

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 08/03/2020
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to provide appropriate treatment and services for one of three sampled residents (Resident 1). This failure had the potential for skin breakdown and possible infection for Resident 1. Findings: During a review of the Admission Record for Resident 1, he was admitted to the facility on [DATE], with a [DIAGNOSES REDACTED]. The Minimum Data Set (MDS- a comprehensive assessment tool) dated 3/12/20, indicated Resident 1 scored a 15 (score of 0-7 indicate severe cognitive impact, 8-12 indicate moderate impairment, and 13-15 indicate intact cognitive response) on the Brief Interview of Mental Status. The MDS indicated Resident 1 was totally dependent on staff for toileting and personal hygiene. The care plan (CP) with the focus on functional incontinence related to [MEDICAL CONDITION] initiated 3/8/20, indicated a few of the interventions were Bowel/Bladder: Resident (1) is incontinent. Check and change resident every 2 hours as required for incontinence. Wash, rinse, and dry. Monitor/document s/s (signs and symptoms) of UTI (urinary tract infection). Observe/document/report to charge nurse and MD (medical doctor) PRN (as needed) s/s of incontinence associated skin breakdown. During an interview on 6/25/20, at 4:15 PM, with Resident 1, he stated he is unable to feel if he has soiled himself. Resident 1 stated they change him about every 4 hours. Resident 1 stated.</p> <p>Yesterday (6/24/20) they did not change me from 2 PM until 6 AM. During a concurrent interview and record review, on 7/7/20, at 12:38 PM, with Interim Director of Nursing (IDON), the facility's documentation report for bowel and bladder incontinence for June 2020 was reviewed. The following was noted: 6/19/20 - there was no documentation of bowel and bladder incontinence care from 10:30 PM to 7 AM the next day (6/20/20). 6/22/20 - 97 (not applicable) was documented from 6:30 AM to 3 PM, for bowel and bladder incontinence care. 6/22/20 - there was no documentation of bowel and bladder incontinence care from 2:30 PM to 11 AM, the next day (6/23/20). 6/23/20 - there was no documentation of bowel and bladder incontinence care from 2:30 PM to 11 AM, the next day (6/24/20). 6/23/20 - 97 was documented for 10:30 PM to 11 PM for bladder incontinence. The IDON stated her expectation is that nursing staff document all services provided to resident by the end of their shift or within 24 hours as a late entry. She stated 97 was not appropriate documentation for Resident 1. IDON confirmed if it is not documented it is not done. During a review of the facility's policy and procedure (P&P) titled Charting and Documentation revised 7/17, the P&P indicated, All services provided to the resident, progress toward the care plan goals, shall be documented in the resident's medical record. 3. Documentation in the medical record will be objective, complete, and accurate.</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.