

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 05/09/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to notify the physician of one of three sampled resident 's change of condition when Resident 1 's blood sugar/glucose levels were above 200 (normal is 70 - 99 mg [milligrams]/dL [deciliter]) for one of three sampled residents (Resident 1). This failure resulted in Resident 1 being sent to the acute hospital and being admitted for dehydration (too little fluid in the body [can occur when the kidneys try to excrete sugar, in response to high blood sugar levels, thru urination leading to dehydration]), hyperglycemia (elevated blood sugar), and hypernatremia (elevated sodium level in the blood [can occur when there is an increase in urination related to high blood sugar and the kidneys lose more water than they retain]).</p> <p>Findings:</p> <p>During a review of the Physician Orders (PO), the PO indicated, Accu-check (device used to check a blood sugar) BID (twice a day) without coverage notify MD (Doctor of Medicine) if BS (blood sugar) less than 60 (mg/dL) or greater than 200 (mg/dL) .start date 4/21/25.</p> <p>During a review of Resident 1 's Weights and Vitals Summary (WVS), the WVS indicated the following results:</p> <p>4/21/25 7:36 p.m. 387 mg/dL</p> <p>4/21/25 11:49 p.m. 367 mg/dL</p> <p>4/22/25 5:14 a.m. 308 mg/dL</p> <p>4/22/25 7:10 p.m. 396 mg/dL</p> <p>4/23/25 5:26 a.m. 407 mg/dL</p> <p>4/23/25 8:58 a.m. 360 mg/dL</p> <p>4/24/25 7:06 p.m. 372 mg/dL</p> <p>4/25/25 7:06 p.m. 384 mg/dL.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s S (Situation) B (Background) A (Appearance) R (Review and Notify) Communication Form [SBAR - a communication tool used between healthcare professionals i.e. between the nurse and physician] ' dated 4/26/25 at 12:30 a.m., the SBAR indicated, Resident has deep chest cough, elevated pulse (normal pulse is 60 - 100 beats per minute), temperature 102 (normal temperature is 98.6 degrees Fahrenheit [F - unit of measurement]).decision to transfer to acute (hospital) for evaluation.</p> <p>During a review of Resident 1 ' s ED Note Physician (EDNP - completed at the acute hospital), dated 4/26/25 at 12:59 a.m., the EDNP indicated, Biba (brought in by ambulance) from (facility name) for fever and non productice [sic] cough for a few days.CMP (comprehensive metabolic panel - blood test) with significant hypernatremia to 151 (normal is 135-145 milliequivalents per liter [mEq/L]), as well as hyperglycemia 532 (mg/dL).Given this patient ' s significant free water deficit (amount of water required to correct dehydration), hyperglycemia concerning for possible HHS (hyperosmolar hyperglycemic state - a serious complication of diabetes characterized by extremely high blood sugar levels.severe dehydration that is a life-threatening condition that requires immediate medical attention).Sodium level (concentration of sodium level in the blood) 4/26/25 at 1:47 a.m. 151.0 High (normal is 135-145 mEq/L).Glucose level 4/26/25 at 1:47 a.m. 532 (mg/dL) critical.UA (urine test) glucose 4/26/25 at 1:48 a.m. &gt; (greater than)=1000 abnormal.Final Diagnosis.hyperglycemia.dehydration.hypernatremia.Disposition.Admit.</p> <p>During a concurrent interview and record review on 5/9/25 at 12:23 p.m. with Director of Nursing (DON), Resident 1 ' s clinical record was reviewed. DON stated on 4/21/25, 4/22/25, 4/23/25, 4/24/25 and 4/25/25 Resident 1 had blood sugar results that were above 200 mg/dL. DON was unable to provide documentation the physician was notified of the elevated blood sugar levels that were greater than 200 mg/dL. DON stated when Resident 1 ' s blood sugar was above 200 mg/dL the physician should have been notified right away.</p> <p>During a concurrent interview and record review on 5/14/25 at 4:26 a.m. with Registered Nurse (RN) 1, Resident 1 ' s clinical record was reviewed. RN 1 stated when Resident 1 ' s blood sugar on 4/22/25 at 5:14 a.m. was 308 mg/dL he did not notify the physician of the blood sugar result, and he should have. RN 1 stated on 4/23/25 when the blood sugar result was 407 mg/dL the physician was notified but he did not document. RN 1 stated he should have documented when the physician was notified.</p> <p>During a concurrent interview and record review on 5/14/25 at 8:12 p.m. with RN 2, Resident 1 ' s Medication Administration Record (MAR) dated 4/2025, was reviewed. Resident 1 ' s blood sugar was greater than 200 mg/dL on 4/22/25, 4/23/25, 4/24/25 and 4/25/25. RN 2 stated she did not notify the physician because she was unaware of the physician ' s order indicating the physician was to be notified for blood sugars greater than 200 mg/dL. RN 2 stated she did not notify the physician, and she should have.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Diabetes - Clinical Protocol) dated 11/2020, the P&P indicated, The Physician will order appropriate lab tests.and adjust treatments based on these results and other parameters.The physician will order desired parameters for monitoring and reporting information related to blood sugar management. a. The staff will incorporate such parameters into the Medication Administration Record and care plan.</p> <p>(continued on next page)</p>		

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s policy and procedure (P&P) titled, Change in a Resident ' s Condition or Status dated 2/21, the P&P indicated, The nurse will notify the resident ' s attending physician or physician on call when there has been a(an).specific instruction to notify the physician of changes in the resident ' s condition.		