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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>555702</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>09/30/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>THE ORCHARDS POST-ACUTE</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>730 34 STREET<br/>BAKERSFIELD, CA 93301</b> |   |
| 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 0645<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <b>PASARR screening for Mental disorders or Intellectual Disabilities</b><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on interview and record review, the facility failed to ensure a Level I Preadmission Screening and Resident Review (PASARR - a screening to ensure that residents are not inappropriately placed in nursing homes for long-term care) for one of three sampled residents (Resident 1) was completed. This failure had the potential for residents to receive inappropriate care, management and placement. Findings: During a review of the clinical record for Resident 1, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with an admitting [DIAGNOSES REDACTED]. During an interview on 9/14/20, at 3:43 PM, with the Director of Nursing (DON), DON stated, A PASARR is done for all new residents on admission. During a concurrent interview and record review on 9/18/20, at 11:18 AM, with Medical Records (MR), MR was unable to find documented evidence a PASARR was completed upon admission. During an interview on 9/18/20, at 11:19 AM, with Admissions Coordinator (AC), AC stated, I don't do the PASARR. The DON is the one that does it. We don't do PASARR on all our new admissions. During a review of the facility's policy and procedure (P&P) titled, Behavioral Assessment, Intervention and Monitoring, dated 3/19, the P&P indicated, Assessment 1. As part of the initial assessment, the nursing staff and Attending Physician will identify individuals with a history of impaired cognition, altered behavior, substance use disorder, or mental disorder. a. All residents will receive a Level I PASARR screen prior to admission. During a review of the facility's P&P titled, Pre-admission Screening and Resident Review (PASSR), dated 1/16, the P&P indicated, 'It is the policy of this facility to utilize the most current guidelines of the federal Centers for Medicare and Medicaid (CMS) for Pre-admission Screening and Resident Review (PASARR) to ensure that applicants and residents with mental illness and intellectual/developmental disabilities are appropriately placed and receive necessary services to meet their needs.' |  |   |

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.