

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Julian Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>38993</p> <p>Based on interview and record review, the facility failed to ensure two of five sampled residents (Resident 1 and Resident 2) physician's orders were followed. This failure had the potential for Resident 1 and Resident 2 to experience adverse health concerns.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Physician Orders (PO), dated 4/5/24 at 9:44 p.m. the PO indicated, Quetiapine Fumarate (Seroquel) (anti-psychotic medication [medication that affects behavior, mood, thoughts, or perception] used to reduce psychotic symptoms like hallucinations [experience involving the apparent perception of something not present], delusions [a false belief or judgment about external reality], and disordered thinking) Oral Tablet 50 MG (milligrams-unit of measurement) .give 1 tablet by mouth in the evening.Discontinued 4/5/24. Discontinue Date/Reason: change.Order Date: 4/5/24 at 9:52 p.m.Seroquel Oral Tablet 25 MG.give 75 mg by mouth in the afternoon for aggression.</p> <p>During a concurrent interview and record review, on 5/20/24 at 11:40 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's medication card was reviewed. The medication card indicated Resident 1 was receiving Seroquel 50 mg in the evening and there were three doses missing from the medication card. LVN 1 stated Resident 1's physician order was Seroquel 75 mg and Resident 1 was receiving 50 mg. LVN 1 stated Resident 1 should have been receiving 75 mg of Seroquel.</p> <p>During a concurrent interview and record review, on 5/20/24 at 12:10 p.m. with Director of Nursing (DON), DON reviewed Resident 1's medication card and Resident 1's physician's order. DON stated Resident 1 was being administered Seroquel 50 mg and should have been receiving Seroquel 75 mg.</p> <p>b. During a review of Resident 2's Change in Condition Evaluation (COCE) dated 5/26/24 at 5:10 p.m. the COCE indicated, The change in condition, symptoms or signs I am calling about is/are.choking. Recommendation of Primary Clinician(s).refer to speech therapist for STE (speech evaluation).</p> <p>During a concurrent interview and record review on 6/14/24 at 2:21 p.m. with Director of Nursing (DON), DON reviewed the clinical record for Resident 2 and was unable to provide documentation the STE was completed. DON stated the STE should have been done.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Julian Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled Telephone Orders for Medication dated 11/1/17, the P&P indicated, The receiver documents the order immediately on the prescriber order form including.Date and time order is received.patient name.drug name.strength or concentration.dose.frequency.route.quantity and/or duration.name of prescriber.signature of order recipient.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Julian Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure behaviors were monitored for one of five sampled residents (Resident 1). This failure had the potential for Resident 1 to receive unnecessary psychotropic (medication that affects behavior, mood, thoughts, or perception) medication.</p> <p>Findings:</p> <p>During a review of Resident 1's Care Plan (CP), undated, the CP indicated, [Resident 1] uses psychotropic medications Quetiapine fumarate (Seroquel) (anti-psychotic medication used to reduce psychotic symptoms like hallucinations (experience involving the apparent perception of something not present), delusions (a false belief or judgment about external reality), and disordered thinking) .r/t (related to) behavior management.interventions.review behaviors interventions and alternate therapies attempted and their effectiveness.</p> <p>During a concurrent interview and record review on 5/20/24 at 11:12 a.m. with Director of Nursing (DON), Resident 1's clinical record was reviewed. DON was unable to provide documentation of the behavior monitoring. DON stated Resident 1's behaviors should have been monitored.</p> <p>During an interview on 5/20/24 at 11:40 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated when residents are on a psychotropic medication the behaviors are to be monitored and documented in the Medication Administration Record (MAR).</p> <p>During a review of the facility's policy and procedure (P&P) titled Psychotherapeutic Drug Management dated 11/30/20, the P&P indicated, Will monitor the presence of target behaviors on a daily basis charting by exception.</p>		