

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 03/12/2026
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>Based on interview and record review, the facility failed to follow the Physicians Order (PO) for one of four sampled residents (Resident 1) for a urology (surgical specialty of the urinary tract) referral. This resulted in Resident 1 not being seen by a urologist (medical doctor specializing in diagnosing and treating diseases of the urinary tract) and potential for untreated urinary tract disease. Findings: During a review of Resident 1's PO dated 5/12/25, the PO indicated, refer to Urology. refer for hematuria (blood in urine). During a concurrent interview and record review on 3/12/26 at 2:01 p.m. with Director of Nurses (DON), DON reviewed Resident 1's clinical records. DON confirmed Resident 1 had an order for a urology referral on 5/12/25. DON was unable to find documented evidence; the urology referral was made. DON stated PO for urology referral should have been completed. During an interview on 3/12/26 at 3 p.m. with Infection Control Preventionist (ICP), ICP stated Resident 1 had re-current Urinary Tract Infection (UTI) and Resident 1's physician had ordered a urology consult for Resident 1 on 5/12/25. ICP reviewed Resident 1's clinical record and was unable to find documented evidence of a urology referral. ICP stated the urology order might have gotten missed. During a review of the facility's policy and procedures (P&P) titled, Provision of Physician Ordered Services, dated 1/26, the P&P indicated, 2. Qualified nursing personnel will submit timely requests for physician ordered services (laboratory, radiology, consultations) to the appropriate entity.</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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