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	07/17/2024

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 51042 Based on observation, interview, and record review, the facility failed to follow their policy and procedure titled, Abuse, Neglect, Exploitation, or Misappropriation-Reporting Investigating for one of the six sampled residents (Resident 1), when the facility did not report an allegation of abuse to the California Department of Public Health (CDPH) and did not complete an investigation of the allegation of abuse. These failures had the potential to result in Resident 1 experiencing continued abuse, feeling unsafe, and having feelings of fear. Findings: During a concurrent observation and interview on 7/17/24 at 2:20p.m. with Resident 1, in Resident 1's room, Resident 1 was sitting in bed. Resident 1 stated Resident 2 threw a tray lid at her and bounced off the wall and few minutes later Resident 2 threw a glass plate from the food tray and shattered by Resident 1's foot. Resident 1 stated, I don't feel safe. During a review of Residents 1's Minimum Data Set (MDS-Assessment Tool), dated May 9, 2024. The MDS indicated Resident 1 had a Brief Interview for Mental Status BIMS score of 15 (score of 13-15 means cognitive intact). During a review of Resident's 2's Situation, Background, Assessment, and Recommendation (SBAR), dated 7/15/24, the SBAR indicated, This morning resident [2] behavior was out of hand. Resident [2] was reported and seen by other residents and team members throwing out hazardous things towards her roommate [Resident 1]. Resident [2] was shouting at her roommate [Resident 1] and was trying to hit her [Resident 1] with plate and hard bowl cover. Resident [1] said that she doesn't want to see her roommate [Resident 2]. During a review of Resident 2's Social Services Notes (SSN), dated 7/15/2024, the SSN indicated, SS was informed this morning resident [2] was having aggressive behaviors. Resident [2] was throwing items of her tray and food towards her roommates [Resident 1 and Resident 3]. Resident [2] then got up and threw her tray missing roommate [Resident 1], both roommates [Resident 1 and Resident 3] then exited room at this time. (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
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/17/24 at 5:20 p.m. with Social Services Assistant (SSA), SSA stated, Yes, I was able to see [Resident 1] had high anxiety because [Resident 2] had shattered a glass plate by her [Resident 1] feet. She [Resident 1] did mention to me she was scared for her life because [Resident 2] is aggressive. During concurrent interview and record review on 7/30/2024 at 4:10 p.m. with Director of Nursing (DON), DON stated, She [Resident 2] threw a plate. No report was filed [to CDPH]. During an interview on 7/31/2024 at 3:51 p.m. with SSA, SSA stated the alleged abuse was not reported to the CDPH and no summary of investigation was completed. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating dated April 2021, the P&P indicated, All reports of resident abuse (including injuries of unknown origin), neglect exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Policy Interpretation and Implementation: 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility.