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	01/16/2025

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37697 Based on interview and record review, the facility failed to readmit one of three sampled residents (Resident 1) after hospitalization . This failure resulted in violation of resident's rights to return to the facility and had the potential to negatively affect Resident 1's well-being. Findings: During a review of Resident 1's Admission Record (AR), dated 1/16/25, the AR indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses including history of fracture (a break in the bone) of the right femur (hip) and respiratory disorders in diseases classified elsewhere. During an interview on 1/16/25 at 12:27 p.m. with the Facility Marketing Director (FMD), FMD stated Resident 1 was discharged from the facility to the acute hospital on 1/2/25. During an interview on 1/16/25 at 1:11 p.m. with acute hospital Case Manager (CM), CM stated Resident 1 was ready for discharge from the acute hospital to the facility on [DATE]. CM stated she called and spoke with FMD on 1/13/25 at approximately 1:55 p.m. regarding Resident 1's discharge back to the facility. CM stated FMD told her Resident 1 would not be accepted back to the facility due to refusing care. During a concurrent interview and record review on 1/16/25 at 1:21 p.m. with Administrator, Resident 1's Ensocare History ([NAME] -a tool used to communicate between the facility and acute hospital) dated 1/2025 was reviewed. The [NAME] indicated on 1/14/25 at 3:01 p.m. the facility refused to readmit Resident 1 due to, Too low functioning. Administrator stated, We (facility) should have taken him (Resident 1) back. During a review of the facility's policy and procedure (P&P) titled, Readmission to the Facility, dated 3/2017, the P&P indicated, Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility. Readmission procedures apply equally to all residents regardless of race, color, creed, national origin, or payment source. Inquiries concerning our readmission policies should be referred to the administrator and/or the director of nursing services.

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