

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555861	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2023
NAME OF PROVIDER OR SUPPLIER Grand Oaks Care		STREET ADDRESS, CITY, STATE, ZIP CODE 897 North M Street Tulare, CA 93274	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>34401</p> <p>Based on interview and record review the facility failed to develop a base line care plan for one of three sampled residents (Resident 1) partial thickness (damage to skin) wound to coccyx area (tailbone area). This failure has the potential for staff to be unaware of how to care for Resident 1's wound.</p> <p>During a review of Resident 1's Progress Notes (PN), dated 10/4/23, the PN indicated Resident 1 was admitted to the facility with partial thickness wound to coccyx area.</p> <p>During a concurrent interview and record review on 11/20/23 at 2:41 p.m. with Director of Nurses (DON), Resident 1's care plan was reviewed. DON was unable to find documented evidence a base line care plan was developed for Resident 1's partial thickness wound to coccyx. DON stated a base line care plan should have been developed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans-Baseline dated, the P&P indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission.</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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<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>34401</p> <p>Based on interview, and record review, the facility failed to ensure wound care was provided according to physician order for one of three sampled residents (Resident 1) . This failure has the potential to result in worsening of Resident 1's wounds.</p> <p>Findings:</p> <p>During a review of Resident 1's Active Orders (AO), dated 10/23/23, the AO indicated Resident 1's had partial thickness to coccyx (tail bone area) to be cleansed with a wound cleanser, apply medi honey (wound gel), and cover with a border gauze daily.</p> <p>During a review of Resident 1's Treatment Administration Record (TAR), dated 10/4/23 thru 10/31/23, the TAR had no signature on 10/22/23, 10/23/23 and 10/27/23.</p> <p>During a concurrent interview and record review on 11/20/23 at 2:41 p.m. with Director of Nurses (DON), Resident 1' s TAR dated 10/4/23 thru 10/31/23 was reviewed. DON confirmed wound care /treatment was not provided for Resident 1 on 10/22/23, 10/23/23, and 10/27/23.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Wound Treatment Management, dated 5/22, the P&P indicated, 1. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. 7. Treatments will be documented on the Treatment Administration Record or in the electronic health record.</p>		