

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 12/24/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to implement a care plan for one of three sampled residents (Resident 1) when the facility did not monitor Resident 1 after a fire. This failure had the potential for Resident 1 to develop adverse health outcomes from exposure to fire.</p> <p>Findings:</p> <p>During a review of Resident 1's Change in Condition Evaluation (CCE), dated 12/21/24, the CCE indicated, CNA came rushing to nursing station informed that resident has fire in her room. resident c/o (complained of) throat and lungs hurting, chest pain and difficulty breathing.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 9/14/24, the MDS indicated Resident 1 had a BIMS (Brief Interview for Mental Status) of 12 (score of 8 to 12 indicates moderate cognitive impairment).</p> <p>During an interview on 12/24/24 at 9:19 a.m. with Resident 1, Resident 1 stated, Something was on fire. They said it was my charger and there was a lot of smoke in here. It happened last week (12/21/24). Resident 1 stated she breathed in the smoke in her room, and it made her chest hurt. Resident 1 stated, Last week, my chest was hurting. Resident 1 stated the nurses did not monitor her after the fire occurred in her room on 12/21/24.</p> <p>During an interview on 12/24/24 at 9:52 a.m. with Registered Nurse (RN) 1, RN 1 stated Resident 1 should have been on monitoring for respiratory distress after the fire on 12/21/24.</p> <p>During a concurrent interview and record review on 12/24/24 at 10:36 a.m. with Nurse Consultant (NC), Resident 1's Care Plan (CP), dated 12/21/24 was reviewed. The CP indicated, (Resident 1) c/o lung and throat hurting (s/p [status post - after a certain event] smoke exposure) . Interventions. Placed on alert charting to assess any changes in medical condition. V/S (Vital Signs) q (every) shift. Notify MD (medical doctor) of abnormal findings. NC stated Resident 1's vital signs especially the oxygen saturation (a measurement of how much oxygen is in residents blood) and respiration should be checked every shift for 72 hours after the fire on 12/21/24.</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
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<p>F 0656</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 12/24/24 at 10:37 a.m. with NC, Resident 1's medical records (MR), undated was reviewed. MR indicated there were no documentation of alert charting and Resident 1's oxygen saturation and respiration every shift from 12/21/24- 12/23/24 after the fire on 12/21/24. NC stated there was no alert charting done, and Resident 1's oxygen saturation and respiration were not checked every shift for 72 hours.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Planning, dated 11/1/17, the P&P indicated, The Care Plan serves as a course of action where the resident., 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.</p>