

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 09/02/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of four sampled Licensed Vocational Nurses (LVN) was qualified to provide residents care when LVN 1 was working without a current license. This failure had the potential for harm, compromise quality of care, and medication errors for all residents residing in the facility. Findings: During a review of LVN 1's employee file, the file indicated LVN 1 was hired on [DATE]. Licensure verification on file indicated LVN 1's license expired on [DATE]. During a review of LVN 1's work schedule dated 6/29 through [DATE], the work schedule indicated LVN 1 worked on 6/30, 7/5, 7/14, 7/15, 7/16, 7/17, 7/18, 7/21, 7/22, 7/23, 7/24, 7/25, 7/29, 7/30, 7/31, 8/1, 8/2, 8/5, 8/6, 8/7, 8/8, and 8/9. LVN 1 worked 22 days with an expired license. During an interview on [DATE] at 11:53 a.m. with Director of Nurses (DON), DON stated LVN 1's license had expired on [DATE]. DON reviewed LVN 1's work schedule dated 6/29 through [DATE] and confirmed LVN 1 had worked 22 days with an expired license. DON stated LVN 1 should not have been working without a current license. During a review of the facility's job description titled, Charge Nurse dated 2023, the job description signed by LVN 1 of acknowledgment on [DATE] indicated, Required Qualifications. Current unrestricted license as a Registered Nurse (RN) or Licensed Practical Nurse [also known as LVN] in practicing state.</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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