

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  01/29/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38993</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of five sampled residents (Resident 1) care plan was implemented when Resident 1 did not have a staff member with him at all times. This failure had the potential for Resident 1 to exhibit aggressive behaviors towards other residents.</p> <p>Findings:</p> <p>During a review of Resident 1's Care Plan (CP), dated 12/16/24, the CP indicated, (Resident 1) was physically aggressive striking out at others 1/5/25. Interventions. (Resident 1) to be 1:1 supervision at all times.</p> <p>During an observation on 1/29/25 at 1:40 p.m. in Resident 1's room, Resident 1 was standing up on the side of the bed. Resident 1 was alone in his room.</p> <p>During a concurrent observation and interview on 1/29/25 at 1:42 p.m. with Director of Nursing (DON), in Resident 1's room, Resident 1 was observed alone in his room. DON stated Resident 1 was supposed to have a 1:1 staff with him always.</p> <p>During an interview on 1/29/25 at 2:14 p.m. with Nursing Assistant (NA), NA stated she was the assigned 1:1 for Resident 1. NA stated when she went to break, she did not ask anyone to relieve her, and Resident 1 was left alone. NA stated she should have asked someone to relieve her when she left the room.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered dated 3/22, the CP indicated, The comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.</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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