STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055601	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Julian Healthcare Center	1801 Julian Avenue Bakersfield, CA 93304

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763 Based on interview and record review, the facility failed to ensure residents care planning meetings were completed timely for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to have unmet care needs. Findings: During a review of Resident 1's Admission Record, (AR) the AR indicated, Resident 1 was admitted on [DATE]. During a concurrent interview and record review on 3/6/24 at 12:40 p.m. with Social Services Director (SSD), SSD stated care conferences are completed on admission, quarterly, annually and for discharge planning. SSD reviewed Resident 1's medical record. SSD confirmed Resident 1 most recent Care Conference was completed on 7/13/23. (Care Conference should have been completed in October 2023 and January 2024). During a review of the facility's policy and procedure (P&P) titled, Care Planning, dated 11/1/17, the P&P indicated, I. the facility's Interdisciplinary Team (IDT) will develop a Comprehensive Care Plan for each resident . II. The Care Plan serves as a course of action where the resident (resident's family and/or guardian or other legally authorized representative), resident's Attending Physician, and IDT work to help the resident move toward resident-specific goals that address the resident's medical, nursing, mental and psychosocial needs. IV. The Care Plan must be completed within 7 days after completion of the Comprehensive Admission Assessment, and must be periodically reviewed and revised by a team of qualified persona after each assessment, including the comprehensive and quarterly review assessments. IV. The Care Plan must be prepared by the IDT team. IV. IDT Meetings A. The Facility will invite the resident, if capable, and their family to care planning meetings . V. The IDT will revise the Care Plan as needed at the following intervals: A. Per RAI schedules; B. As dictated by changes in the resident's condition; . D. To address changes in behavior and or care.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 39763 Based on interview and record review, the facility failed to administer ordered medications for one of three sampled residents (Resident1). This failure had the potential for adverse outcomes for Resident 1. Findings: During a current interview and record review on 3/6/24 at 11:52 p.m. with Minimum Data Set Nurse (MDS Nurse), MDS Nurse reviewed Resident 1's Medication Administration Record, (MAR) dated 2/2024 and confirmed the following: Klonopin [medication sometimes prescribed to manage severe manic symptoms (increased activity, energy or agitation) associated with bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration)] Oral Tablet 2 MG [milligram- unit of measure] . Give 1 tablet by mouth two times a day for Bipolar D/O [disorder] m/b [manifested by] assaultive behavior informed consent obtained by MD [medical doctor] . -Order Date- 02/21/2024 1643 [4:43 p.m.] -D/C [discontinued] Date 02/27/2024 1109 [11:09 a.m.] 2/22/24 at 5 p.m., there was no documentation the Klonopin was administered (blank). Seroquel [medication used to treat certain mental/mood disorders] Oral Tablet 400 MG . Give 1 tablet by mouth two times a day for Schizoaffective Disorder [a combination of symptoms of schizophrenia (mental disorder characterized by thoughts or experiences that seem out of touch with reality, disorganized speech or behavior) and mood disorder, or bipolar disorder]. Informed consent obtained by MD m/b throwing feces on the floor -Order Date- 02/21/2024 1631 [4:31 p.m.] -D/C Date 02/27/2024 1109 2/22/24 at 9 a.m., there was no documentation the Seroquel was administered (blank). 2/22/24 at 9 p.m., there was no documentation the Seroquel was administered (blank). MDS Nurse confirmed the above findings. During a review of the facility's policy and procedure (P&P) titled, Medication Administration, revised 11/1/2017, the P&P indicated, To provide practice standards for safe administration of medications for residents in the Facility. Policy I. Medication will be administered by a Licensed Nurse per the order of an Attending Physician or licensed independent practitioner. XIV. Administer the medication to the resident. A. If resident is refusing to take medication, the Licensed Nurse who is passing the medications will initial and draw a circle around his/her initials in the designated area on the MAR. Documentation will be entered on the Back of the MAR stating the reason for the refusal. XVII. Holding Medications A. Whenever a medication is held or any reason, the Licensed Nurse will initial the appropriate area on the MAR and circle his/her initials. The Licensed Nurse will document the reason the medication was held on the back of the MAR. XIX. Documentation A. The time and dose of the drug or treatment administered to the resident will be recorded in the resident's individual medication record by the person who administers the drug or treatment.