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	03/25/2025

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 51540 Based on interview and record review, the facility failed to follow their policy and procedure on Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating to immediately protect all the residents from potential abuse when an alleged (something is claimed or said to be true but hasn't been proven) perpetrator (someone who commits a harmful or illegal act) was allowed to enter the facility after the Administrator was informed of the allegation. This failure had the potential to expose all residents in the facility to harm and spread of infection. Findings: During a review of the California Department of Public Health (CDPH) Intake Form dated 3/20/25, the Intake Form indicated, Caller [complainant] stated a contractor named [Phlebotomist] from [agency which provides diagnostic services] is using needles on residents then cleaning them with alcohol wipes and taking those same needles to other facilities. Caller stated she knows the needles are being used at [another facility] as well as a hospital [Phlebotomist] works at. During an interview on 3/25/25 at 11:57 a.m. with Administrator, Administrator was made aware of the allegation. Administrator stated the responsibility of the facility is to ensure the third-party contracts are good, and the staff is trained to treat the residents appropriately. Administrator stated he is going to initiate an investigation by contacting (agency which provides diagnostic services) and speaking with the consultants as he has never encountered this scenario before. During an interview on 3/27/25 at 1:30 p.m. with General Manager (GM-of the agency which provides diagnostic services), GM stated the Phlebotomist did go to [facility name] yesterday (3/26/25) to complete a blood draw. During an interview on 3/27/25 at 1:35 p.m. with Phlebotomist, Phlebotomist stated she did go to the [facility name] yesterday (3/26/25) to draw labs (laboratory) for one resident. During an interview on 3/28/25 at 1:00 p.m. with Administrator, Administrator stated he was unaware the Phlebotomist entered the facility on 3/26/25 to draw blood. (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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, The administrator ensures that the resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete.