

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555702	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/05/2026
NAME OF PROVIDER OR SUPPLIER The Orchards Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure urine was collected as ordered by the physician after a change of condition for one of four sampled residents (Resident 1) when Resident 1 complained of painful urination. This failure had the potential to result in Resident 1 to receive delay of care. Findings: During a review of Resident 1's admission Record (AR), the AR indicated, Resident 1 had a history of Urinary Tract Infection (infection in any part of the urinary system [body system that filters waste from the blood and produces urine]). During a review of Resident 1's Order Summary (OS), the OS indicated, Order Date: 11/05/2025 06:53. Order Summary: UA C&S (Urinalysis with Culture and Sensitivity [urine test to confirm an infection]) one time only for painful urination. During a review of Resident 1's Nurses note (NN), dated 11/7/25, the NN indicated, resident refused to go to dialysis (medical treatment that filters waste and excess fluid from the blood) today related to painful urination, UA (urinalysis [urine test]) collected. Explained risk to the resident. family made aware. During a review of Resident 1's SBAR (Situation, Background, Assessment, and Recommendation), dated 11/7/25, the SBAR indicated, resident urine collected this morning related to painful urination, around noon time patient complained of increase in pain upon urinating. Patient refused to wait for UA C&S results, requested to go to the hospital for further evaluation, family and MD (medical doctor) aware. During a review of Resident 1's (Acute hospital) Emergency Department Notes (EDN), dated 11/7/25, the EDN indicated, Discharge Diagnosis: 1. Urinary tract infection. During a concurrent interview and record review on 1/5/26 at 2:47 p.m. with Director of Nursing (DON), Resident 1's SBAR, dated 11/5/25, was reviewed. The SBAR indicated, Resident (1) is having c/o (complained of) pain while urinating. Resident (1) was offered pain medication. Pain medication effective. Vitals are WNL (within normal limits). New orders for UA C&S. DON stated, We want to collect it (urine) as soon as possible. DON was unable to find documentation Resident 1's urine was collected until 11/7/25. DON stated there should have been documentation if the licensed nurses attempted or were unable to collect the urine starting 11/5/25. During an interview on 1/8/25 at 12:13 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was the nurse assigned to Resident 1 on 11/5/25 day shift. LVN 1 stated she was unable to recall if she attempted to collect Resident 1's urine during her shift on 11/5/25 when she received the physician's order for UA C&S. LVN 1 stated she was supposed to collect Resident 1's urine so she would know it would be on time and there was no delay of care. During a review of the facility's policy and procedure (P&P) titled, Acute Condition Changes - Clinical Protocol, dated March 2018, the P&P indicated, Treatment/Management 1. The physician will help identify and authorize appropriate treatments. The staff will monitor and document the resident/patient's progress and responses to treatment, and the physician will adjust treatment accordingly.</p>

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
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