

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 01/13/2025
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was involved in the comprehensive person-centered care planning process. This failure resulted in violation of resident's rights.</p> <p>Findings:</p> <p>During an interview on 12/23/24 at 12:42 p.m. with Resident 1, Resident 1 stated he was told by the facility staff he could no longer be transferred via sheet from his bed to the shower bed. Resident 1 stated No reason was given, they (facility staff) have been transferring me like that since I have been here, since January 2024.</p> <p>During a concurrent interview and record review, on 12/23/24 at 3:34 p.m. with Administrator, Resident 1's care plan with the focus on (Resident 1) is persistent on having staff transfer him with a sheet to shower bed . initiated 12/21/24 was reviewed. Administrator stated the facility discussed the reasons staff could no longer transfer Resident 1 using a sheet, with Resident 1 a few months ago. Administrator stated he was not sure if it was in a care conference or IDT (a group of healthcare professionals who work together to provide personalized care for a patient) meeting. Administrator was not able to provide documentation of discussion.</p> <p>During a concurrent interview and record review, on 1/13/25 at 1:18 p.m. with Director of Nursing (DON), Resident 1's medical record was reviewed. DON confirmed the findings and stated there should be a progress note or IDT meeting explaining the reasons why Resident 1 could no longer be transferred via sheet from his bed to the shower bed prior to the care plan (12/21/24).</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident's Rights, revised 11/1/17, the P&P indicated, To promote and protect the rights of all residents at the Facility. I. State and federal laws guarantee certain basic rights to all residents of the facility. These rights include, but are not limited to, a resident's right to: . C. participate in decisions and care planning . D. Be fully informed and participate in his /her treatment including being fully informed in a language that he or she can understand of his/her total health status .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055601
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled resident (Resident 1) transportation was scheduled for doctor's appointment. This failure resulted in Resident 1 missing a necessary doctor's appointment.</p> <p>Findings:</p> <p>During an interview on 12/23/24 at 12:42 p.m. with Resident 1, Resident 1 stated he recently missed a doctor's appointment due to transportation not being scheduled. Resident 1 stated the appointment was for medications to treat his valley fever (a serious lung infection).</p> <p>During a review of Resident 1's Order Details, (OD) order date 12/4/24, the OD indicated Resident 1 had a doctor's appointment scheduled on 12/16/24.</p> <p>During a review of Resident 1's Social Services, (SS) note dated 12/16/24, the SS note indicated, [Resident 1] didn't have transport for his appt (appointment) at the (hospital name), Appt rescheduled so that ss can set up transport.</p> <p>During an interview on 12/23/24 at 4:05 p.m. with Social Services Director (SSD), SSD stated she did not receive a transportation request and I cannot schedule transportation without one. SSD stated on 12/16/24 she was made aware (staff) Resident 1 had a doctor's appointment scheduled for 12/16/24. SSD confirmed Resident 1 missed the appointment due to lack of transportation.</p> <p>During a concurrent interview and record review, on 1/13/25 at 1:18 p.m. with Director of Nursing (DON), Resident 1's OD, dated 12/4/24 was reviewed. Resident 1's SS, note dated 12/16/24 was reviewed. DON confirmed Resident 1's order for doctor's appointment was put in the system by a nurse, and Resident 1 missed the appointment due to transportation not being scheduled. DON stated, The nurses are responsible for put the order in the residents medical record and filling out a transportation request and giving it to SSD, once the transportation request is made SSD should schedule for transportation.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Referrals to Outside Services, revised 6/1/11, the P&P indicated, To provide resident with outside services as required by physician orders or care plan. VI. As necessary, the Social Service Department may offer and assist in making transportation arrangement to outside services for residents.</p>		