

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

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 03/13/2025
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34510 Based on observation, interview, and record review, the facility failed to ensure staff were communicating in a language three of three sampled residents (Resident 74, Resident 88, and Resident 110) were able to understand. This failure had the potential for making residents feel staff were being rude to them and feelings of lowered self-esteem. Findings: During an interview on 3/10/25 at 9:46 a.m. with Resident 74, Resident 74 stated, Staff were speaking Spanish in front of me when caring for me, they [staff] make me look bad. I did not like the two staff speaking Spanish in front of me, it's like they are talking about me. During a review of Resident 74's Minimum Data Set (MDS-comprehensive assessment tool), dated 1/17/25, the MDS indicated, Brief Interview for Mental Status [BIMS] summary score: 15 [score of 13-15 means cognitively intact]. During an interview on 3/11/25 at 9:08 a.m. with Resident 88, Resident 88 stated the morning shift staff speak their own language. During a review of Resident 88's MDS, dated [DATE], the MDS indicated Resident 88 had a BIMS summary score of 15. During an interview on 3/11/25 at 9:10 a.m. with Resident 110, Resident 110 stated staff speaks Spanish to each other. During a review of Resident 110's MDS, dated [DATE], the MDS indicated Resident 110 had a BIMS summary score of 15. During a concurrent observation and interview on 3/13/25 at 12:08 p.m. in the hallway, with Certified Nursing Assistant (CNA) 3 and Housekeeper (HSK) 1, CNA 3 and HSK 1 were speaking loud in Spanish. CNA 3 stated, Sorry, we spoke Spanish in the hallway. HSK 1 stated, I'm sorry [for speaking Spanish], I was asking them some questions. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555702	Facility ID: 555702 If continuation sheet Page 1 of 24

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility policy and procedure (P&P) titled, Dignity, dated February 2021, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. 46958 Based on interview and record review, the facility failed to obtain and complete informed consents for psychotropic (drugs that affect a person's mental state) medication for three of 29 sampled residents (Resident 84, Resident 97, and Resident 77). This had the potential for Resident 84, Resident 97, and Resident 77 not being aware of the risks and benefits of taking psychotropic medication. Findings: During a concurrent interview and record review on 3/11/25 at 3:27 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 84's Informed Consent Verification Form (ICFM), dated 10/9/24 was reviewed. The ICFM indicated, Resident 84 is on Divalproex (medication for seizures) 500 mg and on Olanzapine (used to treat schizophrenia [a chronic mental illness characterized by disruptions in thought, perception, emotion and behavior]) 10 mg. LVN 2 stated there are no medication dosage strength on the ICFM form. LVN 2 stated there should be dosage and frequency of medication information on the consent. During a concurrent interview and record review on 3/12/24 at 3:29 p.m. with Assistant Director of Nursing (ADON), Resident 97's Physician Order (PO), dated 8/24/24 was reviewed. The PO indicated, Resident 97 is on Lexapro (medication for depression [a mental health condition characterized by extreme shifts in mood, energy, and activity levels]) 5 mg (milligram) give 1 tablet by mouth one a day for depression and anxiety (a mental health condition characterized by excessive worry, fear, and nervousness). ADON stated Lexapro was started on 8/24/24 and ended on 3/4/25, and there was no informed consent signed by Resident 97 for the Lexapro. During a concurrent interview and record review on 3/12/25 at 4:10 p.m. with Minimum Data Set Coordinator (MDSC), Resident 77's PO, dated 3/5/25 was reviewed. The PO indicated, Xanax (used to relieve anxiety) oral tablet 0.5 mg give 1 tablet by mouth every 8 hours as needed for anxiety mb (manifested by) restlessness, worry, panic sensations until 3/19/25. MDSC stated, there is no consent for Xanax and there should be consent before the Xanax is being administered. During a review of the facility's policy and procedure (P&P) titled, Informed Consent, dated June 2021, the P&P indicated, Physician's orders related to the use of psychotherapeutic drug, antipsychotic drug, physical restraint, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall not be initiated until the facility is able to verify that the resident or their authorized representative has given informed consent. GUIDELINES. b. The nature of the procedures to be used in the proposed treatment includes their probable frequency and duration.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 34510 Based on observation and interview, the facility failed to ensure one of 24 sampled resident's bathrooms (Resident 72) was clean and sanitary. This failure had the potential to spread infections and/or affect their quality of life. Findings: During a concurrent observation and interview on 3/12/25 at 8:55 a.m. with Housekeeping and Laundry Supervisor (HLS), in Resident 72's bathroom, the toilet seat had splashes of dark brown colored stains, the toilet bowl had dark brown stains on the sides, the floor had multiple crumpled paper towels, and there was a large dark brown stain under the sink. HLS stated when the housekeepers are not around, the Certified Nursing Assistants (CNAs) should clean. During an interview on 3/12/25 at 11:33 a.m. with CNA 4, CNA 4 stated it is not her responsibility to clean the bathroom. CNA 4 stated she does not know where to get the disinfecting wipes. During a concurrent observation and interview on 3/13/25 at 10:40 a.m. with Resident 72, in Resident 72's bathroom, Resident 72 was sitting in his wheelchair, had a right leg amputation (loss or removal of the leg). Resident 72 stated he and his roommate uses the bathroom. Resident 72 stated he saw the bathroom not cleaned. During a review of Resident 72's Minimum Data Set (MDS - comprehensive assessment tools), dated 11/27/24, the MDS indicated, Brief Interview for Mental Status [BIMS] Summary Score: 15 [score of 13-15 means cognitively intact]. During a review of the facility's policy and procedure (P&P) titled, Bathrooms, dated February 2020, the P&P indicated, Residents who can independently use the toilet (including chair-bound residents) are ensured timely access to a safe, clean, sanitary and accessible toileting facility.		

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46958 Based on interview and record review the facility failed to have completed quarterly smoking assessments for two of two sampled residents (Resident 84 and Resident 70). This failure resulted in Resident 84 and Resident 70 not being assessed for safety while smoking and had a potential for residents to be burned while smoking. Findings: During a concurrent interview and record review on [DATE] at 11:35 a.m. with Assistant Director of Nursing (ADON), Resident 84's Smoking-Initial Assessment ([NAME]), dated [DATE] was reviewed. ADON stated Resident 84 was admitted on [DATE]. Smoking assessment should be completed upon admission and quarterly every 92 days. ADON stated the smoking assessment is completed to ensure resident is a safe smoker, and it was not completed for Resident 84. 48901 During a review of Resident 70's Admission Record (AR), dated [DATE], the AR indicated, admitted [DATE]. DIAGNOSIS INFORMATION. TOBACCO USE. During a review of Resident 70's Care Plan Report (CPR), dated [DATE], the CPR indicated, [Resident 70] is at risk of injury related to smoking. Goal. [Resident 70] will remain free of injuries related to smoking. Interventions. Perform safe smoking evaluation on admission, quarterly and as needed. During a concurrent interview and record review on [DATE] at 12:31 p.m. with Director of Nursing (DON), Resident 70's Medical Record (MR) was reviewed. The MR indicated Resident 70 had two completed SMOKING - SAFETY SCREEN, dated [DATE] and [DATE]. DON stated Resident 70 should have had it completed quarterly and it was not completed. During a review of the facility's policy and procedure (P&P) titled, Smoking Policy-Residents, dated [DATE], the P&P indicated, A resident's ability to smoke safely is re-evaluate quarterly, upon a significant change (physical or cognitive) and as determined by the staff.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 34510 Based on observation, interview, and record review, the facility failed to implement the plan of care for one of eight sampled residents (Resident 91) fall precaution. This failure had the potential for Resident 91 to sustain serious injuries. Findings: During an observation on 3/13/25 at 12:08 p.m. in Resident 91's room, Resident 91 was lying in her bed. Resident 91's bed was in a high position. During a concurrent interview and record review on 3/13/25 at 12:09 p.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 reviewed Resident 91's Medication Administration Record (MAR). LVN 2 stated, The order indicated [Resident 91's] bed should be in low position. During a review of Resident 91's Care Plan (CP), dated 12/19/24, the CP indicated, [Resident 91] is at risk for fall related to history of falls, medications, poor safety awareness, unsteady gait. Interventions: bed in lowest position when in bed to lessen impact of fall. During a review of Resident 91's Morse Fall Assessment [fall risk assessment], dated 12/18/24, Resident 91's Morse Fall Assessment indicated, Score: 50 [score of 45 and higher means high risk for fall]. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated March 2022, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46958 Based on interview and record review the facility failed to check blood pressure prior to administration of blood pressure medication for one of one sampled resident (Resident 8). This failure had the potential for Resident 8 experiencing adverse health outcomes such as low blood pressure. Findings: During a review Resident 8's Physician Orders (PO), dated 3/4/25, the PO indicated, Losartan Potassium Tablet 25 MG [milligram] Give 1 tablet by mouth at bedtime related to ESSENTIAL (PRIMARY) HYPERTENSION [high blood pressure] Hold for SBP [Systolic blood pressure - pressure in the arteries when the heart contracts] < [less than] 110. During a concurrent interview and record review on 3/13/25 at 5:28 p.m. with Assistant Director of Nursing (ADON), Resident 8's MAR, dated March 2025, was reviewed. The MAR indicated there was no blood pressure documented from 3/3/25 to 3/12/25. ADON stated and confirmed there was no blood pressure documentation on 3/3/25 to 3/12/25. During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated April 2019, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation. 4. Medications are administered in accordance with prescriber orders, including any required time frame. 11. The following information is checked/verified for each resident prior to administering medications: a. Allergies to medications; and f. [sic] Vital signs, if necessary. 27. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 34510 Based on observation, interview, and record review, the facility failed to provide catheter (a thin, flexible tube inserted into the bladder to drain urine) care for one of two sampled residents (Resident 91) when the catheter tubing and collection bag was not changed in two months. This failure had the potential to result in Resident 91's repeated Urinary Tract Infections (UTI-bladder infection). Findings: During an observation on 3/11/25 at 9:46 a.m. in Resident 91's room, Treatment Nurse (TN) was performing wound dressing changes on Resident 91's back. Resident 91's catheter had thick whitish to grayish material and the urine collection bag had dark brownish discoloration. During a concurrent observation and interview on 3/12/25 at 4:26 p.m. with TN and Licensed Vocational Nurse (LVN) 5, in Resident 91's room. Resident 91's catheter had thick whitish to grayish material and the urine collection bag had dark brownish discoloration. TN did not change the tubing and the collection bag. TN stated, It [catheter tubing and urine collection bag] needs to be changed. I don't know when it [catheter tubing and collection bag] was changed. LVN 5 stated, By the look of it [catheter tubing and collection bag], it needs to be changed. During a concurrent interview and record review on 3/12/25 at 4:28 p.m. with LVN 5, Resident 91's Medication Administration Record (MAR), dated January, February, and March 2025 were reviewed. Resident 91's MAR for the month of February and March 2025 indicated, Catheter: change catheter drainage bag PRN. Resident 91's MAR, dated January 2025, indicated the catheter drainage bag was last changed on 1/19/25 (2 months ago). There was no documentation of recent catheter tubing and urine collection bag change. LVN 5 stated, The order is PRN [as needed]. During a review of Resident 91's MAR dated January 2025, the MAR indicated, Flagyl [antibiotic to treat bacterial infections] Oral Tablet 500 MG [milligram]. Give 1 tablet by mouth every 8 hours for UTI for 14 days. During a review of Resident 91's MAR dated February 2025, the MAR indicated, Macrobid [antibiotic to treat bacterial infections] Oral Capsule 100 MG. Give 1 capsule by mouth every 12 hours for ESBL [Extended-Spectrum Beta-Lactamase- bacteria in the urine] in the urine for 7 days. During a review of the facility policy and procedure (P&P) titled, Catheter Care, Urinary, dated September 2014, the P&P indicated, Changing Catheters: It is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48901 Based on observation, interview, and record review, the facility failed to follow their policy and procedures (P&P) titled, Oxygen Administration, for one of three sampled residents (Resident 99). This failure resulted in Resident 99 having low oxygen levels. Findings: During a review of Resident 99's Physician Order (PO), dated [DATE], the PO indicated, OXYGEN: Administer O2 [oxygen] @ [at] 3L/min [liter per minute] via NC [nasal cannula - supplemental oxygen] continuously. wean as tolerated to keep saturation above 92%. During a review of Resident 99's Care Plan Report (CPR), dated [DATE], the CPR indicated, Resident is at risk for impaired gas exchanged r/t [related to] History of aspiration [choking on inhaled fluids], Pneumonia [lung infection]. Interventions. Apply Oxygen per MD [medical doctor/physician] orders. During a review of Resident 99's Care Plan (CP) titled, [Resident 99] has Alteration in Musculoskeletal Status r/t [related to] Dx [diagnosis]: Quadriplegia [complete or partial loos of motor function and sensation in all four limbs].Contracture, Right Shoulder, Right Hip, Right Knee, Right Wrist and Right Hand, dated [DATE], the CP indicated, Goal. [Resident 99] will remain free of injuries. Interventions.Anticipate and meet [Resident 99] needs. During a concurrent observation and interview on [DATE] at 12:06 p.m. with Licensed Vocational Nurse (LVN) 1 in Resident 99's room, Resident 99 did not have his NC on. LVN 1 stated Resident 99 needs to be on supplemental oxygen, and he was not. LVN 1 checked his oxygen levels (SpO2) and it indicated 90%. During a review of the facility's P&P titled, Oxygen Administration, dated [DATE], the P&P indicated, The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. Steps in the Procedure. 13. Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated.		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 48901 Based on interview and record review, the facility failed to have daily completed Direct Care Service Hours Per Patient Day (DHPPD) for the month of January 2025 to February 21, 2025. This failure had the potential for all residents not receiving sufficient nursing care. Findings: During a review of the facility's DHPPD, dated January 2025 to March 2025, there was no DHPPD since 1/1/25 to 2/21/25. During a concurrent interview and record review on 3/13/25 at 3:43 p.m. with Administrator, the DHPPD dated 1/1/25-2/21/25 was reviewed. The Administrator stated there was no DHPPD completed since 1/1/25 to 2/21/25. During a review of the facility's policy and procedures (P&P) titled, Posting Direct Care Daily Staffing Numbers, dated July 2016, the P&P indicated, Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Policy Interpretation and Implementation. 7. The previous shift's forms shall be maintained with the current shift form for a total of 24 hours of staffing information in a single location. Once a form is removed, it shall be forwarded to the Director of Nursing Services' office and filed as a permanent record. 8. Records of staffing information for each shift will be kept for a minimum of eighteen (18) months or as required by state law (whichever is greater).		

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 48901 Based on interview and record review, the facility failed to complete annual performance evaluations for two of five sampled Certified Nurse Assistants (CNA 1 and CNA 2). This failure had the potential for CNA 1 and CNA 2 not being aware of their need for improvement in a certain area which could affect all residents' care. Findings: During a concurrent interview and record review on 3/13/25 at 3:10 p.m. with Director of Staff Development (DSD), CNA 1 and CNA 2 personal files were reviewed. CNA 1's personal file indicated her last annual performance review was 4/5/23. CNA 2's personal file indicated his last performance review was 11/15/11 and no recent annual performance review was on file. DSD stated there is no annual performance evaluations for CNA 1 and CNA 2 after those dates. During a review of the facility's policy and procedure (P&P) titled, Performance Evaluations, dated June 2010, the P&P indicated, The job performance of each employee shall be reviewed and evaluated at least annually. Policy Interpretation and Implementation 1. A performance evaluation will be completed on each employee at the conclusion of his/her 90-day probationary period, and at least annually thereafter. 4. Performance evaluations will be completed by the employees' department directors and supervisors and reviewed by the HR [human resources] Director and Administrator. Each employee will be given the opportunity to review his/her evaluation with his/her department director and the HR Director. 5. The written performance evaluations will contain the director's and/or supervisor's remarks and suggestions, any action that should be taken (e.g., further training, etc.), and goals.		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. 34510 Based on interview and record review, the facility failed to ensure the Social Services Department documented and followed up on one of three sampled residents' (Resident 93) eyeglasses. This failure had the potential for Resident 93 suffering with poor vision. Findings: During an interview on 3/11/25 at 9:45 a.m. with Resident 93, Resident 93 stated she has been waiting for her eyeglasses for three months, and has been suffering with poor vision. During a review of Resident 93's Minimum Data Set (MDS-comprehensive assessment tool), dated 1/8/24, the MDS indicated, Cognitive Patterns: Brief Interview for Mental Status (BIMS) Summary Score: 15 [score of 13-15 indicates cognitively intact]. During a review of Resident 93's Eye Consult [EC-eye doctor consultation notes], dated 1/8/25, the EC indicated the eye consult was conducted on 1/8/25 (two months ago). Final Spectacle [eyeglasses] Rx [prescription]: BF [bifocal- lenses each with two parts with different focal lengths]. During an interview on 3/11/25 at 9:50 a.m. with Social Services Director (SSD), SSD stated she did not document a follow up on Resident 93's eyeglasses. During a review of the facility's policy and procedure (P&P) titled, Social Services, dated October 2010, the P&P indicated, The social services department is responsible for: Maintaining appropriate documentation of referrals and providing social service data summaries to such agencies.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 46958 Based on interview and record review, the facility failed to ensure medications were available to administer when Licensed Nurse did not reorder medications timely, notify physician of unavailable medication, and obtain alternative orders for two of two sampled residents (Resident 8 and Resident 1). This failure resulted in Resident 8 and Resident 1 not receiving physician ordered medications and had the potential to result in adverse health outcomes. Findings: During a review of Resident 8's Order Summary Report (OSR), dated 3/13/25, the OSR indicated the following orders: Losartan Potassium (to treat high blood pressure) Tablet 25 mg (milligram) give 1 tablet by mouth at bedtime related to Essential (primary) Hypertension (high blood pressure). Clobetasol Propionate External Ointment (to treat rash) 0.05%. Apply to hands, feet, torso topically two times a day for itching for 14 days daily. Ketorolac Tromethamine Ophthalmic Solution [relieve itchy eye] 0.4% instill 1 dropt in right eye every 8 hours for status post Cataract Surgery. Omeprazole [to reduce stomach acid] Capsule 40 Mg Give 1 capsule by mouth one time day for GERD [Gastroesophageal reflux disease]. Prednisolone Acetate [used to treat eye inflammation] 1% 1 drop om rogjt eye every 8 hours for status post catarat surgery. During a review of Resident 8's Progress Notes (PN), dated Februray 2025, the PN indicated the following: On 2/10/24 at 2:10 p.m. Ketorolac Ophthalmic Solution 0.4% . Not available pharmacy notified. On 2/10/24 at 2:10 p.m. Prednisolone Acetate Ophthalmic Suspension 1%. Not available pharmacy notified. On 2/12/25 at 2:40 p.m. Prednisolone Acetate Ophthalmic Suspension. Not available pharmacy notified. On 2/18/25 at 4:33 p.m. Ketorolac Ophthalmic Solution 0.4% . Not available. On 2/19/25 at 4:23 p.m. Ketorolac Ophthalmic Solution 0.4% . Not available pharmacy notified. On 2/21/25 at 3:46 p.m. Ketorolac Ophthalmic Solution 0.4% .Not available pharmacy notified. (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 8's PN, dated March 2025, the PN indicated the following: On 3/2/25 at 02:24 a.m. Losartan Potassium Tablet 25 MG. pending med arrival. On 3/9/25 at 7:11 a.m. Omeprazole oral capsule delayed release 40 mg. pending from supply delivery, will administer as soon as available. On 3/10/25 at 9:52 a.m. Omeprazole oral capsule delayed release 40 mg give 1 capsule by mouth two times a day for GERD (may substitute 2 house supply omeprazole = 40 mg if delayed from pharmacy) n/a [not available]. On 3/12/25 3:06 p.m. Clobetasol Propionate External Ointment 0.05%. Not available. On 3/12/25 at 11:22 a.m. Clobetasol Propionate External Ointment 0.05%. Not available. During an interview on 3/10/25 at 9:16 a.m. with Resident 8, Resident 8 stated, my medication (omeprazole) ran out yesterday and it has happened in the past. During an interview on 3/10/25 at 3:27 p.m. with Director of Nursing (DON), DON stated medications should be reorder atleast 5 days prior. Omeprazole is over the counter medication and we have supply of omeprazole over the counter in the facility. During a review of Resident 1's Order Summary Report (OSR), dated 7/21/22, the OSR indicated, Metformin HCl (used to control blood sugar) tablet 500 MG give 1 tablet by mouth every 12 hours for diabetes (sugar in blood) with breakfast & Dinner. During a concurrent observation and interview on 3/12/25 at 8:11 a.m. with LVN 6, LVN 6 was prepping medications for Resident 1. LVN 6 stated there is no Metformin medication available. LVN 6 stated medication was re-ordered yesterday and there is no dosage available today. LVN 6 stated medications should be re-ordered when there are eight pills left. During a review of the facility's policy and procedure (P&P) titled, Ordering and Receiving Non-Controlled Medications, dated 2007, the P&P indicated, Medications and related products are received from the provider pharmacy on a timely basis. The nursing care center maintains accurate records of medication order and receipt. Reorder routine medications by the reorder date on the label to assure an adequate supply is on hand. All refill requests must be signed and dated by the reordering nurse. During a review of the facility's P&P titled, Medication and Treatment Orders, dated July 2016, the P&P indicated, Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available.		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46958 Based on interview and record review, the facility failed to ensure the monthly Medication Regimen Review (MRR- a review of all medications to identify any potential adverse effects and drug reactions) was reviewed and acted upon for the month of January 2025 for four of four sampled residents (Resident 84, Resident 51, Resident 15, and Resident 46). This failure has the potential to affect all residents' well being and result in adverse health outcomes. Findings: During a review of the facility's MRR dated 1/30/25, the MRR had 139 pharmacy recommendations. There was no documentation of the recommendations being acted upon. During a review of the Note to Attending Physician/Prescriber ([NAME]), dated 1/30/25, the [NAME] indicated there were no documentation of follow up and notification of the physician for the following: a) This patient [Resident 84] has continued Olanzapine [medication for mental illness] 10 mg [milligram] BID [twice a day] and Depakote [medication for metal illness] 500 mg BID. CMS [Centers for Medicare & Medicaid Services - government agency] guidelines indicate that antipsychotics must undergo a gradual dose reduction [stewise tapering dose] twice [two times a day] within the first year of therapy. b) PRN [as needed] psychotropic medications should have a duration of therapy of no more than 14 days. The resident [51] has orders for Ativan [medication for anxiety] prn. c) PRN psychotropic medications should have a duration of therapy of no more than 14 days. The resident [15] has orders for Ambien [medication for problem of sleeping] prn. d) [Resiedent 46] Please be aware Naproxen [pain medication] 500 mg BID carries a black box warning of cardiovascular risk and GI bleeding risk, thus it generally not recommended for elderly residents for long term use. During an interview on 3/13/25 at 9:20 a.m. with Pharmacist, Pharmacist stated on January 2025, the MRR was e-mailed out on 1/30/25 to the facility. Pharmacist stated the expectation is for the MRR should be completed within three working days. Pharmacist stated I have received a request from Director of Nursing (DON) to resend the MRR again for January about 2 days ago. During an interview on 3/13/25 at 9:40 a.m. with DON, DON stated January MRR is still not complete. DON stated it is the facility's responsibility to act upon and follow up on MRR. (continued on next page)		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility policy and procedure (P&P) titled, Medication Regimen Review, dated May 2019, the P&P indicated, The Consultant Pharmacist reviews the medication regimen of each resident at least monthly.4. The goal of the MRR is to promote positive outcomes while minimizing adverse consequences and potential risks associated with medication.5. The MRR involves a thorough review of the resident's medical record to prevent, identify, report, and resolve medication related problems, medication errors and other irregularities.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46958 Based on observation, interview, and record review, the facility failed to ensure: 1. One of three sampled medication cart was free from expired medications. This failure had the potential for the medications to have decrease effectiveness. 2. Medications were stored properly in one of three sampled medication carts. This failure had the potential for the medications to be administered incorrectly and unsafely. 3. Controlled Drug Records (CDR) were signed by two licensed nurses. This failures had the potential for medication errors to occur and possible drug diversion. 4. Safe administration of medication for three of three sampled residents (Resident 8, Resident 9, and Resident 4) when medications were found at resident's bed side table. This failure had the potential for medications to be accessed by unauthorized staff and residents. Findings: 1) During a concurrent observation and interview on 3/10/25 at 9:21 a.m. with Licensed Vocational Nurse (LVN) 3 in the hallway, the medication cart had Latanoprost (Xalatan-used to treat glaucoma [increased pressure in the eye]) eye drops and brimonidine (used to treat glaucoma). Both were marked opened on 1/25/24 (45 days ago). LVN 3 stated these eye drops are only good for 42 days. During a review of Xalatan Package Insert (XPI), dated August 2011, the XPI indicated, Once a bottle is opened for use, it may be stored at room temperature up to 25 C (77 F) for 6 weeks [42 days]. During a review of Ophthalmic Medication Beyond-Use Data Guide (OMB), dated April 2024, the OMB indicated, Brimonidine is good for 30 days from opening. During a review of the facility's P&P titled, Storage of Medications, dated November 2020, the P&P indicated, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. 2) During a concurrent observation and interview on 3/12/25 at 9:35 a.m. with LVN 3 in the hallway, the medication cart had Bisacodyl suppositories (medication given rectally for constipation) stored with Ensure (supplement nutrition, provide meal replacement). LVN 3 stated the suppository and Ensure should not be stored together. 3) During a concurrent observation, interview and record review on 3/12/25 at 9:41 a.m. with Director of Nursing (DON) in the DON's office, the locked drawer had controlled medications for destruction. The Controlled Drug Record's (CDR), dated February 2025 was reviewed. The CDR indicated the following did not have two nurse signatures: (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hydrocodone-Acetamin (pain medication) 5-325 MG (milligram), 28 tablets (tabs) remaining. Hydrocodone-Acetamin 5-325 mg, 15 tabs remaining. Tramadol (Pain medication) 50 mg, 10 tabs remaining. Hydrocodone-Acetamin 5-325 mg, 21 tabs remaining. Hydrocodone Acetamin 5-325 mg, 11 tabs remaining. Oxycodone-Apap (pain medication) 5-325 mg, 11 tabs remaining. Clonazepam 1 mg (anxiety medication), 15 tabs remaining. Hydrocodone-Acetamin 5-325 mg, 29 tabs remaining. Hydrocodone-Acetamin 5-325 mg, 28 tabs remaining. Diphenoxylate-Atrop (diarrhea medication) 2.5-0.025 mg, 15 tabs remaining. Tramadol 50 mg, 30 tabs remaining. Tramadol 50 mg, 30 tabs remaining. Hydrocodone-Acetamin 5-325 mg, 23 tabs remaining. Tramadol 50 mg, 30 tabs remaining. Morphine sulfate IR (pain medication)15 mg tab, 3 tabs remaining. DON stated the nurse should sign the CDR before the medications were handed over for destruction and I should sign with her. DON stated she had not reviewed the CDRs received. During an interview on 3/13/25 at 9:20 a.m. with Pharmacist, Pharmacist stated when medications are being turned in to the DON, nurse and DON both should verify and agree with count and should sign the CDR. During a review of the facility's policy and procedure (P&P) titled, Controlled Substances, dated November 2022, the P&P indicated, The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medication. 4) During a concurrent observation and interview on 3/10/24 at 9:20 a.m. with LVN 4 in Resident 8's room, Resident 8 had Cequa (to treat dry eyes) 0.09% 1 vial (bottle) on bed side table. LVN 4 stated she had no idea where the vial of medication came from. During a concurrent observation and interview on 3/10/25 at 9:27 a.m. with LVN 4 in Resident 9's room, Resident 9 had Vitamin A&D ointment (skin protectant) on the bed side table. LVN 4 stated it should not be left on resident 9's table. (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	34510 During an observation on 3/10/25 at 11:23 a.m. in Resident 4's room, Resident 4's bedside table had a Calmoseptine (treatment for skin irritation) cream and a bottle of antifungal powder. During an interview on 3/11/25 at 11:58 a.m. with Treatment Nurse (TN), TN stated the facility did not provide the Calmospetine cream to Resident 4 but the antifungal powder was the facility's in house supply. TN stated those medications should not be stored at Resident 4's bedside. TN stated Resident 4 cannot apply the medications to and by herself. During a review of the facility's P&P titled, Storage of Medications, dated November 2020, the P&P indicated , Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 34510 Based on observation, interview, and record review, the facility failed to: 1) Ensure three of three sampled clean linen carts were in good repair. 2) Follow the manufacturer's guidelines on how to disinfect the clean linen carts. 3) Ensure the laundry room was clean and sanitary. These failures had the potential for contaminating clean linens and spread of infections to all residents. Findings: 1) During a concurrent observation and interview on 3/12/25 at 7:42 a.m. in the hallway, with Laundry Aide (LA), LA was delivering clean linens to the clean linen closet. The clean linen cart edges were ripped, exposing the metal frames, and had a hole on the side. LA stated, I don't know how old they are, they must be too old. During a concurrent observation and interview on 3/12/25 at 7:55 a.m. in the laundry room, with Housekeeping and Laundry Supervisor (HLS). There were three clean linen carts with ripped edges exposing the metal frames. The clean linen carts had dark brownish discolorations. HLS stated, We need to buy new ones. 2) During a concurrent interview and record review on 3/12/25 at 7:56 a.m. with LA, LA stated she disinfects the clean linen carts with Clorox wipes (bleach wipes). The Clorox wipes instruction was reviewed. The Clorox wipes indicated, Remain visibly wet for the contact time (wet time). Bacteria: 30 second contact time. LA stated she never waited 30 seconds for contact time and never knew she should. 3) During a concurrent observation interview on 3/12/25 at 7:57 a.m. in the laundry room, with HLS, the clean linen table had folded clean linens. On top of the clean linen table with folded clean linens, there was an electric fan with thick grayish debris (material) blowing air on to the clean linens. HLS stated the electric fan was not cleaned for a long time. There were thick grayish debris on the floor under the clean linen table. HLS stated the facility laundry room had no cleaning log. During a review of the facility's policy and procedure (P&P) titled, Laundry and Linen, dated January 2014, the P&P indicated, Clean linen remain hygienically clean (free from pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination. During a review of the facility's P&P titled, Floors, dated December 2009, the P&P indicated, Floors shall be maintained in a clean, safe, and sanitary manner. 1. All floors shall be mopped/cleaned/vacuumed daily.		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. 34510 Based on interview and record review, the facility failed to follow their policy and procedure (P&P) on Surveillance for Infections when: 1) There were no documented signs/symptoms of the infections and antibiotic given in the antibiotic tracking log. 2) There were no tracking of locations of the infections. 3) There were no list of organism (germs) and/or review of indicators of infections on the antibiotic tracking log. These failures had the potential for ineffective infection control and tracking resulting in spread and increase in numbers of infections. Findings: 1) During a concurrent interview and record review on 3/12/25 at 3:18 p.m. with Infection Preventionist Nurse (IPN), the facility's Antibiotic Stewardship Log (ASL-list of residents taking antibiotics), dated 1/2025 was reviewed. The ASL indicated there were 64 recorded infections without documentation of signs and symptoms. IPN stated the 64 infections did not have documentation of signs and symptoms. 2) During a concurrent interview and record review on 3/12/25 at 3:19 p.m. with IPN, the Infection Control Committee Report for December 2024 (ICCR), dated December 2024 was reviewed. The ICCR indicated, 9 skin infections, 14 UTI's [Urinary Tract Infections-bladder infection], 9 respiratory [lung] infections, 2 GI [gastro-intestinal-stomach] infections, and 6 other infections. During a review of the facility's Tracking Map, dated December 2024, the Tracking Map indicated there were no tracking for the 9 skin infections, 9 respiratory infections, 2 GI infections, and 6 other infections. During an interview on 3/12/25 at 3:20 p.m. with IPN, IPN stated she only tracked the highest number of infections which is the UTI. 3) During a concurrent interview and record review on 3/12/25 at 3:21 p.m. with IPN, the facility's ASL, dated 1/2025 was reviewed. The ASL indicated there were 11 infections with criteria (for antibiotic treatment) not met (meaning, the use of antibiotic was not appropriate) without record of organism/culture (a test to identify germs). IPN stated the tracking log was incomplete. (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a review of the facility's P&P titled, Surveillance for Infections, dated September 2017, the P&P indicated, The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organism and healthcare-associated infections, to guide appropriate interventions, and to prevent future infections. The surveillance should include a review of any or all of the following information to help identify possible indicators of infections: a. Laboratory records.3. If the laboratory reports are used to identify relevant information, the following findings merit further evaluation: a. Positive blood cultures; b. Positive wound cultures; c. Positive urine cultures.		

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 48901 Based on observation, interview, and record review, the facility failed to have a functional call light system for one of 52 sampled residents (Resident 99). This failure had the potential for Resident 99 unable to call for help. Findings: During a concurrent observation and interview on 3/10/25 at 12:06 p.m. with Licensed Vocational Nurse (LVN) 1 in Resident 99's room, Resident 99's call light did not light up when activated and his hands are contracted (unable to move). LVN 1 stated Resident 99's call light does not work. LVN 1 stated Resident 99 would benefit from a push call light since he is not able to use his hands very well due to contractures (unable to move). During an interview on 3/11/25 at 10:37 a.m. with Resident 99's Conservator, Conservator stated Resident 99 has limited ability of hands due to being very contracted. During an interview on 3/13/25 at 10:57 a.m. with Environmental Service Director (EVSD), EVSD stated he was not made aware the call light for Resident 99 was not functional. During a review of Resident 99's Care Plan (CP) titled, [Resident 99] has Alteration in Musculoskeletal Status r/t [related to] Dx [diagnosis]: Quadriplegia [complete or partial loss of motor function and sensation in all four limbs].Contracture, Right Shoulder, Right Hip, Right Knee, Right Wrist and Right Hand, dated 1/26/24, the CP indicated, Goal. [Resident 99] will remain free of injuries. Interventions.Anticipate and meet [Resident 99] needs. Be sure call light is within reach and respond promptly to all requests for assistance. During a review of the facility's policy and procedure (P&P) titled, Call System, Resident, dated September 2022, the P&P indicated, Policy Heading. Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. Policy Interpretation and Implementation 1. Each resident is provided with a means to call staff directly for assistance from his/her bed. 3. The resident call system remains functional at all times.4. If the resident has a disability that prevents him/her from making use of the call system, an alternative means of communication that is usable for the resident is provided and documented in the care plan.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34510 Based on observation, interview, and record review, the facility failed to ensure one of 58 residents' rooms (room [ROOM NUMBER]) was in good repair. This failure had the potential to place residents at risk for accidents and hazards. Findings: During a concurrent observation and interview on 3/12/25 at 8:55 a.m. in room [ROOM NUMBER], with Housekeeper/Laundry Supervisor (HLS), the baseboard was ripped from the wall approximately 10 inches long and 1 inch open rip. During an interview on 3/12/25 at 8:55 a.m. with EVSD, EVSD stated they (maintenance department) have been inspecting each room daily, but have not seen the baseboard rip in room [ROOM NUMBER]. During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, dated December 2009, the P&P indicated, Maintenance service shall be provided to all areas of the building, grounds, and equipment. 2. Functions of maintenance personnel include but are not limited to: . B. maintaining the building in good repair and free from hazards.		