

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  04/23/2024
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 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>38993</p> <p>Based on interview and record review, the facility failed to ensure and monitoring and wound care were completed as ordered by the physician for two of four sampled residents (Resident 1 and Resident 2). This failure had the potential to result in worsening of the residents' wounds.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Order Summary Report (OSR), dated 3/31/24, the OSR indicated, Monitor reddened open area to right heel for s/s [signs and symptoms] of worsening or infection. Notify MD [Doctor of Medicine] of any changes every shift for 21 days.Start date 3/25/24.End date 4/15/24.</p> <p>During a concurrent interview and record review on 4/19/24 at 1:37 p.m., with Treatment Nurse (TN), Resident 1's Treatment Administration Record (TAR) dated 3/2024 and 4/2024 were reviewed. The TAR indicated, monitoring was not documented on 3/28, 4/2, and 4/5. TN stated when the monitoring was done it should have been documented on the TAR. TN stated when the documentation was not on the TAR, the monitoring was not done.</p> <p>b. During a review of Resident 2's OSR dated 4/16/24, the OSR indicated, Cleanse sacral wound with normal saline, pat dry, apply medi honey (medicated dressing used to treat wounds) to wound bed and cover with foam dressing.Start date 3/23/24.Monitor blanchable redness to left heel every shift for s/s of infection and/or worsening notify MD with changes.Start date 4/4/24.Monitor blanchable redness to right heel every shift for s/s of infection and/or worsening notify MD with changes.Start date 4/4/24.Monitor discoloration to top of left hand every shift for s/s of infection and/or worsening notify MD with changes.Start date 4/4/24. Monitor for increase in facial flushing or redness every shift for facility flushing to cheeks and nose notify MD with changes.Start date 4/4/24.Monitor right elbow for s/s of infection and/or worsening every shift for discoloration to right elbow notify MD with changes.Start date 4/4/24.Monitor sacral region every day shift for s/s of infection and/or worsening notify MD with changes.Start date 3/23/24.Monitor scab to left elbow every shift for s/s of infection and or worsening notify MD with changes.Start date 4/4/24.Monitor skin tear with steri strips to left elbow every shift for s/s of infection and/or worsening notify MD with changes.Start date 4/4/24. Monitor skin to right medial arm for s/s of infection and/or worsening every shift for skin tear with steri strips notify MD with changes.Start date 4/4/24.</p> <p>(continued on next page)</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>During a concurrent interview and record review on 4/19/24 at 1:39 p.m., with TN, Resident 2's TAR dated 4/2024 was reviewed. The TAR indicated, the treatment was not done on 4/13 and monitoring was not done on 4/4, 4/5, 4/6, and 4/13. TN stated when the treatment and monitoring was done it should have been documented on the TAR. TN stated when the documentation was not on the TAR, the treatment and monitoring were not done.</p> <p>During an interview on 4/19/24 at 2:54 p.m. with Director of Nursing (DON), DON stated when treatments and monitoring were done it should have been documented on the TAR.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Wound Treatment Management dated 5/22, the P&amp;P indicated, Wound treatment will be provided in accordance with physician orders. Treatments will be documented on the Treatment Administration Record or in the electronic health record.</p>		