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	08/27/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 51320 Based on observation, interview, and record review, the facility failed to provide foley catheter (a device that drains urine (pee) from the urinary bladder into a collection bag outside of your body when you can't pee on your own) care for one of three sampled residents (Resident 1) when Resident 1 ' s foley catheter was not assessed for approximately seven hours. This failure had the potential to result in Resident 1 suffering from abdominal pain, having to call 911, going to the emergency room , and having a UTI (urinary tract infection). Findings: During a concurrent observation and interview on 8/19/2024 at 1:42 p.m. with Resident 1 in Resident ' s 1 room, Resident 1 was laying in her bed with a foley catheter bag attached to the bed. Resident 1 had teary eyes. Resident 1 stated she was in a lot of abdominal pain for seven hours (approximately 1: 45 p.m. until 9:25 p.m. on August 9th, 2024, related to the foley catheter). During a review of Resident 1 ' s Minimum Data Set (MDS- assessment tool), dated July 31, 2024, the MDS indicated Resident 1 had a BIMS (Brief Interview for Mental Status) score of 15 (score of 13-15 means cognitively intact). During a review of Resident 1 ' s Care Plan (CP), dated July 2024, the CP indicated, Check tubing for kinks [pinch] Q [every] shift, Monitor for pain/discomfort due to catheter, Monitor for s/sx [sign and symptoms] of discomfort on urination and frequency. During an interview on 8/21/2024 at 1:34 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she did not assess Resident 1 ' s foley catheter during her shift from 1:45 p.m. to 6 p.m. LVN 1 stated, It [foley catheter] did not cross my mind to check her catheter. LVN 1 stated she did not give a pain medication (for Resident 1 ' s complaint of pain). During an interview on 8/26/2024 at 4:05 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated he informed LVN 1 of Resident 1 ' s pain around 6 p.m. and at 7-8 p.m. CNA 2 stated Resident 1 at 7-8 p.m. was already in so much pain that Resident 1 was yelling and cursing. During an interview on 8/29/2024 at 10:26 a.m. with LVN 2, LVN 2 stated she did not assess Resident 1 ' s foley catheter from 6 p.m. to 9:30 p.m. (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1 ' s Medication Administration Record (MAR), dated August 9, 2024, the MAR indicated the Norco (strong medication for pain) was given at 9:25 p.m. (after seven hours). The MAR indicated there was no documentation reassessment of pain. During a review of Resident 1 ' s Emergency Documentation (ED), dated August 9, 2024, the ED indicated, Chief Complaint ED: abd [abdominal] pain, urinary retention [Difficulty urinating and completely emptying the bladder.] History of present Illness: She [Resident1] states she recently had appendectomy [is surgery to remove the appendix when it is infected] and has had a longstanding Foley catheter in place. Tonight, she is very frustrated because she states she had severe pain in her bladder because her catheter was not flowing since 1 PM. She stated she was asking for help with the facility did not receive any help. She eventually convinced him [sic] to call 911 and the EMT [Emergency Medical Technician] tells me that she was able to unclog the catheter and get it flowing and the patient expelled [empty] over a liter of urine. Impression and Plan: UTI (urinary tract infection). During a review of the facility ' s policy and procedure (P&P) titled, Catheter Care Urinary, date2014, the P&P indicated, The purpose of this procedure is to prevent catheter-associated urinary tract infection. 1. Review the resident ' s care plan to assess for any special needs of the resident.