m. with the Dietary Aide Staff (DAS), DAS stated he had seen cockroaches on and off. During an interview on 06/14/24 at 4:30 p.m. with Administrator, Administrator stated, No one has reported any cockroaches to me. During a review of the facility ' s policy and procedure (P&P) titled, Pest Control, dated May 2008, the P&P indicated, 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 3. Windows are screened at all times.		