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	08/28/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 50409 Based on interview and record review, the facility failed to provide wound treatment as ordered by the physician for one of three sampled residents (Resident 1). This failure had the potential to result in delayed wound healing for Resident 1. Findings: During a review of Resident 1 ' s Skin Assessment (SA), dated 7/25/24, the SA indicated Resident 1 had glue stitches on her right groin and right upper thigh. During a review of Resident 1 ' s SBAR (Situation, Background, Assessment, Recommendation), dated 8/2/24, the SBAR indicated Resident 1 had wound dehiscence (complication where a cut made during a surgical procedure, opens) on her right groin and right thigh. During a review of Resident 1 ' s Order Summary Report (OSR), dated 8/2/24, the OSR indicated, Cleanse surgical site to the right groin with NS (normal saline [mixture of salt and water]), pat dry, apply santyl (medicated ointment used for treating wounds), if unavailable, apply hydrogel (medicated cream used for treating wounds), apply calcium alginate (medicated gel used for treating wounds) and cover with dry dressing QD (daily) and PRN (as needed). During a review of Resident 1 ' s OSR, dated 8/2/24, the OSR indicated, Cleanse surgical site to the right thigh with NS, pat dry, apply santyl, if unavailable, apply hydrogel, apply calcium alginate, and cover with dry dressing QD and PRN. During a review of Resident 1 ' s SBAR, dated 8/5/26, the SBAR indicated Resident 1 had a low-grade fever (increase in the body ' s temperature in response to an illness) which started on 8/5/24 at 6:00 p.m. During a review of Resident 1 ' s SBAR, dated 8/6/24, the SBAR indicated Resident 1 was sent to the hospital from her appointment because of wound dehiscence. During a concurrent interview and record review on 8/8/24 at 2:33 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s Treatment Administration Record (TAR), dated August 2024 was reviewed. LVN 1 stated, (Resident 1) ' s treatment are daily and prn when soiled. TAR indicated there was no wound treatment provided for Resident 1 on 8/5/24 and 8/6/24. (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	08/28/2024

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/27/24 at 12:30 p.m. with Assistant Director of Nursing (ADON), ADON stated, The nurses should follow up if it (wound treatment) was done. The next shift should have done the treatment if the resident had an appointment in the morning. During a concurrent interview and record review on 8/27/24 at 12:45 p.m. with Registered Nurse (RN) 1, Resident 1 ' s clinical record (CR) dated 8/27/24 was reviewed. The CR indicated no documentation the wound treatments were done on 8/5/24 and 8/6/24. RN 1 stated, I did not have time to do treatment on 8/5/24 because (Resident 1) came back at shift change. During a review of the facility ' s policy and procedure (P&P) titled, Wound Care, dated October 2010, the P&P indicated, The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. The following information should be recorded in the resident ' s medical record: The type of wound care given. The date and time the wound care was given. Any change in the resident ' s condition. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound. If the resident refused the treatment and reason(s) why. Report other information in accordance with facility policy and professional standards of practice.