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	09/27/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 51540 Based on interview and record review, the facility failed to follow their Five-Day Investigation Report to implement a follow-up monitoring for one of seven sampled residents (Resident 1). This failure had the potential for Resident 1 having further altercations with other residents in the smoking area. Findings: During a review of facility ' s Five-Day Investigation Report dated 9/17/24, the Five-Day Investigation Report indicated, A verbal altercation occurred in the facility ' s smoking courtyard involving three residents. [Resident 1] smoking privileges will be closely monitored moving forward. During a concurrent interview and record review on 9/30/24 at 4:39 pm with Director of Nursing (DON), DON reviewed Resident 1 ' s clinical record and was unable to find documentation of closely monitoring Resident 1 on smoking privileges. DON stated, The one in charge [staff] is not documenting it [monitoring of smoking privileges]. During a review of the facility ' s policy and procedure (P&P) titled, Smoking Policy-Residents, dated August 2022, the P&P indicated Any resident with smoking privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor, or volunteer worker at all times while smoking.

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