

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555702	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2020
NAME OF PROVIDER OF SUPPLIER THE ORCHARDS POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 730 34 STREET BAKERSFIELD, CA 93301	
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)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure safety measures were implemented consistently for one of three sampled residents (Resident 1). This failure had the potential for accidents and injury to Resident 1. Findings: During a review of the clinical record for Resident 1, the care plan (CP) titled Potential for injury or decline r/t (related to) noncompliance as evidence by refusal of: Receiving care from non-Hispanic staff members, refusal to turn call light off if not assigned a Hispanic staff member and refusal to communicate needs if call light is answered by non-Hispanic staff member., initiated on 8/12/19, the CP indicated one of the interventions were to remove call light when Resident 1 refused to turn it off, for the safety of Resident 1's room mates and place Resident 1 on routine safety checks. Another intervention was 15 minute checks when call light is removed from Resident 1's possession. During an interview and record review on [DATE], at 4:45 PM, with the Assistant Director of Nursing (ADON), the ADON stated the nurses are to document when Resident 1's behaviors require the call light to be removed and when call light is returned to Resident 1. ADON stated when Resident 1's call light is removed he is monitored every 15 minutes. ADON reviewed the 15 minute Call Light and Patient Wellness Check and confirmed the following documentation of 15 minute monitoring: [DATE]20 - 12 AM to 7 AM and 3 PM to 11:45 PM 2/10/2020 - 12 AM to 7 AM and 8:30 AM to 10:30 PM 2/15/2020 - 3 AM to 11 AM [DATE]20 - 4:30 PM to 10:15 PM 1/31/2020 - 12 AM to 1 PM and 10:30 PM to 11:45 PM ADON stated the gaps in monitoring may have been due to Resident 1 getting the call light back. ADON reviewed Resident 1's clinical record and was unable to find documentation of Resident 1 call light being removed and returned on [DATE]20, 2/10/2020, 2/15/2020, [DATE]20, and 1/31/2020. During a review of the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, revised 7/17, the P&P indicated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Individualized, Resident -Centered Approach to Safety . 4. Implementing interventions to reduce accident risk and hazards shall include the following: . d. Ensuring that interventions are implemented; and e. Documenting interventions. 5. Monitoring the effectiveness of interventions shall include the following: a. Ensuring that interventions are implemented correctly and consistently . During a review of the facility's P&P titled, Routine Resident Checks, revised 7/13, the P&P indicated, Staff shall make routine resident checks to help maintain resident safety and well-being. 4. The Nursing Supervisor/Charge Nurse shall keep documentation related to these routine checks, including the time, identity of the person making checks, and any outcomes of each check. (Note: CNAs may also record this information and provide it to the Nurse Supervisor/Charge Nurse.)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.