

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 12/06/2024
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>39763</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of three sampled residents (Resident 1 and Resident 2) personal items were inventoried upon admission. This failure had the potential for personal items to be unaccounted for Resident 1 and Resident 2 and the use of dangerous materials in the facility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/6/24 at 12:45 p.m. in Resident 1's room. Resident 1 stated he was a smoker. Resident 1's lighter was observed on his bedside table. Resident 1 stated he was allowed to keep lighter and cigarettes upon admissions. Resident 1 stated he was storing his cigarettes in his nightstand next to his bed.</p> <p>During a concurrent observation and interview on 12/6/24 at 1 p.m. in Resident 1's room. with Certified Nursing Assistant (CNA) 1. CNA 1 confirmed Resident 1 had possession of a lighter and a pack of cigarettes. CNA 1 stated residents should not have lighters or smoking materials in their possession. CNA 1 stated lighter and cigarettes should be with a nurse or activity staff in a locked box at all times.</p> <p>During a concurrent observation and interview on 12/6/24 at 1:13 p.m. with Resident 2, Resident 2 stated the smoking policy was explained to him on admission, but he was medicated so he does not recall the rule. Resident 2 stated he had a tarp and a backpack when he was admitted to the facility. Resident 2 stated he was allowed to keep his lighter and smoking materials. Resident 2 had a pouch of tabaco, rolling papers and a pink lighter.</p> <p>During a concurrent observation and interview on 12/6/24 at 1:18 p.m. with Registered Nurse (RN) 1 and Resident 2 in the hallway. RN 1 stated the smoking policy and procedure was explained to the residents on admission, and we have supervised smoking times, all smoking materials are kept in a locked box with either activities or nurse. RN 1 stated a personal inventory is completed upon admission and any smoking materials are confiscated. RN 1 confirmed Resident 2 had a pouch of tabaco, rolling papers and pink lighter.</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 12/06/2024
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/6/24 at 1:33 pm with Licensed Vocational Nurse (LVN) 1. Resident 2's hard chart was reviewed. LVN 1 confirmed there was no Inventory of Personal Effects in Resident 2's hard chart. LVN 1 stated there should be one (Inventory of Personal Effects). LVN 1 stated Inventory of Personal Effects were completed to ensure the facility can track all the residents belongings, to ensure they leave with what they came in with. LVN 1 stated It is completed to see if the resident has lighter or other dangerous items.</p> <p>During a concurrent interview and record review on 12/6/24 at 3:54 p.m. with Director of Nursing (DON), DON stated inventory should be completed upon admission, if a resident refuse to let staff open bags or purse the refusal must be documented. Resident 1's Inventory of Personal Effects, dated 10/31/24 was reviewed. DON confirmed no lighter or cigarettes were documented. DON confirmed Black Bag was documented (no mention of what was in the bag). DON reviewed Resident 1's medical record and confirmed no documentation of a refusal to search the bag.</p> <p>During a review of the facility provider document titled, Inventory of Personal Effects, undated the document indicated, Instructions: At the time of admission, record the resident's personal belongings by indicating quantity of those items listed. Use the space provided to write in additional items as necessary. The original copy shall be kept in the resident's medical record. Update as needed throughout the resident's stay using the space provided.</p> <p>During a review of the facility's policy and procedure (P&P) titled Smoking, revised 2/1/22, the P&P indicated, To respect resident/employee choice to smoke and to maintain a safe healthy environment for both smoker and non-smoker. X. All smoking materials will be stored in a secure area to ensure they are kept safe.</p>		